Unannounced Care Inspection Report
8 September 2016

Longfield Care Home

Type of Service: Nursing Home
Address: 2 Longfield Road, Eglinton, BT47 3PY
Tel No: 028 7181 2552
Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Longfield Care Home took place on 08 September 2016 from 10.00 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The environment of the home was warm, well decorated, fresh smelling and clean throughout. The carpets in the corridors on the ground and first floors were stained. The registered manager advised that a refurbishment programme was underway and plans were in place for these carpets to be replaced.

There was evidence of competent and safe delivery of care on the day of inspection. Staff confirmed that there was support systems including: appraisal and supervision systems, staff meetings and staff were required to attend a 'handover meeting' when commencing duty.

Five patients and three staff expressed some dissatisfaction with staffing levels and a recommendation has been made in this regard.

Is care effective?

Care records reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

Weaknesses were identified in the system for recording patients' fluid intake and output.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Patients' representatives expressed their confidence in raising concerns with the home's staff/management.

A requirement has been stated for the second time in respect of the management of fluid balance records.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

The feedback received from patients was generally very complimentary regarding the care they received and life in the home. Five patients expressed some dissatisfaction with staffing levels and delays in responding to their needs. A recommendation has been made accordingly. Relatives were also praiseworthy of the quality of care and services provided.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

There were systems in place to monitor and report on the quality of nursing and other services provided.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1*	2*

* One requirement and one recommendation has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Louise McCloskey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 03 June 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons (Bamford) Ltd/Dr Maureen Claire Royston	**Registered manager:** Mrs Louise McCloskey
Person in charge of the home at the time of inspection: Mrs Louise McCloskey	**Date manager registered:** 01/04/2005
Categories of care: NH-PH, NH-PH(E), NH-I	**Number of registered places:** 41

3.0 Methods/processes

Prior to inspection we analysed the following records:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 25 patients, two relatives, three registered nurses, five care staff, one cook and one domestic staff.

Questionnaires for patients (three), relatives (10) and staff (10) to complete and return were left for the registered manager to distribute. Three patients, eight relatives and eight staff completed and returned questionnaires within the required time frame.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- staff recruitment records
- staff training records
- staff induction records
- staff competency and capability assessments
- staff supervision and appraisal planner
- complaints and compliments records
- accident and incident records
- records of quality audits
- minutes of staff meetings
- minutes of patient/relatives meetings
- monthly monitoring report
- four patient care records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 June 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next estates inspection

4.2 Review of requirements and recommendations from the last care inspection dated 21 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 16 (2) (b) **Stated:** First time	The registered manager should ensure that patient' assessments and care plans have been reviewed and updated on a monthly basis or more often as deemed appropriate.	**Met**
	Action taken as confirmed during the inspection: Review of four patients care plans evidenced that this recommendation had been met.	
Requirement 2 **Ref:** Regulation 13 (1) (a) **Stated:** First time	The registered manager should review the management of fluids. Care records should clearly identify fluid intake targets, whether these have been met and the actions taken to address any deficits. For patients with urinary catheters, the amount of urinary output should be recorded in care records on a daily basis.	**Partially Met**
	Action taken as confirmed during the inspection: Fluid intake and output had been recorded by care assistants on "touch screen" electronic records on a daily basis. However in one unit, this information had not been transferred to nursing care records.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 23.2 **Stated:** Second time	Where a patient is assessed as at risk of pressure damage, the condition of the patients skin should be documented each time the patient is repositioned	**Met**
	Action taken as confirmed during the inspection: Review of a sample of repositioning records evidenced that this recommendation had been met.	
Recommendation 2 **Ref**: Standard 39.9 **Stated:** First time	The registered manager should ensure that update training in stoma care be provided for all relevant staff.	**Not Met**
	Action taken as confirmed during the inspection: The registered manager advised that this training had been arranged for May 2016 and was postponed by the trainer. A date for further training has been arranged.	
Recommendation 3 **Ref**: Standard 39.7 **Stated:** First time	It is recommended that a continence link nurse is identified for the home.	**Met**
	Action taken as confirmed during the inspection: A continence link nurse had been identified.	
Recommendation 4 **Ref**: Standard 21.11 **Stated:** First time	It is recommended that the specific type of continence product assessed to meet the needs of the patient should be included in the continence care plan.	**Met**
	Action taken as confirmed during the inspection: Review of four patients care records evidenced that the type of continence product assessed to meet the needs of the patient had been included in the continence care plan.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing 29 August, 05 and 12 September 2016 evidenced that the planned staffing levels were adhered to.

In discussion with patients, relatives and staff, five patients and three staff expressed some dissatisfaction with staffing levels. Patients informed us that their needs were not always met in a timely manner. The registered manager advised that recruitment was ongoing and they had recently recruited registered nurses who were awaiting pre-employment checks prior to commencing employment. A recommendation has been made for the registered manager to review staffing levels/deployment of staff and response times to patients' requests for assistance.

The registered manager informed us that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. Three staff personnel files were viewed and we were able to evidence that all the relevant pre-employment checks had been completed.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed and found to be completed in full and dated and signed appropriately.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Electronic records indicated that 90% of staff had completed mandatory training to date.

Staff clearly demonstrated the knowledge, skills and experience necessary to fulfil their role, function and responsibility.

A planner was in place to ensure all staff received supervision and appraisal and there was evidence that supervision and appraisal meetings had taken place with the majority of staff to date in 2016.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were sufficiently robust.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and generally clean throughout. The carpets in the corridors on the ground and first floors were stained. The registered manager advised that a refurbishment programme was underway and plans were in place for these carpets to be replaced.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

One recommendation has been made in respect of staffing levels/deployment of staff to meet the needs of patients.

Number of requirements	0	**Number of recommendations**	1

4.4 Is care effective?

Care records, which were maintained on an electronic system. Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care records such as repositioning records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Fluid balance records were maintained by care assistants on a "touch screen" electronic system. There was evidence in one unit that this information had not been transferred to patients nursing care records. A requirement has been stated for the second time under section 4.2.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

We consulted with one visiting professional who stated "I have no concerns about his home. They are always compliant and follow guidelines."

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that regular staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced the registered manager had held general staff meetings and subsequent meetings with the individual groups of staff for example; catering staff and housekeeping, when required. Staff confirmed they found the level of communication from the registered manager to be very good and clarified what was expected of them.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Patients all appeared to enjoy their lunch. Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives on the quality of the service provided. We were informed that regular patient and relatives meetings were held. The minutes of patients' meetings and relatives meetings held every three months in 2016 were available in the home and there was evidence of actions taken to address any issues identified.

The registered manager informed us that several staff had been nominated by relatives for the 'ROCK' awards (Recognition of Care and Kindness awards). This was an internal quality award presented by Four Seasons Healthcare to staff for exceptional care and kindness to patients.

The company's quality assurance (QoL) electronic monitoring system was also explained by the registered manager. We were advised that visitors may access this system on a daily basis to comment on the quality of nursing and other services provided by the home The cumulative responses from the quality of life auditing programme from January 2016 to September 2016 were made available by the registered manager. The responses from patients, visiting professionals, friends of the home and relatives were very positive.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Nine patients, five staff and one patient's representative completed questionnaires. Some comments are detailed below.

Patients

- "Sometimes there isn't enough staff and the rest are under pressure."
- "If I buzz, it is not always answered quickly."
- "Not enough staff at night."
- "I'm very happy here. I have no complaints."
- "Staff are wonderful. You couldn't say a word about them."
- "It's great to have a place like this."
- "I can't think of anything that needs improved."

Staff

- "When we are short staffed, it is hard to give residents everything they want, however we do it to the best of our ability."
- "The home always seems to be short staffed."
- "I have a good relationship with the manager overall."
- "All care staff are rotated onto night duty for two months per year. Sometimes you only find out two weeks beforehand."
- "I love my job."
- "There is good teamwork in the home."

The comment regarding the rotation of care staff onto night duty at short notice was discussed with the registered manager to address.

Patients' representatives

- "Excellent, very homely."
- "Staff have great patience."
- "Good activities and plenty to keep people occupied."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home.

A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home's complaints record and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, for example audits of infection prevention and control, complaints, accidents/incidents and pressure ulcers. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified.

Discussion with the registered manager and review of records for June, July and August 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise McCloskey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (1) (a) **Stated:** Second time **To be completed by:** 08 October 2016	The registered manager should review the management of fluids. Care records should clearly identify fluid intake targets, whether these have been met and the actions taken to address any deficits. For patients with urinary catheters, the amount of urinary output should be recorded in care records on a daily basis. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: Fluids targets recorded in Epicare records and the trained staff have been advised that these should be transferred over from this to the progress notes daily. This will be spot checked by the manager for compliance . Staff will also record the output from catheters daily and will record this in the progress notes . Staff will be advised under supervision regarding the necessity to record outcomes and actions to address deficits .
Recommendations	
Recommendation 1 **Ref**: Standard 39.9 **Stated:** Second time **To be completed by:** 30 November 2016	The registered provider should ensure that update training in stoma care be provided for all relevant staff. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: Training has now been completed on the 21/09/2016 after a previous cancellation
Recommendation 2 **Ref**: Standard 41.1 **Stated:** First time **To be completed by:** 30 September 2016	The registered provider should ensure a review of staffing levels and the deployment of staff has been conducted so that the assessed needs of patients have been met in a timely manner. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: .Residents dependencies have been reviewed and the staffing meets the needs of the residents at present. This will be kept under review. Deployment of staff will be dictated by the needs of the home on a daily basis and managed by the home manager or the nurse in charge . **Ref: Section 4.3**

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews