

Unannounced Care Inspection Report 29 January 2018



Longfield Care Home

Type of Service: Nursing Home (NH)
Address: 2 Longfield Road, Eglinton, BT47 3PY
Tel No: 028 71812552
Inspector: Michael Lavelle

www.rgia.org.uk

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.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Louise McCloskey
Person in charge at the time of inspection: Caroline Thorn, acting manager	Date manager registered: 1 April 2005
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 registered places: 46 consisting of: A maximum of 11 patients accommodated within categories of care NH-PH & NH-PH(E).

4.0 Inspection summary

An unannounced inspection took place on from 08.40 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.

Ms Caroline Thorn is currently the acting manager for Longfield Nursing Home and will hold this position until the registered manager returns.

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 relation to induction, supervision and appraisal, adult safeguarding, communication between residents, staff and other key stakeholders, 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, governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment and medicines management.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Caroline Thorn, acting 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 27 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 27 November 2017. There were no further actions required to be taken following the most recent 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients, ten staff, and two patients' visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 22 January 2018 to 4 February 2018
- 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
- two staff recruitment and induction files
- three patient care records

- a selection of patient care charts including food and fluid intake charts and repositioning charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- 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.

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 27 November 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 23 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The registered person shall ensure that medications are stored safely and securely and unauthorised access assured.	Met
	Action taken as confirmed during the inspection: Observation of medicines administration and review of the environment evidenced that medications were stored safely and securely. The drug trolley was locked when staff were administering medicines in patients bedrooms. Clinical rooms were all locked.	

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of medicines administration evidenced that they were administered and signed for after patients had ingested the medication.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically:</p> <ul style="list-style-type: none"> • make good the walls of an identified toilet which were badly scuffed and marked • 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 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced the identified toilet was freshly painted. Review of the small store verified it had been decluttered. Examination of records demonstrated a robust system to ensure the sluice hopper and other water outlets are flushed twice weekly.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a selection of supplementary care records including food and fluid intake and repositioning records evidenced they were accurately and contemporaneously completed.</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.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 22 January 2018 to 4 February 2018 evidenced that the planned staffing levels were adhered to. During discussion with staff some concerns were raised regarding staffing levels. However, the inspector was unable to validate any staff deficiency on the day of the inspection. The inspector also discussed staff availability with patients and their representatives and a number of positive replies were received. In addition observation of the care delivered during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with the acting manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. The acting manager confirmed the home are hoping to employ an additional nurse for a twilight shift within the home.

Staff selection and recruitment information was available for inspection; however records were not maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. For example, of the two staff personnel files reviewed, one did not have written record explaining the gaps in employment or a reference from the most recent employer. Further to this the reason for leaving on the application was only partially completed. This was discussed with the acting manager and an area for improvement under the regulations was made.

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 the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the acting manager evidenced that they had 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. Discussion with the acting manager and review of training records evidenced that mandatory training requirements were met. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the acting 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 Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The acting 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 acting 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 were notified appropriately. Where any shortcomings were identified safeguards were put in place.

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 care inspection confirmed that these were appropriately managed.

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, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were generally well adhered to. There was excellent use of personal protective equipment (PPE) and staff were observed decontaminating their hands effectively following delivery of personal care. Sharps boxes were assembled correctly, signed and dated although they were noted to have the aperture open when not in use. Most equipment was appropriately stored. There was an identified store room that had some boxes stored on the floor and an identified bathroom that had some inappropriate equipment stored. These issues were discussed with the acting manager who agreed to address them immediately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

The following area was identified for improvement in relation to staff recruitment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Review of three 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 charts including food and fluid intake and repositioning records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with DHSSPS Care Standards for Nursing Homes 2015 and NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. However, patients' records were not maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. Deficits were noted in relation to the administration of topical medicines. Two medications records were reviewed. Review of the first record evidenced care assistants were not completing topical medication records. For example, medication was prescribed to be administered four times daily; from 23 January 2018 until 29 January 2018 records indicated that the medication was given as prescribed on only one of these dates. There was evidence of incomplete recording on the other dates and no record was completed to evidence the prescribed medication was administered on two of the dates. This was cross referenced with the medicines administration record. Review of these records on the same dates evidenced the medication as having been administered four times daily. This was discussed with a registered nurse who confirmed they had signed the medication as given but had not checked the topical medicine administration record. Review of the second record evidenced that medication was prescribed three times daily. Examination of the topical medication record evidenced that from 15 January 2018 until 29 January 2018 evidenced that it had not been administered on four of the dates. Of the dates it was given, the medication was only administered once daily and not three times as prescribed. This was discussed with the acting manager and identified as an area for improvement under the regulations. This matter is also referred to the medicine management inspector for information purposes.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

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 acting manager confirmed that staff meetings were held on a three monthly basis and records were maintained. Minutes were reviewed for the last staff meeting in September 2017 and there are further meetings arranged for February 2018. Staff confirmed that staff meetings were held every few months and that the minutes were made available.

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 line manager and/or the acting manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the acting manager and review of records evidenced that patient and relatives meetings were held on a 4 monthly basis. Minutes were available and displayed on noticed board throughout the home. Patients and their representatives confirmed that they attended meetings and were aware of the dates of the meetings in advance. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff and management. Patients and representatives were aware of who their named nurse was and knew the acting manager.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to medicines management

	Regulations	Standards
Total number of areas for improvement	1	0

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.

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example, staff were observed to knock on patients' doors before entering and kept them closed when providing personal care. Other staff were observed maintaining patient's dignity while assisting them with their food. 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 the acting manager confirmed there was a patient activities leader (PAL) in the home responsible for the provision of activities. Notice boards within the home evidenced some planned activities including bingo, tai chi, visits from school children, music and reading. Patient's spoken with expressed a high level of satisfaction with the activities within the home and the activities leader. Discussion with the PAL evidenced a varied programme planned to

meet the individual needs of the patient's. In addition to the previously mentioned activities music mix, beetle run and darts were also planned. Seasonal activities have also been planned for spring time with provision made for making bird boxes and flower planting. Walls of the home were adorned with photographs of patient's and patient's bedrooms were highly personalised.

The serving of the midday meal was observed with the majority of patient's choosing to dine in their bedrooms. A range of condiments and drinks were readily available. The menu consisted of a choice of two main courses; it reflected the planned meal as identified in the weekly menu planner. Alternative meals were provided to patients who did not wish to have the planned meal. The meals were pleasantly presented, were of good quality and smelt appetising. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Hot meals were covered when transferred from the to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by staff involved with the serving or assisting patients with the meal.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The acting manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Ten staff members were consulted to determine their views on the quality of care within Longfield Care Home. A poster was given to the acting manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. Two of the staff responded within the timeframe for inclusion in the report.

Some staff comments were as follows:

"It's a good wee home."

"The staff are hands on and know the residents"

"I left and came back; it was like coming home."

"Two care assistants to care for 35 residents at night time is not enough staff. Some residents are very unwell while others require a lot of assistance. I would be worried should someone need the help of two members of staff then the other residents are not being looked after for that period."

"High resident to staff ratio, including residents with very high dependency, putting staff under pressure and residents not getting the level of holistic personalised care they should be getting."

Eight patients consulted were very complimentary and some commented as follows:

- “The staff are very good.”
- “It’s grand here. They are very friendly.”
- “It’s a good place.”
- “The staff are very good, they can always have a wee bit of a joke.”
- “They are always cleaning, even on Saturday and Sunday!”
- “No matter what I would want they will do it.”
- “I would like to see more staff.”

Ten patient questionnaires were left in the home for completion. Two of the patient questionnaires were returned within the time frame. They were complementary of the quality of care within Longfield Care Home. Comments noted from the questionnaire were as follows:

“I have been able to feed myself up until now. I would really need some more help from **now on.**”

Two relatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Three of the relative questionnaires were returned within the timeframe for inclusion in the report. These were all very complementary of the quality of care within Longfield Care Home.

Some patient representatives’ comments were as follows:

- “I love it. It is beautiful here. The staff all know your name.”
- “No complaints.”
- “I feel my grandmother’s needs and personal care is met 110%.”
- “This care home has staff that are very caring and considerate. The entertainment is good and so are the conditions. The food menu could do with a change now and then rather than being the same thing every week. The staff levels could be better as I think there are not enough nurses.”
- “We feel that Longfield could benefit from more staff as they are overworked at times.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

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
Total number of areas for improvement	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 acting 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.

The acting manager has been in post since December 2017 and will hold this position until the registered manager returns.

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

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

Discussion with the acting 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 DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Patients were aware of who the acting manager was. Staff were knowledgeable of the complaints process.

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

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 accordance with best practice guidance in relation to wound management, care records, infection prevention and control, complaints, incidents/accidents, restraint, bedrails and medications. 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 acting manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations and 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
Total number of areas for improvement	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 Caroline Thorn, acting 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.

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) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all employees are recruited in accordance with best practice and legislation and that the evidence of this is present in staff recruitment and selection files.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Personnel file identified had references x 2 in place. One reference was from the hospital but was not her most recent employer. This has now been requested and is now in place in accordance with best practice and legislation This will be monitored by the home manager .</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure suitable arrangements for recording and safe administration of medicines. This is made with specific reference to administration of topical medicines.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Review has taken place of all central prescription sheets and cross referenced to TMAR sheets which have now all been amended accordingly. Registered Nurses also ensure TMAR records are signed by them twice weekly as a minimum.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care