The Regulation and Quality Improvement Authority

Inspection Report

16 April 2024

Longfield Care Home

Type of service: Nursing Home
Address: 2 Longfield Road Eglinton BT47 3PY
Telephone number: 02871812552

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 **Date registered:** 1 April 2005
Person in charge at the time of inspection: Mrs Louise Carroll	**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 patients accommodated in the nursing home on the day of this inspection:** 35
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 16 April 2024 from 9.20 am until 6 pm. The inspection was carried out by a care inspector.

The purpose of the inspection was to assess progress with all areas for improvement identified in the home 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.

Patients told us that they felt well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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.

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 patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this 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 management team 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: "Brilliant place", "I have everything I need here", "I am very happy here", "The staff are excellent" and "I feel safe here". One patient said they sometimes had to wait for long periods for staff to attend to their needs. This was shared with the manager to review and to action where necessary.

There were three questionnaires returned; two from patients and one from a relative. The respondents were either satisfied or very satisfied with the overall provision of care. Comments included; that the care was: "Excellent" staff were: "Very attentive", "Very happy with the care and specially enjoy the activities and entertainment which are organised", "I like knowing there are people around to help me", "Some staff go above and beyond" and "Good empathy".

Whilst most of the comments received from the questionnaires were very positive; one patient commented regarding staffing arrangements and a 'quicker' response time from staff to their 'call button'. The other patient commented that their: "Bedroom could do with a spring clean a

bit more often like bed and chair pulled out etc". These comments were shared with the manager who provided written confirmation regarding the action taken to address these issues.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: "Staffing levels are fine", "I am very happy here" and "Really good support from management". There was no response from the staff online survey.

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 care inspection on 25 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 21 (1) (a) (b) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of staff recruitment files and discussion with management during and following the inspection evidenced that this area for improvement had been met.	
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team evidenced that this area for improvement had been met.	
Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time	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.	**Partially met**

	Action taken as confirmed during the inspection: Observation during the inspection and discussion with the management team evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.3.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that where a patient requires repositioning, the frequency of repositioning within recording charts is reflective of the care plan.	**Not met**
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.2	
Area for improvement 2 **Ref:** Standard 37 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team 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 both online and practical to enable them to carry out their roles and responsibilities effectively.

Review of the training records evidenced that not all registered nurses had completed level 3 training in relation to the Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLS). This was discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address this.

Monthly 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).

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

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.

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

A record of staff supervision and appraisal was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

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 patients' needs, their daily routine wishes and preferences.

It was observed that 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.

Whilst most patients were well presented, a small number of patients finger nails were long and/or unclean. This was brought to the attention of the management team who had this addressed immediately and agreed to monitor going forward.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients care records identified that a number of entries within repositioning charts exceeded the recommended frequency of repositioning. It was further identified that the

recommended frequency for reposting was not included within one patient's care plan and the frequency of repositioning within a further patient's care plan was not consistent with what was recorded within the repositioning chart. Details were discussed with the management team and an area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. A small lounge/dining area was located within both units and a large dining area was also available on the ground floor. Most patients were observed having their meals in their bedrooms. Discussion with staff and patients confirmed that this was their personal preference. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available. Patients told us they very much enjoyed the food provided in the home.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Whilst staff were providing the correct diet as recommended by SALT, recording charts did not consistently contain the patients' recommended dietary/fluid type. It was further identified that one patient's chart provided incorrect information. This was discussed in detail with the management team and an area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Review of a sample of supplementary records specific to dietary/fluid intake evidenced that staff were not consistently recording the 24-hour total of fluid intake. Details were discussed with the management team who agreed to discuss with relevant staff and to monitor going forward. Following the inspection written confirmation was received that relevant action had been taken to address this.

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 management team. For example; a number of patients with certain medical conditions did not have a care plan to direct the relevant care and moving and handling assessments for two patients were overdue. Following the inspection, written confirmation was received from management that relevant care records had been reviewed and updated.

Daily progress 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. A discussion was held with the management team regarding a number of gaps between nurses' entries. The management team agreed to discuss this with relevant staff and to monitor going forward.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and patients' bedrooms were found to be personalised with items of memorabilia and special interests.

Some surface damage was evident to a number of walls, door frames, bedroom furniture and doors. Details of these and any other maintenance related issues were discussed with the management team who confirmed that they were aware of most of these issues and were in the process of addressing them. Following the inspection, written confirmation was provided by the management team of the action taken to address these issues.

Whilst most areas of the home were clean, dust and cobwebs were evident to a small number of high surfaces. This was discussed with the manager who agreed to have these areas reviewed. Following the inspection written confirmation was received that relevant action had been taken to address these issues, with ongoing monitoring to ensure sustained compliance. This is discussed further in section 5.2.5.

A malodour was evident within a bathroom on the ground floor and an identified patient's bedroom. Following the inspection, written confirmation was received from management of the action taken to address these issues.

A fire door was observed propped open with a chair preventing the door from closing in the event of the fire alarm being activated. This was brought to the attention of staff who immediately removed the chair and acknowledged that this was not good practice. Details were discussed with the manager who agreed to monitor this type of practice during her daily walk around of the home.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Review of the most recent fire risk assessment completed on 22 December 2023 evidenced that not all actions had been signed off by management as having been completed. Following the inspection, the management team provided written confirmation that necessary action had been taken to address the recommendations stated.

There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. A system was also in place to ensure that all staff complete at least one fire evacuation drill yearly.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

Observation of staff practices evidenced that they were not consistently adhering to infection prevention and control (IPC) measures, including one staff member not bare below the elbow; a number of light and emergency pull cords not covered and inappropriate storage of patient equipment within a communal bathroom and en-suites. Details of these and any other IPC issues identified during the inspection were discussed with the management team and an area for improvement has been stated for a second time.

5.2.4 Quality of Life for Patients

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.

During the inspection patients were observed watching TV, resting or chatting to staff and were seen to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as: “The food is beautiful. Top of the range”, “Good food here” and “The food is nice.”

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the safeguarding champion for the home.

Review of the records relating to accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients’ next of kin, their care manager and to RQIA.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. However, as discussed in section 5.2.3 environmental deficits were identified and included in an associated action plan. It was not clear from this action plan who was responsible for addressing the actions and in what timeframe. Details were discussed with the management team and an area for improvement was identified.

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. Written reports were completed following these visits and were available within the home.

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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 13 (7) **Stated:** Second time **To be completed by:** 16 April 2024	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. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: The areas identified during the inspection process have been addressed and a supervision carried out with the housekeeping/domestic staff in relation to high dusting and recording of completion of same. De- cluttering of some bedroom areas have been completed. The Home Manager completes a daily walkround and monthly domestic/environmental audits to incorporate the bedrooms on a monthly basis. An infection control audit has been completed which highlights compliance with Hand washing/ wearing of gel nails and or nail polish as an area of focus. The Home Manager has completed a supervision alongside the staff in relation to IPC controls. An updated infection control audit to be introduced to continue the ongoing review of infection control prevention.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 23 **Stated:** Second time **To be completed by:** 23 April 2024	The registered person shall ensure that where a patient requires repositioning, the frequency of repositioning within recording charts is reflective of the care plan. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All supplementary booklets had been reviewed and updated prior to the Inspection and supervisions have also been completed with RNs and Care staff in realtion to same. Further staff supervsions carried out with the Qualified and Care staff to ensure full completion of supplementary records and to be checked daily by the Home and Deputy Manager on an adhoc basis. The nurse in charge of shift to ensure full completion and two signatures of staff and no gaps in date and or time. The care

	plan records have also been reviewed to ensure correlation with the prescribed position change time. The above to form part of the Team Meetings and review alongside staff also.
Area for improvement 2 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** 16 April 2024	The registered person shall ensure that SALT recommendations are accurately and consistently recorded within supplementary dietary/fluid intake charts and reflective of the information within the patients care plan. Ref: 5.2.2
	Response by registered person detailing the actions taken: On the day of the Inspection the record identified was addressed and a review carried out of all SALT recommendations to ensure correlation with the prescribed diets and plan of care. This is also recorded on the daily handover and shared with the kitchen staff through diet notifictation and modified diet focus list provided to the kitchen. A modified diet audit has been completed to provide further review of the modifed diets prescribed. This will continue to carried out monthly by the Home Manager.
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 16 May 2024	The registered person shall ensure that where an action plan has been implemented following an audit; a timeframe, the person responsible and follow up is documented. With specific reference to: • environmental audits. Ref: 5.2.5
	Response by registered person detailing the actions taken: A refurbishment plan is in place to identifiy specific timeframes of works due for completion. The current plan is shared with the Estates team for review and agreeement of works to be completed. Ths is reviewed monthly. The areas identified on the day of inspection have been prioirtised for completion by the maintenanace man in relation to redecoration of a bedroom and decluttering.

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