

# Inspection Report

## 21 September 2021



## Longfield Care Home

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland Belfast Ltd  <b>Responsible Individual:</b> Ms Amanda Celine Mitchell	<b>Registered Manager:</b> Mrs Louise McCloskey  <b>Date registered:</b> 01 April 2005
<b>Person in charge at the time of inspection:</b> Ms Dionne Irvine, staff nurse then from 11.20am Ms Sara Cole, deputy manager	<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
<b>Brief description of the accommodation/how the service operates:</b> <p>This home is a registered Nursing Home which provides nursing care for up to 35 patients.</p> <p>Patient bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and a garden.</p> <p>A registered Residential Care Home is in the same building and is managed by the same manager of the Nursing Home.</p>	

## 2.0 Inspection summary

An unannounced inspection was conducted on 21 September 2021, from 9.30am to 2.20pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy, well ventilated and free from malodour.

Staffing levels were found to be in keeping with patient dependencies and the size and layout of the home.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their roles with training and resources.

Patients were seen to be well cared for. There was clear evidence of attention to personal care and dressing.

Feedback from patients confirmed that they were satisfied with the care and service provided in Longfield Care Home.

Two areas of improvement were identified during this inspection. This related to a smoking risk assessment and care plan and fire safety training.

RQIA were satisfied that the delivery of care provided for in Longfield Care Home was safe, effective, compassionate and the service was well-led.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Patients told us that felt safe and that they were satisfied with the care delivery in the home. They spoke positively about their relationship with staff, the provision of meals and the provision of activities. Observation during the inspection indicated that patients' needs were met. Two visiting relatives also spoke in positive terms about the provision of care and the kindness and support received from staff.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff further advised that they felt well supported by the manager.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 November 2020		
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 27(2)(t) <b>Stated:</b> First time	The registered person shall submit a schedule of proposed dates when the outstanding service maintenance issues will be addressed to the home's aligned estates inspector.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been completed.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of recruitment records confirmed that these procedures were in accordance with legislation and standards.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses completed on an eLearning platform and courses with practical elements were delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period. Staff told us that they knew who was in charge of the home at any given time. Any member of staff who have responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place to account for this responsibility.

The deputy manager confirmed that safe staffing levels were determined and / or adjusted by on-going monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients.

Patients told us that they were satisfied with the delivery of care and the kindness and support received from staff. Two patients made the following comments; "It's very good here and so are all the staff. I can't complain about a thing" and "The staff are very kind and helpful."

Staff told us that the workload was busy but manageable. Staff also stated that they were concerned with the staffing levels in that there were frequent occasions when it was difficult to secure optimum staffing levels. The deputy manager stated that due to staffing deficits in recruitment; admissions to the home had temporarily ceased until optimum recruitment had been achieved.

Staff were seen to attend to patients' needs in a timely manner and to maintain patients' dignity by offering personal care discreetly. Patients were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

### 5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of patients' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising patients' needs and any early signs of request for assistance. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff interactions with patients were observed to be friendly, polite, warm and supportive. Staff were seen to seek patients' consent when delivering care with statements such as: "Would you like to..." or "Can I help you with..." and to knock on patient's bedroom doors to seek permission of entry.

Patients' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the patient, their next of kin and their aligned named worker to direct staff on how to meet patients' needs. Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans. Patients' care records were held safely and confidentially.

An area of improvement was identified with regard to one patient's care records, in that there was no risk assessment or care plan in place pertaining to smoking. Advice was given in respect of putting this in place in accordance with current safety guidance.

Patient areas were free from clutter and trip hazards. Those residents who were at risk of falls had care plans in place.

Records confirmed that in the event of a patient falling, a post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. Following a fall, relevant persons such as the patient's next of kin, their aligned named worker and where appropriate RQIA, were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients.

There was a choice of meals offered and facilitated in a manner which aided patients' understanding. There was also a variety of drinks available. The dinner time meal was appetising and nicely presented. Two patients said the following comments; "The staff are very attentive and the food is good too" and "The food is lovely, almost too good."

Records were also kept of what patients had to eat and drink daily where required.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that it was well maintained. Patients' bedrooms were comfortable, suitably furnished and nicely personalised. Communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

The home's most recent fire safety risk assessment was dated 24 November 2020. Corresponding evidence was in place to confirm that the three recommendations made from this assessment had been addressed. An area of improvement was identified with regards to fire safety training in that it was not up-to-date for all staff. Fire safety drills and fire safety checks in the environment were maintained on an up-to-date basis.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was homely and relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

Patients said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Staff were seen to be attentive to patients needs including their social well-being. For example, a care assistant was seen assisting a patient to look through their wedding album, which was done in a kind and heart-warming manner.

A programme of activities was in place which mostly involved one to one time with patients or in small groups.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

The genre of music and choice of television programmes played in the home was appropriate to patients' preferences and this helped create the nice atmosphere in the home.

Two visiting relatives said they were satisfied with the provision of care and the kindness and support received from staff.

Two patients made the following comments; "I couldn't say a thing against Longfield. I am very lucky to come here." and "You won't get a better home than this one. It is very good here in every way."

### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection; Mrs Louise McCloskey has been the manager since 1 April 2005. The manager was on leave at the time of this inspection and the deputy manager, Ms Sara Coul came in from being off duty to support the inspection. The regional manager, Mrs Karen Agnew, arrived in the home at 2pm during this inspection for an unannounced monitoring visit and was given feedback of inspection findings.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

A system of quality assurance audits was in place in the home to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

There were systems to monitor all aspects of the running of the home. There was a clear organisational structure and staff were aware of their roles within the structure.

## 6.0 Conclusion

Patients were seen to be well cared for and comfortable and at ease in their environment and interactions with staff. Feedback from patients was all positive.

Care duties and tasks were organised and delivered in a kind, caring manner.

Two areas for improvement were identified during this inspection. These were in relation to fire safety training and a smoking risk assessment and care plan.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sara Coul, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(4)( e )  <b>Stated:</b> First time  <b>To be completed by:</b> 21 October 2021	The registered person shall ensure all staff are in receipt of up-to-date training in fire safety.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All staff who work in the nursing unit are now compliant re fire training and statistics are now 100%.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 28 September 2021	The registered person shall ensure that a smoking risk assessment and associated care plan is put in place for any patients who smoke, in accordance with current safety guidance.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Smoking Risk Assessment and Care Plan are both now in place for identified resident.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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