

Inspection Report

Name of Service: Longfield Care Home
Provider: Healthcare Ireland No 2 Ltd
Date of Inspection: 15 April 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 Andrea Louise Campbell
Registered Manager:	Mrs Louise Carroll
<p>Service Profile This home is a registered residential care home which provides health and social care for up to 11 residents who are living with dementia. Accommodation is provided on ground floor level and all residents are accommodated in single bedrooms with ensuite facilities. Residents have access to communal areas and a secure outdoor space.</p> <p>There is a nursing home located within the same building and the manager manages both of these services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2025 from 9.55am to 4.15pm, 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.

In addition, RQIA had received information which raised concerns in regards to the home's staffing arrangements and care delivery where it was alleged that the home was unable to maintain the planned staffing levels. This was also reviewed as part of the inspection.

The home was found to be clean and bedrooms were personalised with items which were important to residents.

Residents reported that they were happy with the care provided to them and praised the activity provision in the home. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable in relation to the needs of the residents. In relation to the concern raised regarding the staffing arrangements; this was substantiated and an area for improvement was made.

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 registration information, and any other written or verbal information received from resident's, 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.

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

Residents commented positively on their experience of living in the home. Such comments included; "the food is good, they know me, they know what I like and what I don't," "It's a good place here," "there is always a choice available" and "I am very happy in here, the staff are very good and they are kind to me. I am well looked after and I feel very safe in here."

Residents commented positively on the activity provision in the home stating "they have good activities in here for the residents to keep them occupied."

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the manager was supportive and available for advice and guidance.

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 residents. There was evidence of robust systems in place in relation to staff recruitment, induction and training.

The concerns raised in relation to the staffing arrangements were substantiated. Review of the staff duty rota identified times when the planned staffing levels were not maintained and this has impacted staff morale. Discussion with the manager and staff confirmed that this was mainly due to short notice sick leave and recent turnover of staff. The manager reported that there had been recent successful recruitment. This was identified as an area for improvement.

Staff were readily available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty during the inspection.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were offered residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

At times some residents 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 residents and to manage this aspect of care.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise and the atmosphere was relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

Activities for residents were provided which included both group and one to one activities. The importance of engaging with residents was well understood by the manager, activity therapist and staff. An activity schedule was on display in communal areas offering a range of individual and group activities such as quizzes, bingo, dancing, music and bowls. Residents were well informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events. On the day of the inspection the residents were visited by a group of local school children who sang for the residents. There were parties planned for larger groups during the Easter period.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

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

Residents care records were held confidentially.

Review of care records identified that some care plans required minor updates. Email confirmation was provided by the manager following the inspection that this had been completed. This will be reviewed at a future inspection.

Care records were person centred and staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

The excess storage of continence products in a communal bathroom was raised with the manager and addressed during the inspection. This will be reviewed at a future inspection.

Some seating was torn and unable to be effectively cleaned and a bathroom door required repair. This was raised with the manager and email confirmation was provided following the inspection to advise these issues had been addressed.

Systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

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 is the registered manager of this home.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Louise Carroll, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection (15 April 2025)</p>	<p>The Registered Person shall ensure that at all times there are adequate staff working in the home, in such numbers as are appropriate for the health and welfare of residents. This must be kept under regular review.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: We have had a positive response from our recruitment drive with 187 hours in process currently, and further interviews planned. We are currently utilising the support of Agency support staff to assist with the safe staffing within the residential unit as a short term contingency measure.</p>

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