The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Longfield Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 9 August 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland No 2 Ltd
Responsible Individual:	Ms Amanda Mitchell
Registered Manager:	Mrs Louise Carroll
Service Profile – This home is a registered nursing home which provides nursing care for up to 35 patients. The home is divided over two floors which provides general nursing care for over 65 years of age and patients with a physical disability over and under 65 years of age. Patients have access to a range of communal spaces such as lounges, a dining room and an enclosed garden. 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 9 August 2025 from 9.00 am to 6.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness of the governance arrangements to ensure the quality of the care delivered.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement has been subsumed into a new area for improvement under the regulations and will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 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: "The staff are very kind and good to me", "The home is well staffed and the staff are lovely. The food is ok, you get a choice" and "They have music on a Thursday, I love it."

Patients told us that staff offered choices to them throughout the day, which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Relatives commented positively about the overall provision of care within the home. Comments included: "I have no concerns about the care my brother is receiving. They are all very good to him", "The care is amazing, all the staff are great. They go above and beyond, even when they are short staffed" and "I am very happy with the care." One questionnaire response from a visitor to the home who indicated they were happy with the care provided. Comments included, "Excellent environment. Very caring and helpful staff."

Staff spoken with said that Longfield Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "The teamwork is ok. We have good communication in the team" and "The staff work closely together. It's a good wee team."

We did not receive any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing.

However, review of induction records confirmed that not all agency staff and student nurses had a documented induction. In addition, review of staff recruitment records established that not all pre-employment checks had been completed prior to each staff member commencing in post. Areas for improvement were identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. The manager confirmed the hours allocated for domestic staff were being reviewed to increase availability on both floors.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. For example, review of records relating to an identified patient evidenced that the patient's care plan had not been updated following the fall. In addition, daily progress notes did not consistently comment on the status of the patient following an unwitnessed fall and there was no evidence that patient's next of kin had been informed of the fall. An area for improvement was identified.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

It was observed that the lunch menu displayed in both units contained two options, which were not available that day; this could be confusing for patients. In addition, discussion with staff confirmed changes to the planned menu were not recorded. This was discussed with the manager who confirmed that they plan to meet with catering staff and review the three week rotational menu which had not been updated since January 2025. An area for improvement identified.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. There was evidence of intergenerational practice between the home and a local primary school. It was pleasing to note the manager had been highly commended in 2024 for the Staff Nursing care awards.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

However, review of a selection of care records evidenced that some had not been updated to reflect the patient's assessed need and lacked sufficient details to meet the patient's needs. In addition, one patient's care plan contained several forenames that were not reflective of the patient's name, while some of the assessments were missing dates, times and signatures. This was discussed with the deputy manager who provided assurances that the records would be updated before the end of the inspection. An area for improvement was identified.

Nursing staff recorded regular evaluations about the delivery of care. Review of a selection of daily evaluation records over a 24-hour period evidenced that some of these entries had been completed as early as four hours into the 12 hour shift on some occasions and no further entries had been made to reflect on the care delivered. Some evaluations of care, including monthly evaluations, contained repetitive statements which were not person centred. To ensure all evaluations of care are meaningful, an area for improvement was identified.

Review of supplementary care records such as repositioning, personal care and food and fluid intake charts evidences minor gaps in record keeping. This was discussed with the manager who confirmed they would meet with staff and monitor completion through their audit systems. This will be reviewed at a future care inspection.

It was observed that confidential information relating to patient care and treatment was accessible in the nurse's office on the ground floor because staff had not locked the door when leaving the office. This was discussed with staff who took necessary action to secure access to the information. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was generally clean and tidy. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient.

A small number of shortfalls were identified throughout the home relating to environmental cleaning, broken/damaged patient equipment and floor coverings that required replacing. Details were provided to the manager who provided assurances that they were aware of the matters and actions had been taken to address these; this included an ongoing refurbishment plan. Progress with this will be reviewed at a future care inspection.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed no actions were required from the most recent fire risk assessment.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, staff did not take opportunities to apply and remove personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patient's environment. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Louise Carroll has been the registered manager since 1 April 2005.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

However, given the inspection findings, further work is required to develop the governance and managerial oversight arrangements to ensure these drive the necessary improvements; particularly in relation to IPC practices, the environment, care record audits and complaint management. An area for improvement identified during an inspection on 16 April 2024 has been subsumed into a new area for improvement under the regulations.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	6	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Louise Carroll, Registered 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

Area for improvement 1 **Ref**: Regulation 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** 9 August 2025	The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records. Ref: 3.3.1 **Response by registered person detailing the actions taken:** All pre employment checks have been completed in line with safe recruitment checks and signed and dated as verified by the Registered Manager. This is supported also by the Human resources team.
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 9 August 2025	The registered person shall ensure that staff manage falls in keeping with best practice. Ref: 3.3.2 **Response by registered person detailing the actions taken:** A safety huddle has been carried out with the Qualified Staff Team to ensure all areas of the post falls pathway records are completed and cross referenced in the plan of care following unwitnessed falls.
Area for improvement 3 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by** 9 August 2025	The registered person shall ensure that person centred care plans are prepared in sufficient detail and in a timely manner to direct staff as to how to meet the assessed needs of patients. Such records should be signed and dated. Ref: 3.3.3 **Response by registered person detailing the actions taken**: The care plans identified at the time of the Inspection have been updated accordingly to reflect the needs and precribed care. This will continue to be monitored through the internal care plan audit process and Regulation 29 monitoring visits.
Area for improvement 4 **Ref:** Regulation 19 (5) **Stated:** First time	The registered person shall ensure that staff lock office doors to ensure patient information is only accessible to those with permission. Ref: 3.3.3

To be completed by: 9 August 2025	**Response by registered person detailing the actions taken:** This has been implemented with immediate effect and staff advised of same via safety huddle to ensure all nurse office doors are closed if unattended and records within secure. This will be monitored as part of the the Home Manager Daily walkround and Regulation 29 monitoring visits.
Area for improvement 5 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 9 August 2025	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: A safety huddle has been completed in relation to the "five moments" and review of donning and doffing through observation of staff practice. The monthly infection control audit is completed as part of this area of governance. Hand hygiene audits are completed monthly also.
Area for improvement 6 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 9 August 2025	The registered person shall review the home's current audit processes to ensure they are effective in order to drive the necessary improvements. Ref: 3.3.5
	Response by registered person detailing the actions taken: The follow up actions from the previous months audits are to be signed and dated as actioned and added to the Homes Internal Action plan for follow up.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 9 August 2025	The registered person shall ensure that all staff newly appointed, including agency staff and student nurses, complete a structured orientation and induction programme in a timely manner and that records are retained for inspection. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Induction form has been reviewed to incoporate the student nurses assigned from the Univdersity of Ulster alongside there internal on line induction, The Student nurse identified on the day of Inspection has signed an Induction.

Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 9 August 2025	The registered person shall ensure that that the meals provided are reflective of the planned menu. Ref: 3.3.2
	Response by registered person detailing the actions taken: The four weekly menu is in place and the cook has been advised to adhere to menu specified on the day and any change in same to record the reasons and ensure residents are informed.

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by** 9 August 2025	The registered person shall ensure all written evaluations of care within patients care records are meaningful and person centred. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans are audited monthly as part of the monthly governance process and are being reviewed to ensure care records and more detailed with regard to meaningful and person centered care. This will form part of the agenda for the qualified staff meeting planned.

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews