

Inspection Report

25 April 2023



Longfield Care Home

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland No 2 Ltd	Registered Manager: Mrs Louise McCloskey
Responsible Individual: Ms Amanda Mitchell	Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Louise McCloskey	Number of registered places: 35
Categories of care: 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.	Number of residents accommodated in the residential care home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 35 patients. The home is over two floors and patients have access to communal lounges, dining areas and an outdoor space. There is a Residential Care Home located on the ground floor and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 25 April 2023 from 10.00am to 5.25pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during the previous care inspection and considered if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and to share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' 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 patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Longfield Care Home. 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.

Questionnaires 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "This is the best home", "I like it here", "The staff are second to none", "I feel safe here", and "I enjoy the company". One patient said they sometimes had to wait a long time for staff to attend to their needs during the night. This was shared with the manager to review and to action where necessary.

There were six questionnaires returned; four from relatives and two which did not indicate if they were from a patient or a relative. The respondents were either satisfied or very satisfied with the overall provision of care. Comments received: "(Relative) is well looked after by the staff in all areas", "We are very happy with the care (relative) receives", "Need more help in the mornings" and "Overall family are happy with care given". These and any other comments received were shared with the manager to review and action where necessary.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. A number of staff commented that staffing levels were not sufficient in the morning within one of the units. Other comments from staff included: “Good induction”, “I love working here” and “Very lucky to have good staff”. There was no response from the staff online survey.

Three relatives commented positively about the home and the care provided. Comments included; “This is the best home”, “Really happy with the care”, “The staff are great here” and “Very friendly”.

As stated above any comments received during the inspection were shared with the manager to review and action as necessary.

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 26 April 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 8.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the manager evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. The manager confirmed that there was ongoing monitoring of training to ensure full compliance.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of two staff recruitment and induction files evidenced that a number of relevant checks were not in place prior to an offer of employment being made. Details were discussed with the manager and an area for improvement was identified.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients. However, as mentioned above in section 4.0 a number of staff said that staffing levels were not sufficient in the morning within one of the units. Comments received during the inspection were shared with the manager to review and action where necessary.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Review of a sample of registered nurses' competency and capability assessments for taking charge of the home in the absence of the manager found these to have been completed.

There was evidence that staff received regular supervisions and appraisals and a matrix system was in place to record staff names and when the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to repositioning evidenced that the recommended frequency of repositioning was detailed within the patients care plan to direct the delivery of care. However, this was not consistently recorded within the recording charts. It was further identified that a number of entries within the recording charts exceeded the recommended frequency of repositioning. This was discussed in detail with the manager and an area for improvement was identified.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and meals were covered on transport.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Whilst most staff were seated when assisting patients with their meals, two staff members was observed standing. This was discussed with the manager who agreed to discuss with relevant staff and to monitor during her daily walk around.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT. However, a number of care records provided inconsistent information which was not in keeping with SALT recommendations. This was discussed with the manager and following the inspection written confirmation was received that these records had been reviewed and updated.

Review of three patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. A number of discrepancies were identified and discussed in detail with the manager. Following the inspection, the manager provided written confirmation that relevant care records had been reviewed and updated.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

Whilst most care records were held confidentially, the door to an archive store containing multiple confidential patient information was unlocked. This was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. One fire door was observed to be obstructed with a chair. This was discussed with the manager who immediately removed the chair and agreed to continue to monitor this type of practice during her daily walk around.

Patients' bedrooms were personalised with items important to the patient. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Observation of the environment highlighted some areas in which cleaning chemicals and a thickening agent were not securely stored; the importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

Observation of staff practices and the environment evidenced that infection prevention and control (IPC) measures were not consistently adhered to. For example, a number of light pull cords were stained and uncovered; patient equipment was inappropriately stored within a number of en-suites and a communal bathroom and not all staff were bare below the elbow. Details of these and any other IPC issues were discussed with the manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Patients commented positively about the food provided within the home with comments such as; “Food is very good” and “The food is nice.”

During the inspection patients were observed in the afternoon playing a game of dominoes organised by the activity coordinator. Other patients were observed to be engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Louise McCloskey has returned to the role of manager since 25 July 2022. RQIA were notified appropriately. The manager said they felt well supported by senior management and the organisation.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

6.0 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
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Louise McCloskey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The personnel files of overseas staff highlighted on the day of the inspection have been reviewed and as part of quality assurance all personnel files are to be audited on a rolling basis to ensure compliance. A further review will be completed prior to the commencement of new staff with regard to records forwarded by the recruitment department to ensure no inconsistencies or gaps in employment and or records pertaining to pre employment checks.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The cleaning stores have been reviewed and all areas containing chemicals are secure and locked. The Home Manager has carried out supervision with the domestic and care staff to emphasise the importance of same and to ensure all products and spray bottles are securely locked away after use to ensure a hazard free environment.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed and a system is initiated to monitor ongoing compliance.</p>

<p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: The Home Manager has completed supervision with staff in regard to the appropriate wearing of Personal Protective Equipment and emphasis on the importance of wearing of same during personal care intervention. This reflects the wearing of aprons and gloves and correct disposal of same.</p>

<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that where a patient requires repositioning, the frequency of repositioning within recording charts is reflective of the care plan.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The two care plans identified during the inspection have been reviewed on the day of the inspection. The Home Manager has completed a Supervision with the qualified staff in relation to same and a follow up meeting has been held on the 06/06/23 to further review the findings of the Inspection.</p> <p>Repositioning will continue to be reviewed as part of the Home Manager daily walkround and audit process. This will be further reviewed through ad hoc checks through the regulation 29 visits.</p> <p>A supervision has been completed with the care staff with regard to completion of of supplementary records and in particular re- positioning records.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation and best practice standards.</p> <p>Ref: 5.2.2</p>

From the date of inspection	Response by registered person detailing the actions taken: The store room highlighted on the day of the inspection has had a new lock fitted to ensure compliance with the current GDPR legislation in respect of the secure storage of supplementary records. This will continue to be reviewed as part of the Home Manager daily walk round of the home.
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