



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 20 October 2019



## Longfield Care Home

**Type of Service: Nursing Home**  
**Address: 2 Longfield Road, Eglinton, BT47 3PY**  
**Tel No: 02871812552**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 35 patients. The home is divided over two floors and shares the same building with a registered residential home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Ltd  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Louise McCloskey – 1 April 2005
<b>Person in charge at the time of inspection:</b> Monica Feeney, staff nurse	<b>Number of registered places:</b> 35
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 27

### 4.0 Inspection summary

This unannounced inspection took place on 20 October 2019 from 10.00 hours to 14.10 hours.

The inspection assessed progress with the one area of improvement identified in the home 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.

Evidence of good practice was found in relation to the nice atmosphere and ambience in the home, with staff attending to patients' needs in a kind, caring, attentive manner. Good practice was also found in relation to the cleanliness of the environment and the comfortable nature of patients' bedrooms.

One area of improvement was identified during the inspection. This was in relation to reviewing the night duty staffing levels to take account of patient dependencies and the size and layout of the home.

Patients described living in the home as being a good experience/in positive terms. Some of the comments made by patients included statements such as; "You can be assured from me that nothing can be better. I just love Longfields" and "They are tremendously kind to us here in every way. I am very happy".

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Monica Feeney, staff nurse, 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.

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 28 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, such as notifiable reports.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rota
- staff training records
- incident and accident records
- two patient' care records
- one patient's care charts including food and fluid intake charts and reposition charts

- a sample of governance audits/records
- complaints record
- compliments received
- RQIA registration certificate

The one area of improvement identified at the last inspection was reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection dated 28 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> Second time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of procedures pertaining to clinical/neurological observations was put in place and the positive consequences of this were evident in the care records inspected.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection patients and two visiting relatives advised that residents felt safe in the home and well cared for. Patients also advised that staff attended to their needs in a prompt and caring manner.

## **Staffing**

The staff nurse in charge advised that the staffing levels are stable and are in keeping to the patients' dependencies. Staffing levels over the 24 hour period were discussed. General observations of care practices together with discussions with patients and staff confirmed that adequate staffing levels were in place at the time of this inspection. However the night duty staffing levels identified that the nurse on duty had to cover the two floors of the home, which given the layout of the home, would be considered to be difficult. Added to this the care records in the ground floor were stored in an office in the reception area which was a distance from the actual nursing home. Given the dependencies of patients and the layout arrangements an area of improvement in accordance with standards has been made to review this provision accordingly.

An inspection of the duty rota found this accurately reflected staff on duty.

A competency and capability assessment is in place for any member of staff in charge of the home in the absence of the manager. An inspection of a sample one of these assessments found this to be appropriately in place.

## **Staff support**

A programme of staff supervision and appraisal is in place. An inspection of the matrix of these found these to be maintained on an up-to-date basis. Staff also spoke positively on this provision and also added that they felt well supported on a day to day basis.

All newly appointed members of staff receive an induction and discussions with a newly appointed member of staff confirmed this to be the case.

Staff advised that they felt comfortable about reporting concerns or difficulties to the management of the home and that management would act on this in a positive constructive manner.

## **Staff training**

Inspection of staff records confirmed that a programme of staff training was in place. This programme included mandatory training and additional training areas to meet patients' assessed needs. The records of staff training were maintained appropriately to include the content of the training event, the name of the trainer and signatures of participation. Staff spoke positively about the provision of training.

## **Safeguarding**

An inspection of staff training records confirmed that staff were in receipt of up-to-date training in adult safeguarding. Staff were aware of the points of contact for such circumstances and these details were readily displayed. Staff also advised that they were aware of the whistleblowing procedure and felt confident in reporting issues of concern if they were to arise.

**Environment**

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Patients’ bedrooms were well facilitated and personalised. Bathrooms and toilet facilities were clean and hygienic.

Infection prevention aids and equipment were readily in place and in ample supplies.

The grounds of the home were maintained well.

There were no obvious health and safety risks observed in the environment at the time of this inspection.

**Fire safety**

Staff training records and fire safety records confirmed that all staff were in receipt of up-to-date training in fire safety and fire safety drills.

Fire safety records also confirmed that there was a regular and up-to-date programme of fire safety checks maintained in the environment.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff support and training, and the home’s environment.

**Areas for improvement**

There was one area of improvement was identified during the inspection. This was in relation to reviewing the night duty staffing levels to take account of patient dependencies and the size and layout of the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Patients advised that they received good care in the home and that staff were responsive to their needs in a kind caring manner.

**Care records**

An inspection of a sample of two patients’ care records was undertaken. These records were maintained in accordance to regulations and standards. Residents’ progress records were maintained well and gave good account of issues of assessed need. These had corresponding statements of care/treatment given with effect of same.

**Effectiveness of care**

General observations of care practices throughout this inspection found that care was delivered in person centred manner.

Good practices pertaining to mobility assistance and infection prevention and control were observed.

Discussions with staff confirmed that they had good knowledge and understanding of patients’ needs and prescribed care interventions. Staffing in the home is very stable which added to the consistency of staff on duty. General observations of care practices found that there was good team working amongst staff and there interactions with one another were friendly and supportive.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping and staffs’ knowledge and understanding of patients’ needs and prescribed care interventions, as well as teamwork amongst staff.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with patients throughout this inspection confirmed that they felt staff were kind, caring and treated them with dignity and respect. General observations of care practices also evidenced this.

**Patients’ views**

Patients spoke positively about the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments made by patients included statements such as;

- “You can be assured from me that nothing can be better. I just love Longfields.”
- “They are tremendously kind to us here in every way. I am very happy.”
- “It’s very good here. I love my bedroom and all the staff.”
- “They care for me very well here. They are very kind.”
- “I am treated like a lord here in every way.”



- “I am very comfortable and pleased with all the staff.”
- “I couldn’t be cared for any better. They are marvellous here.”
- “You won’t find anything at all wrong with here. The staff go out of their way to care for you. If you need any assistance you just have to press this buzzer.”

**Relatives’ views**

Two visiting relatives advised that they were very happy with the care in the home and the staff were kind and supportive. Both advised that they were kept well informed and had good confidence with the staff and management.

It was observed that there was a nice warm rapport with staff and visiting relatives.

**Care practices**

Patients were observed to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Most choose to relax in their bedrooms.

Staff interactions were polite, friendly, warm and supportive. Staff gave respect to patients by seeking their agreement in engaging in assistance with care. Choice was also evident in the provision of patients’ meals.

Patients’ bedrooms were personalised to a good effect in that it added to their comfort, make-up and individuality.

**Dining experience**

An appetising wholesome dinner time meal was provided. Choice was readily in place including staff seeking patients’ views on how they like their dinner served and with what condiments. Staff supervision and assistance was found to be organised, unhurried and supportive of patients’ needs.

Throughout this inspection patients commented positively on this provision.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to feedback from patients and two visiting relatives and general observation of care practices and ambience in the home.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## **6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The nurse in charge was available to support and facilitate this inspection. She was supported by another nurse on duty in the ground floor of the home.

The home's certificate of registration was displayed in a conspicuous place in the reception area.

### **Managerial arrangements**

The registered manager manages both the nursing home and the registered residential home.

### **Audits**

A comprehensive programme of audits was in place. These included a manager's walkabout audit, falls, infection prevention and control, staff training, health and safety and audits of care records.

### **Complaints**

Discussions with the two nurses on duty together with an inspection of the records of complaint found that expressions of dissatisfaction were taken seriously and managed appropriately.

The complaints procedure was readily displayed in the home for residents and their visitors.

### **Accident / incidents**

An inspection of the last four months accidents/incident reports confirmed that these were managed appropriately and reported to the relevant persons, including the resident's next of kin, their aligned named worker and/or RQIA.

### **Staff views**

Discussions with staff during this inspection confirmed that they felt positive about their roles and duties, support, teamwork and morale. Staff advised that a good standard of care was provided for and they would have no difficulties recommending the home. Staff did state that the workload was busy and tiresome but advised that if such escalated they would have no difficulties raising these with management and that they felt confident these would be acted on appropriately.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Monica Feeney, staff nurse, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 November 2019</p>	<p>The registered person shall put in place a review of the night duty staffing levels to take account of patient dependencies and the size and layout of the home, particularly with the nurse provision.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> A review of staffing levels is currently being completed in line with current dependencies and taking into consideration the layout of the Home.</p>
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