

# Unannounced Care Inspection Report 23 October 2017



## Longfield Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 2 Longfield Road, Eglinton, BT47 3PY**  
**Tel no: 028 7181 2552**  
**Inspector: Liz Colgan**

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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.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which is registered to provide nursing care for up to 46 persons. The Moore unit which accommodate 11 patients within categories of care NH-PH & NH-PH(E) is closed pending reregistration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (Bamford) Ltd  <b>Responsible Individual:</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	<b>Date manager registered:</b> 1 April 2005
<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 registered places:</b> 46 comprising: 11 – NH- PH and PH(E)

### 4.0 Inspection summary

An unannounced inspection took place on 23 October 2017 from 09.30 to 15.10 hours.

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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in all four domains in regards to governance processes relating to the recruitment and training of staff; adult safeguarding, communication between staff and patients, the environment and the culture and ethos of the home.

Areas for improvement under the standards were identified in regards to care records, medicine administration, medicine safety and security and the home's environment.

Patients spoken with stated that they were treated with dignity and respect and were afforded privacy when required. The environment of the home was observed to be homely and comfortable.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 2 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 2 March 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, five staff, and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 29 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- four patient care records
- three patients' supplementary care records
- staff supervision and appraisal planners
- a selection of governance audits
- patient register

- staff register
- minutes of staff, relative and patients’ meetings
- complaints records
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection 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 inspection dated 2 March 2017**

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 2 March 2017**

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (1) (b) <b>Stated:</b> First time	The registered persons must ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients.  This requirement specifically relates to the implementation of nutritional treatment or care plans recommended by the dietician/other relevant professionals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that nutritional treatment or care plans recommended by the dietician/other relevant professionals had been implemented.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6.4 <b>Stated:</b> First time	<p>The registered persons should ensure that routines and systems within the home are flexible enough to accommodate patients' choices and where choices cannot be accommodated; these are explained to and understood by the patient.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Discussion with the registered manager and patients evidenced that routines and systems within the home were flexible enough to accommodate patients' choices and where choices could not be accommodated; these were explained to and understood by the patient.</p>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46.11 <b>Stated:</b> First time	<p>The registered persons should ensure high standards of hand hygiene are promoted among patients, staff and visitors.</p> <p>When assisting patients with their meals, staff should wash their hands between patients.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Staff were observed washing their hands when assisting patients with their meals, and after care interventions.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	<p>The registered persons should ensure that risk assessments and care plans are kept under review and updated in response to the changing needs of patients.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of patient care records evidenced that risk assessments and care plans were reviewed and updated in response to the changing needs of patients.</p>	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

On the day of the inspection an agency nurse employed to cover annual leave did not report for her roistered shift. The registered nurse who had worked night duty stayed on in the home for over an hour to assist with patients medications. A review of the staffing rota from 9 to 29 October 2017 evidenced that the planned staffing levels were adhered to. However discussion with patients and staff evidenced that at times there could be a shortage of staff. Comments received from completed patient and staff questionnaires in regards to staffing are referenced further in section 6.6. The registered manager confirmed that dependency levels were kept under review to determine staffing requirements.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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. Review of records evidenced staff have received supervision and appraisal as required and that competency and capability assessments were completed where necessary.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that there was a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA had also been notified appropriately.

Review of four 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.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last inspection confirmed that these were appropriately managed.

A registered nurse was observed leaving the medicine trolley open with the keys in the door outside a patient's bedroom. The registered nurse had her back to the door for approximately five minutes whilst assisting the patient with their medications, creating the potential for unauthorised access to the medicine trolley. During inspection it was also observed that a registered nurse left medication with a patient for them to take later. These issues were highlighted to the registered manager as areas for improvement under the standards.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. The walls of sluice and the adjoining room on the first floor were marked and stained. This issue was highlighted to the registered manager and an area for improvement under the standards was stated.

A small store with a domestic sluice hopper was cluttered and untidy, blocking access to the sluice hopper. Discussion with the registered manager indicated the sluice hopper was not used and that this store was to be refurbished. There were no records to indicate that this water tap was flushed regularly. Twice weekly flushing of the sluice hopper if it is not in regular use should be implemented and recorded as part of the legionella control measures. Advice and guidance should be sought from the legionella risk assessor if clarification is required around this. Reference should also be made to the legionella risk assessment and the associated guidance provided in the ACOP 'The Control of Legionella Bacteria in Water Systems' issued by HSENI (L8) and HSG 274 part 2. This issue was highlighted to the registered manager and an area for improvement under the standards was stated.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and risk management and the home's environment in regards the presentation of the home for Halloween.



## Areas for improvement

The following areas were identified for improvement in relation to medicine administration, medicine safety and security and the home's environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.5 Is care effective?

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

Review of four 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.

Care records accurately 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 food and fluid intake charts recorded during the night duty were not always maintained in accordance with best practice guidance, care standards and legislation. This was discussed with the registered manager and an area identified for improvement against the standards was stated.

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. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

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. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held regularly and records were maintained. 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 registered manager or regional manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and their representatives confirmed that they attended meetings and were aware of the dates of the meetings in advance. Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives knew the registered manager. There was information available to staff, patients, representatives in relation to advocacy services.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

An area for improvement under the standards was identified in relation to supplementary care records.

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

**6.6 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.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the lunch time meal confirmed that patients were offered a choice in regards to food and fluids and the level of help and support requested. Staff were observed to offer patients reassurance and assistance as required. The daily menu was displayed in the dining room and patients were offered a choice of two main courses and desserts. A choice was also available for those patients who required a therapeutic diet or if any patients wanted an alternative from the displayed menu.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. 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 patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home. Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

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 (ten), patients (eight) and patients' representatives (ten). Eight patients, five patient's representatives and three staff completed and returned questionnaires.

The majority of questionnaires from patients, patient's representatives and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. In the returned patient questionnaire responses, two patients and one member of staff stated no to the question, 'Are you satisfied that there are enough staff available to care for you?'

Patient comments:

"At times there is not enough staff."

"Not enough staff, 3 staff on in the morning, sometimes have to wait till 8.30am to get up."

However, as detailed in section 6.4 RQIA were satisfied that patients' needs were met by the levels of staff on duty during the inspection.

Representative's comments:

"My mother has been a resident in Longfield for almost 2 years and we are extremely happy with the care provided. More importantly my mother is content and settled."

"Longfield nursing home is exactly what it says- it's a home to the residents and their families. It's a lovely place to visit; the staff are very friendly and helpful. It's a good size, families get to know each other and a community spirit is formed."

"Bedroom floors aren't well cleaned, and often crummy and sticky under chairs and bed. Also windows aren't often cleaned inside."

Staff Comments:

"Sometimes the staff are short this brings added pressure to the rest of the staff."

Comments made by patients during the inspection are detailed below:

"Staff look after me well have been in the home for 17 years, food good."

"Couldn't be better."

"This is my home now and I like it very much, they are very good to me."

"The food could be better it's not home, but it does."

"The fund raising event for flood victims on Saturday was great."

"Sometimes have to wait for the toilet if short staffed."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, 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

### 6.7 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.**

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. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff were knowledgeable of the complaints process. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure and were confident that staff and management would manage any concern raised by them appropriately.

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. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to falls, care records, and the environment. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 23 October 2017	<p>The registered person shall ensure that medications are stored safely and securely and unauthorised access assured.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Supervision has been conducted with all RNs in the Home in relation to medicines management which includes the NMC code re professional standards of practice for nurses. Compliance with safe storage will be monitored by the manager as part of her daily walkaround .</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 23 October 2017	<p>The registered person shall ensure that medicines are managed in compliance with legislative requirements and professional standards and guidelines. Medications should never be left unattended with a patient and should only be signed for when ingestion of the administered medication has been witnessed by the administrator of the medication.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Medication competencies are up to date and compliance with this standard will be monitored by the manager on her daily walkaround .</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 23 23 December 2017	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically:</p> <ul style="list-style-type: none"> <li>• make good the walls of an identified toilet which were badly scuffed and marked</li> <li>• declutter small store with a domestic sluice hopper and ensure that it is flushed twice a week and recorded as part of the legionella control measures</li> </ul> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Toilet in Faughan is scheduled to be painted next week commencing 20/11/17            Small store has also been de cluttered.            Sluice hopper had been flushed twice weekly and this is documented in the maintenance person's water management log book. This will continue to be flushed twice weekly. This is audited monthly by the home manager .</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 October 2017</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <p>Ref: Section 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Touch screen is checked to ensure carers are completing residents records contemporaneously and RNs have also been informed of their responsibility to have oversight of this. Senior carers are also being trained re care planning and documentation.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





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