

Inspection Report

21 November 2023



Jordanstown Care Home

Type of Service: Nursing Home
Address: 1a Old Manse Road,
Jordanstown BT37 0RU
Tel no: 028 9085 2258

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited Responsible Individual: Mrs Ruth Burrows	Registered Manager: Miss Helen McCullagh – not registered
Person in charge at the time of inspection: Miss Helen McCullagh - 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: 32
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 21 November 2023 from 9.30 am to 5.25 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 and are discussed within the main body of the report and Section 6.0.

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, visiting professionals 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 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 good, you wouldn't wish for any better than what they are", while another patient said, "I love my room. I couldn't ask for better staff. I enjoy doing the activities." A further patient said, "I find it very good here. The staff go out of their way to help you with anything, even if it was outside their call."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "The care here is very good. I have no concerns." One visiting professional said, "We have good communication with the home and the care is very good. No concerns, the staff are friendly."

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 and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by patients. One response was received from the staff online survey; the respondent indicated a high level of satisfaction with the service. The respondent said, "I believe this home is well laid out, so versatile and welcoming to those who have just arrived whether that be staff members, residents or family members." One relative returned a questionnaire and were complimentary of the care provided. They said, "Every time a visit takes place always a hello and warm welcome. Staff and Helen the manager are accessible and engaging in conversation."

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 19 January 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 17 (1) Stated: Second time	The registered person shall review the home's current audit processes to ensure they are effective.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	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: <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. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 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 2 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.	
Area for improvement 3 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that pre-employment checks had been completed prior to each staff member commencing in post. Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. However, discussion with staff evidenced further work was required to ensure agency staff receive a full handover for patient's they are caring for. This was discussed with the manager who agreed to review the current handover 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).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who takes charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. 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.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

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

Patients spoke positively about the care that they received and staff were observed attending to them in a timely manner. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

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.

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 members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

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 shortfalls in record keeping of identified records were discussed with the manager who agreed to monitor completion of these records.

Management of wound care was examined. Review of a selection of patients' 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. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management of falls evidenced that the appropriate actions were taken following the fall in keeping with best practice guidance and that the appropriate persons had been notified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used.

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. Most patients spoke positively in relation to the quality of the meals provided. Comments received from identified patients were shared with the manager who agreed to speak directly to the identified patients to address any concerns they may have.

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. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. Review of diet notification records held by kitchen staff identified that some records were not readily available. This was discussed with the manager who confirmed in an email received following the inspection that the files had been reviewed and accurately reflected the occupancy in the home.

Patients' needs were 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. Review of a selection of patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs. Minor shortfalls in record keeping were discussed with staff and addressed satisfactorily before the end of the inspection.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded. The manager agreed to monitor daily evaluations of care to ensure they reflect how each patient spent their day.

Daily progress notes reviewed evidenced that staff were not consistently recording the 24-hour fluid intake for patients who were having their fluid intake monitored. This was discussed with the manager who agreed to meet with nursing staff and monitor through ongoing care record audits. An area for improvement was identified.

While supplementary care records were generally well completed, shortfalls were identified in completion of personal care records. The manager agreed to review the system currently in use to ensure an accurate record is maintained. Care staff should record when care has been offered but refused and evidence any further attempts that were made for care delivery. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean, tidy and fresh smelling. Many patients' bedrooms were personalised with items important to them.

Shortfalls in the storage of some patient equipment were identified. Incontinence wipes and pads were found to be stored on the top of toilet cisterns. This was discussed with the manager who immediately arranged for the above deficits to be addressed. Given that these issues were identified and discussed with the manager at the previous care inspection an area for improvement was identified.

Some areas of the home required painting and decorating, such as the laundry and woodwork in an identified communal bathroom; while the laundry floor required replacing. This was discussed with the manager who confirmed this had been identified in their environmental audits. The manager confirmed in an email following the inspection that these matters had either been addressed immediately or were due to be addressed by the maintenance team. Given these assurances and to provide the manager with sufficient time to fully address the works required, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. Fire drills had been conducted and reports of the fire drills were available for review. A fire risk assessment had been completed 27 April 2023. There was evidence that all actions identified by the fire risk assessor had been actioned.

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 personal protective equipment (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 IPC measures and the use of PPE had been provided. Most staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of deficits in individual staff practice were discussed with the manager who agreed to address this through supervision.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

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

Patients were observed listening to music and watching TV, while others enjoyed a visit from relatives. Some patients enjoyed arts and crafts with the activity co-ordinator. The home had Christmas decorations displayed with a Christmas tree and crib on display in the foyer.

There was evidence that planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were scheduled which included upcoming birthday celebrations of patients in the home and making snowflakes. Examples of patient's arts and crafts were displayed in the home. Further planned activities included movies, family visits, pamper sessions, quizzes and reminiscing.

Discussion with staff and review of care records relating to the provision of activities evidenced that a number of records were not consistently or meaningfully completed. The manager acknowledged that a more effective oversight from management was required and provided verbal confirmation of the action to be taken in order to address this. Given these assurances an area for improvement was not required and will be reviewed at a future inspection.

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 a change in the management of the home since the last inspection. Miss Helen McCullagh has been the manager in this home since 15 May 2023. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The manager confirmed that they are working closely with their regional operations manager to ensure they consistently evidence the actions taken following their audits, by whom and when.

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 adult safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

Thank you cards were received and the manager confirmed that verbal compliments received would be shared with staff. The manager also confirmed that they are working on further ways to enhance the recording of compliments received in the home.

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.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified two notifiable events which had not been reported. These were submitted retrospectively.

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 Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	0	5*

*The total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Helen McCullagh, 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 Care Standards for Nursing Homes (December 2022)	
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 37.4 Stated: First time To be completed by: 21 November 2023	The registered person shall ensure that patients' fluid intake over a 24-hour period is reviewed by a registered nurse where appropriate and accurate records are maintained. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Home has implemented a 24-hour total, fluid sheet which is given to the Manager each morning to review. Staff have been advised to complete and any issues identified to be considered for GP review. The 24hr total and any action required is documented in the progress notes daily by the Registered Nurses. This will be monitored by the Manager for appropriate action to be taken if necessary. Compliance will be monitored as part of the Regulation 29 visit carried out by the Operations Manager.

<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2023</p>	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A staff meeting was held on 27th November, advising of the need to ensure all personal care records are maintained accurately. The Home Manager is spot checking these as part of the daily walkaround. Compliance will be monitored as part of the Regulation 29 visit.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2023</p>	<p>The registered person shall ensure appropriate storage of incontinence wipes and pads.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The management of the storage of continence products in line with IPC practices was discussed at the staff meeting held on the 27th November. This will be monitored as part of the daily walkaround. Compliance will be monitored during the completion of the Regulation 29 visit carried out by the Operations Manager.</p>

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