

# Inspection Report

26 April 2022



## Longfield Care Home

Type of service: Nursing Home  
Address: 2 Longfield Road, Eglinton, BT47 3PY  
Telephone number: 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 Mitchell	<b>Registered Manager:</b> Miss Sara Coul  <b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Miss Sara Coul	<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> 30
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 25 patients. The home is over two floors, each having small communal rooms a dining room.  There is a Residential Care Home which occupies the ground floor and the manager for this home manages both services.	

## 2.0 Inspection summary

This unannounced inspection was conducted on 26 April 2022, from 10.10am to 2.45pm by a care inspector.

The inspection assessed progress with the two areas for 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.

There was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Staff promoted the dignity and well-being of patients with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

One area requiring improvement was identified during this inspection. This was in relation to the quality of recording patients' progress records.

Feedback from patients was all positive in respect of their life in the home and their relationship with staff. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

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

During this inspection 20 patients were met with. In accordance with their capabilities all confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and social activities. Comments from patients included the following two statements: "They're (the staff) very good here and so is the care. I believe they do a good job. The food is fine." and "I have no complaints. I am well cared for."

Two visiting relatives were also met with. These relatives spoke positively about the provision of care and the kindness and support received from staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

## 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 21 September 2021		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (e)  <b>Stated:</b> First time	The registered person shall ensure all staff are in receipt of up-to-date training in fire safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All staff have received this up-to-date training.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These assessments and associated care plans have been put in place.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment record confirmed that this was in accordance with Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory and additional training needs were met by all staff on a regular and up-to-date basis,

as appropriate. Staff spoke positively about the provision of training and said that their training needs were also identified at supervision and appraisal.

Records are in place to check the registration details with staff registered with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These are audited on a monthly basis by the manager.

Staff said there was good team work and that they felt well supported in their role, that they were satisfied with the staffing levels and the level of communication between staff and management. One temporary member of staff said that she felt well supported and felt very much part of the team and viewed the care as very good.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place. Review of a sample of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example with the provision of meals and dietary needs. Care duties and tasks were organised, busy but unhurried.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

## 5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were seen to engage with patients' consent with statements such as "Would you like to..." and "Can I help you with..." when delivering personal care.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were appropriately managed. There was evidence of appropriate onward referral as a result of the post falls review and with their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. A three weekly rotational menu is in place which was seen to be varied, nutritional and wholesome. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dinner time meal was presented nicely and was appetising and nutritional. There was a good provision of choice including those patients who needed specialist diets. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

A pre-admission assessment is carried out by the manager so as to ensure any potential patient to the home care needs can be met. Following the initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. An area of improvement was made in this regard in that progress records largely tended to be statements of care interventions as opposed to an account or detail of the patient's well-being or progress. This was discussed with the management team.

The outcome of visits from any healthcare professional was recorded.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. This review should include the patient, the home staff and the patient's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control (IPC)**

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

Cleaning chemicals were maintained safely and securely.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

Fire safety records were well maintained with up-to-date fire safety checks in the environment, fire safety drills and fire safety training for staff. The home's most recent fire safety risk

assessment was dated 24 November 2021. There was corresponding evidence in place to confirm that the two recommendations from this assessment had been addressed.

There was evidence that there were systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners 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 PPE 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.

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

Patients were seen to be comfortable, content and at ease in their environment and interactions with staff. Those frailer patients were seen to have their needs attended to regularly by staff. Comments from patients included the following statements; “I am happy here. The staff are very good. They all do their best and work very hard.” and “I am really glad to be in Longfield. I knew this home well before I came here and it is working out very well. The staff are marvellous.”

There was a nice atmosphere and ambience with patients enjoying the company of one another and staff, relaxing and watching television.

The genre of music played and television programmes was appropriate to the age group and tastes of patients.

The impact of COVID-19 was discussed with the manager who explained the steps the home had taken to minimise the impact with residents in terms of visiting and social care needs.

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

Miss Sara Coul is the acting manager of the home and is supported in her role by Mrs Louise McCloskey, Peripatetic Manager. Staff spoke positively about the management of the home, saying that they was readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen.

The home’s safeguarding policy and whistleblowing policy were both maintained on an up-to-date basis with clear contact details as should needed.

A review of the record of accidents and incidents found these to be appropriately recorded and reported to all relevant stakeholders. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns of trends and need for corresponding actions.

The home is visited each month by a representative of the registered provider. A report is then published of these visits for relevant parties to examine. A review of the last two monthly monitoring visit reports found these to be well maintained with corresponding action plans put in place to address any issues identified.

The manager explained that expressions of complaint were seen as a forum for improvement and were taken serious and would be effectively managed. Records of complaint were recorded appropriately.

## 6.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Miss Sara Coul, Manager and Mrs Louise McCloskey, Peripatetic 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 Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time <b>To be completed by:</b> 26 May 2022	The registered person shall ensure that patients' progress records are recorded in sufficient detail to account for their well-being and progress and are person centred. Ref: 5.2.2 <b>Response by registered person detailing the actions taken:</b> All registered nurses, have been provided with supervisions on how to complete patient centred documentation.

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





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