



# Unannounced Inspection Report 12 February 2020



## Longfield Care Home

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

Inspector: Helen Daly

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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 nursing home which is registered to provide care for up to 35 patients with a range of care needs as detailed in Section 3.0.

### 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:</b> Mrs Louise McCloskey,
<b>Person in charge at the time of inspection:</b> Mrs Louise McCloskey, Registered Manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Nursing Homes (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 registered places:</b> 35

### 4.0 Inspection summary

An unannounced inspection took place on 12 February 2020 from 13.45 to 16.00.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections 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 management of medicines, staffing, the home's environment, the range of activities, communication between patients and staff and taking account of the views of patients and their families.

No areas for improvement were identified.

Comments received from patients and people who visit them and staff during and after 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Louise McCloskey, Registered Manager.

## 4.2 Action/enforcement taken following the most recent inspection dated 20 October 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 20 October 2019. 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 last inspection findings in relation to care and medicines management and any other written or verbal information received.

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 were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. Three questionnaires were returned from patients/relatives within the specified timescale (two weeks) for inclusion in the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire. Staff did not complete any electronic questionnaires.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- records of medicines received and transferred
- the management of medicines on admission, medication changes and antibiotics
- medicine management audits
- storage temperatures for medicines
- RQIA registration certificate

Areas for improvement identified at the last care and medicines management inspections were reviewed and assessment of compliance recorded as 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 the most recent care inspection on 20 October 2019

Areas for improvement from the most recent care inspection dated 20 October 2019		
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015/Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref: Standard 41(1)</b>  <b>Stated: First time</b>	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager advised that the review had been completed and that increased staffing levels had recently been agreed. This included an additional registered nurse on night duty.	

There were no areas for improvement identified as a result of the most recent medicines management inspection on 27 November 2017.

## 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.**

On arrival at the home we were welcomed by the registered manager and nurse in charge. Patients were enjoying their lunch. The clinical lead, who had come in for a meeting later in the day, was walking throughout the home chatting to patients.

Staff said they were always busy but that they felt there were usually enough staff to meet the needs of the patients. The patients we spoke with said they felt well looked after in the home and they enjoyed a range of activities, being in their bedrooms and the company provided by staff. Patients' needs and requests for assistance were observed to be met in a timely and caring manner. The registered manager and staff knew the patients well.

The home was observed to be clean, tidy, organised and fresh smelling throughout. Bedrooms were appropriately furnished and personalised. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by patients.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Medicines were observed to be stored securely and at the recommended temperature.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and medicines management.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.4 Is care effective?

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

There was evidence that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained.

The audits completed during the inspection indicated that patients were receiving their medicines as prescribed.

We reviewed the serving of lunch. Staff advised that all patients liked to have their meals in their bedrooms. The patients we spoke to confirmed this. Food was covered and served on trays from a heated trolley. Staff wore aprons and chatted with patients when serving the meals. Disposable clothing covers were offered to patients. The food served appeared nutritious and appetising. Staff were observed encouraging patients to eat their meal. Drinks were served at the beginning and throughout the meal.

All patients spoken with said that they had enjoyed their lunch.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the dining experience and the administration of medicines.

### Areas for improvement

No areas for improvement were identified during the inspection.

	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.**

We spoke with several patients during the inspection. All were complimentary regarding the care, staff and home's environment.

Patients said:

"I'm well looked after. We are all well cared for. The staff are lovely. The food is nice, we have a choice. I don't have a great appetite."

"I like it here, very much so. The staff are exceptionally nice, very friendly and helpful."

"The girls are perfect. I have no complaints; lovely dinners and meals. It's a home from home"

"I am well looked after. I like anywhere where I'm looked after."

"It is good; great staff. XX (staff member) is great craic, I enjoy tormenting her. XX (another staff member) is very kind. I go for a walk every day. I'm not that fond of the activities but I enjoy my own company and the comings and goings."

Of the questionnaires that were issued, three were returned from patients/relatives. Two responses indicated that they were 'very satisfied' with all aspects of the care. One respondent indicated that they were 'unsatisfied' with some aspects of the care. The respondent did not provide any further information or contact details. These responses were discussed with the registered manager via a telephone call on 9 March 2020.

Patients were nicely dressed and were relaxing in their bedrooms. Most doors were open so that patients could engage with staff, visitors and other patients. Patients said that they wanted to stay in their bedrooms and staff respected their wishes whilst encouraging engagement.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	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.**

There were arrangements in place for the management of medication-related incidents. The registered manager advised that staff knew how to identify and report incidents. Medication related incidents which had occurred since the last inspection were discussed.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The registered manager advised that she had completed Level 3 training and that supervisions had been completed with all staff.

We met with four staff members. They said the home ran well and staff were aware of how to report any concerns. They said patients were well cared for.

Staff said:

“I love it here. I have dedicated time to carry out the activities.”

“The home is well run. The staff are great, they are here long term. It is homely, not clinical. The patients are lovely and the staff are great to them. The GPs (general practitioners) are in twice a week, they are great.”

“It is a good home. We are very busy, we could do with more staff.”

“I love it here. The patients and families are great. The GPs and pharmacy are great.”

### Areas of good practice

There were examples of good practice found in relation to quality improvement, meeting patients' needs and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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