

Inspection Report

19 January 2023



Jordanstown Care Home

Type of service: Nursing Home

Address: 1a Old Manse Road, Jordanstown BT37 0RU

Telephone number: 028 9085 2258

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Beaumont Care Homes Limited Responsible Individual: Mrs Ruth Burrows	Registered Manager: Mrs Helen Frances Chambers – not registered
Person in charge at the time of inspection: Mrs Helen Frances Chambers - manager	Number of registered places: 53
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 TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 53 persons. The home is located over three floors with patient's bedrooms located on the ground and first floors.	

2.0 Inspection summary

An unannounced inspection took place on 14 October 2022 from 9.00 am to 4.05 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0. Areas for improvement identified at previous care inspections were met, with the exception of one which was partially met; this was stated for a second time. Two further areas for improvement were carried forward for review at the next medicines management inspection.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Jordanstown Care Home was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Jordanstown Care 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 and 'Tell Us' cards 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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "The staff are very nice, they treat me with dignity and respect" while another patient said, "I am very happy here, I couldn't ask for any better."

Relatives were complimentary of the care provided in the home and spoke positively about communication with the home.

Staff spoken with said that Jordanstown Care Home was a good place to work. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients or relatives and no responses were received 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 inspection on 15 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) Stated: First time	The registered person shall ensure that any changes in patient's care needs are reflected within the patients care records and communicated during handover meetings at the beginning of each shift.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 17 (1) Stated: First time	The registered person shall review the home's current audit processes to ensure they are effective.	Partially met
	Action taken as confirmed during the inspection: Review of governance records evidenced improvements in oversight of falls. Further work is required in analysis of patterns and trends in the accident and incident audit. Audits should be completed to ensure oversight of wound care, care records, restrictive practice and infection prevention and control practice. This area for improvement is partially met and is stated for a second time.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 11 Stated: Second time	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home and is accessible for all patients. This should be developed in consultation with the patients and reviewed at least twice yearly to ensure it meets patients changing needs.</p> <p>Individual activity assessments should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 2 Ref: Standard 3.2 Stated: First time	<p>The registered person shall ensure patients are effectively involved in making decisions about their treatment. Care records should clear evidence discussions had and decisions made with the patient.</p> <p>This area or improvement is made with specific reference to the use of bedrails.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

Area for improvement 3 Ref: Standard 4.8 Stated: First time	The registered person shall ensure where the outcome of a bedrail assessment identifies that bedrails may be used, alternatives should be tried and records maintained of what alternatives were considered.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4 Ref: Standard 21.1 Stated: First time	The registered person shall ensure that where a patient has more than one wound that a care plan is in place for each wound; and that nursing staff record an evaluation of the care delivered and the status of the wound after it is redressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 18 Stated: Second time	The registered person shall ensure that the reason for and outcome of administration of medicines administered for the management of distressed reactions is consistently recorded.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 29 Stated: Second time	The registered person shall ensure records of the receipt of medicines, including medicines brought into the home by newly admitted patients, are fully and accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. A review of training records evidenced that further work was required to ensure compliance with mandatory training. This was discussed with the manager and an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis although it did not always clearly identify the nurse in charge when the manager was not on duty. This was discussed with the manager who agreed to review the rota to ensure this was addressed.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received and about the changes the manager has made in the home since taking up their role. They confirmed that staff attended to them in a timely manner and said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

One patient said there was a high use of agency staff and they were not always familiar with the staff in the home. This was discussed with the manager who confirmed they had a number of agency staff who were block booked and that there was ongoing recruitment for registered nurses and care assistants in the home. Review of agency staff induction records confirmed systems were in place to orientate agency staff to the home, although the records of induction were not consistently completed. This was discussed with the manager who agreed to review their current system to ensure it is effective. This will be reviewed at a future care inspection.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day. Review of the handover sheet evidenced it had not been updated to reflect the care needs of an identified patient. This was discussed with the manager who agreed to review the current system to ensure it is robust.

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.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed. Minor deficits in record keeping were discussed with the manager for follow up with staff as required.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. Review of records evidenced further work is required in analysis of patterns and trends. This is discussed further in section 5.2.5.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Discussion with kitchen staff and review of records evidenced they had access to accurate information for patients who required their diet to be modified. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records reviewed evidenced that care plans had been developed in a timely manner following admission to accurately reflect the patient's assessed needs.

Daily records were kept regarding the care and support provided by staff to each patient. The outcome of visits from and consultations with any healthcare professional was also recorded.

Deficits in record keeping were identified following review of a selection of care records. These shortfalls were discussed with the manager who agreed to meet with staff and monitor completion of records through their audit systems. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Staff members were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE while others were not bare below the elbow. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room or lounge for meals.

Patients were observed listening to music and watching TV, while others enjoyed a visit from relatives. Other patients were using an Alexa device to choose their favourite music to listen to. Patients commented positively on the activity provision in the home. One patient said, "We do activities such as quizzes, arts and crafts and armchair exercises. We had a visit from guinea pigs!" while another patient said, "The guy with the big keyboard was excellent and we had carol singers in at Christmas".

An activity planner displayed in the home highlighted upcoming events such as music and movement, puzzles, storytelling, quizzes, pamper time and celebration the Chinese New Year. Staff said they did a variety of one to one and group activities to ensure all patients had some activity engagement. The manager confirmed that all patients have an individual activity assessment and care plan which registered nursing staff retain oversight of.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Helen Frances Chambers has been the manager since 12 September 2022.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was a system in place to manage complaints. Examination of one complaint confirmed that although a complaints log was in place to monitor complaints received, there were no records available detailing any investigation, actions taken and the complainant's level of satisfaction regarding the outcome of the complaint. Review of more recent complaints confirmed the outcome of the complaint was not consistently recorded.

This was discussed with the manager who agreed to complete the records retrospectively and review current systems to ensure complaints were recorded correctly and that accurate records are maintained. Given these assurances additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Review of a sample of quality assurance audits and discussion with the manager confirmed that there was no recent audit activity for oversight of wound care, restrictive practice, care records and infection prevention and control practices. Examination of accident and incident audits confirmed analysis of patterns and trends is required. RQIA acknowledged that the recent change in management arrangements may have impacted the governance arrangements. Assurances were provided by the manager that they have plans to improve the governance arrangements in the home. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. An area for improvement in relation to governance arrangements was stated for a second time.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

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 (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

*The total number of areas for improvement includes one that has been stated for a second time and two that have been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Helen Frances Chambers, 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 17 (1) Stated: Second time To be completed by: Immediate action required (19 January 2023)	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Ref: 5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The home manager is completing a range of identified audits and will ensure that if the outcome of the audit identified that actions are required that these actions are documented within an action plan which is updated and reviewed on a regular basis. Compliance will be monitored during the course of the Regulation 29 visits.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required (19 January 2023)	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A staff member has now been identified as the IPC champion and will be responsible for IPC audits to include use of PPE, hand hygiene and donning and doffing.</p> <p>Staff supervision will be completed with all staff in relation to good IPC practice. Compliance will be monitored as part of the Regulation 29 visit and managers internal governance audits.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18 Stated: Second time To be completed by: Ongoing from the date of inspection (15 September 2022)	The registered person shall ensure that the reason for and outcome of administration of medicines administered for the management of distressed reactions is consistently recorded. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 29 Stated: Second time To be completed by: Ongoing from the date of inspection (15 September 2022)	The registered person shall ensure records of the receipt of medicines, including medicines brought into the home by newly admitted patients, are fully and accurately maintained. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 39.9 Stated: First time To be completed by 1 April 2023	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1
	Response by registered person detailing the actions taken: Staff mandatory training has increased to 79% compliance. The Home Manager has communicated to all staff reminding them of their requirements to complete and for the need for continuous improvement. Training compliance will monitored as part of the monthly Regulation 29 visit .

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)