The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Longfield Care Home**

Provider: **Healthcare Ireland No 2 Ltd**

Date of Inspection: **21 April 2026**

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:	Ms Sara Coul – not registered
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. All residents are accommodated in single bedrooms with ensuite facilities. Residents have access to communal and dining areas as well as an enclosed garden area. There is a separate registered nursing home which occupies the same building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 21 April 2026 from 10.00am to 4pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 15 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Furthermore RQIA had received information in relation to staff interactions with residents and the lack of activities. This was reviewed during the inspection and found to be unsubstantiated.

The home was found to be clean and bedrooms were personalised with items important to each resident.

Residents reported that they were well cared for and that the staff were kind to them. Residents also praised the meal provision.

Staff reported that they were supported in their work by the manager. Staff confirmed that there was enough staff on duty in the home and all staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the residents.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. One new area for improvement was identified and full details 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 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. 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

Residents reported that they were happy with the care provided in this home. They referred to the home as "a good place" and advised that they were well cared for. Residents described the staff as kind and were readily available to assist them.

Two relatives were spoken with during the inspection. They confirmed that there was always plenty of staff on duty and who were kind and caring. They also stated that their relative was well looked after in this home.

Staff spoken with confirmed that there was good teamwork and staff morale was good. Staff reported that the care provided was of a good standard and the residents can get anything they wanted. Staff advised that they were well supported in their roles by the manager.

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 to manage staffing.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was noted that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, respectful and polite to the residents at all times.

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

Staff were skilled in communicating with residents; they were understanding and sensitive to residents' needs. Residents confirmed that staff responded quickly to calls for assistance.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. This was particularly evident when staff provided reassurance to a resident who became upset and tearful.

It was observed that 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 also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Discussion with the manager provided assurances how the risk of falling and falls were managed within the home. The manager confirmed the home was utilising the Post-falls guidelines for care homes which would be seen as best practice guidance.

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

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support and assist residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

Staff wore aprons when serving or assisting with meals and were found to be very knowledgeable in regards to residents' meal preferences and dislikes. Residents praised the meal provision in the home.

The importance of engaging with residents was understood by the manager and staff. There was a range of activities provided for residents. During the inspection a number of the residents were involved in playing darts. For other residents in the home they were engaged in discussions between themselves and staff. Residents also had opportunities to 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.

Care records were mostly person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However it was noted that some care plans contained the wrong name of the resident or incorrect information about their needs. This was identified as an area for improvement.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Corridors were found to be clear and unobstructed and fire doors were fully closing. The fire safety risk assessment was completed on 18 December 2025. Any recommendations made as a result of this assessment were signed off, as actioned.

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

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Sara Coul is the manager of the home.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager 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 in 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	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Sara Coul, 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 Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** As from the date of this inspection (22 April 2026)	The registered person shall ensure that care plans contain the correct names of the resident and accurately reflect their needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: The care file identified during inspection was immediately addressed . Supervision has been completed with staff on ensuring that the name of the resident is embedded in the body of the care plan. This will be monitored as part of the care file audits that are completed and spot checked as part of the daily walk around . Compliance will be monitored as part of the Regulation 29 visit to the home.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

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