The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Longfield Care Home

Provider: Healthcare Ireland No 2 Ltd

Date of Inspection: 15 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:	Miss Sara Coul - Registration Pending

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, dining rooms 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 15 April 2026, from 9.15 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered and it was evident that staff promoted the dignity and well-being of patients. 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.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been stated for a second time. 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: "This is a great place", "I love it here", "The staff are all looking after me well", "I have everything I need" and "This is like a hotel".

Staff said the manager was very approachable, teamwork was good and that they felt well supported in their role. Comments included: "Sara (manager) is great", "There has been great improvements made with the new manager", "There is a great team here", "Staffing levels are fine most of the time but can depend on patients' needs and any changes" and "I enjoy working here".

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. Whilst there was evidence of robust systems in place to manage staffing; training specific to the Mental Capacity Act (Northern Ireland) 2016 Deprivation of Liberty Safeguards (DoLS), had not been completed by all relevant staff. Details were discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

Patients said that staff were very attentive. Staff said there was good team work and that they felt well supported in their role and that they were mostly satisfied with the staffing levels. The manager confirmed that staffing levels were being kept under review to ensure that the assessed needs of the patients are met.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. Staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

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. These patients were assisted by staff to change their position regularly. Review of a sample of patient care records evidenced that a number of entries within recording charts exceeded the recommended frequency of repositioning as stated within the care plan. An area for improvement was identified.

Review of a sample of care records regarding wound care evidenced that the evaluation records were not being consistently completed in accordance with the patient's care plan. Details were discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. Review of a sample of post fall observation recording charts

evidenced that these were mostly well maintained. Any shortfalls identified were discussed with the manager to review and action as necessary.

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. A meal time co-ordinator was allocated to each of the units to oversee the correct delivery of meals to patients.

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. Whilst a menu was on display within both of the units, the meal options were different and neither were reflective of the meals being served. An area for improvement has been stated for a second time.

A discussion was also held with the manager regarding the location of the menu on the first floor which was within the nurse's office. The manager agreed to have this relocated to an area outside of the office that would be accessible to patients.

Patients commented positively about the food provided within the home with comments such as: "A good variety of food and plenty of it", "The food is very good" and "We get a good choice of food".

The importance of engaging with patients was well understood by management and staff. Whilst the activity for the day was displayed within the reception area, a schedule of activities was not available to inform patients of any planned activities for the week. This was discussed with the manager who agreed to have this reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Music and singing was provided in the morning by an external artist and a local group within the community. Patients appeared to really enjoy this. Comments included: "I enjoy the activities here", "Music is provided every week" and "There is something to do most days".

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.

Patients care records were not held confidentially in a number of areas within the home. Details were discussed with the manager and an area for improvement has been stated for a second time.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

The home was neat and tidy and patients' bedrooms were personalised with items important to the patient. There was evidence that refurbishment works had been completed since the last care inspection. The manager confirmed that further refurbishment works were on the homes agenda including ongoing painting throughout the home and the replacement of identified furniture.

Ceiling tiles were stained within an identified patient's en-suite and two ceiling tiles were missing in the corridor on the ground floor. These and any other findings were shared with the manager and following the inspection, written confirmation was received that relevant action had been taken to address these findings.

Corridors and fire exits were clear from clutter and obstruction. A fire risk assessment (FRA) had been completed on the 18 October 2025. Several actions were required following this assessment and these were signed by management as completed.

Cleaning chemicals were easily accessible within two areas of the home. Details were discussed with the manager and an area for improvement was identified.

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 has been stated for a second time.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Sara Coul has been the Manager in this home since 22 September 2025. An application to register with RQIA has been received.

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

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.

A record of complaints was held within the home. Review of a sample of complaints evidenced that these were appropriately addressed.

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 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	2*	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (5) **Stated:** Second 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: 15 April 2026	**Response by registered person detailing the actions taken:** Keypads have now been applied to the 4 identified areas. Safe care huddle carried out with all grades of staff regarding the importance of patient records being stored appropriately and the importance of the nurse's station being locked when not in use. This was also discussed at staff meeting with all grades of staff on 23.04.26. This will be monitored through the Home Manager's walkaround and as part of the Regulation 29 visit.
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** Second time **To be completed by:**	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

15 April 2026	• 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 Donning and doffing learning session has been completed with all grades of staff . Supervision provided on the appropriate use of PPE. Frequency of hand hygiene audits have been increased to weekly at present and will be kept under review . Staff knowledge and practice to be reviewed during hand hygiene audits , part of the Home Manager's daily walkaround and during the Regulation 29 visit to the home .
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 35 **Stated:** Second time **To be completed by:** 15 April 2026	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: New menu's have been typed and are now in place. This was discussed at staff meeting on 23.04.26 , supervision provided to kitchen staff on 12.05.26 regarding the use of the menu deviation sheet for any meal changes. This will be monitored through the Home Manager's walkaround and as part of the Regulation 29 visit for compliance .
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 15 April 2026	The registered person shall ensure that patients are repositioned in accordance with their care plan. Ref: 3.3.2
	Response by registered person detailing the actions taken: An audit has taken place of residents Braden score and the repositioning schedule is now in line with the NICE guidelines . Care plan and supplementary cover sheet has also been updated to reflect new changes. staff supervision has taken place in relation to the need for staff adherence to the residents planned repositioning schedule. This will be monitored through the Home Manager's walkaround and as part of the Regulation 29 visit.

Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by** 15 April 2026	The registered person shall ensure that chemicals are securely stored. Ref: 3.3.4
	Response by registered person detailing the actions taken: The importance of the safe storage of Chemicals and compliance with COSHH was discussed at the staff meeting on 23.04.26 - in which all grades of staff were present. This will be monitored through the Home Manager's walkaround and as part of the Regulation 29 visit.

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

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