

Inspection Report

30 May 2024



Jordanstown Care Home

Type of service: Nursing Home

Address: 1a 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: Miss Helen McCullagh – registration pending
Person in charge at the time of inspection: Kerri Gilchrist – Registered nurse 9.00 am until 9.30 am then Miss Helen McCullagh until the end of the inspection.	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: 33
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. Patients have access to communal lounges on the ground and first floor, a dining room and activity room are located on the ground floor. Patients also have access to a garden and outside space.	

2.0 Inspection summary

An unannounced inspection took place on 30 May 2024, from 9.00 am to 6.45 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 safe, effective, compassionate and that the home was well led.

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 RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Helen McCullagh, Manager and Mrs Louisa Semple, Operations Manager at the conclusion of the inspection.

4.0 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 place is wonderful", "The staff go out of their way to be good to you" and "The staff are very friendly".

Four questionnaires were returned all from patients, all the responses indicated satisfaction with all aspects of the care and services in Jordanstown Care Home; the patients said; “the care in this home is very good”, “the care staff care excellent” and “the care staff are always on hand”.

Family members shared their opinions of the care their loved one receives in the home and described the home as welcoming with lovely staff.

All the staff spoken with commented on how much they enjoyed working in the home and caring for the patients. The staff felt well supported by the manager and they said that she was very approachable.

There was no response from the staff online survey.

A record of compliments received about the home was kept and shared with the staff team.

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 21 November 2023		
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 37.4 Stated: First time	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	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. See section 5.2.2 for additional detail.	
Area for Improvement 4 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that personal care records are accurately maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 46.2 Stated: First time	The registered person shall ensure appropriate storage of incontinence wipes and pads.	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

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do. It was also observed that staff discussed patients' care in a confidential manner.

Patients were well presented in their appearance and told us that they were happy living in the home.

The serving of the lunchtime meal was observed on both floors. Staff ensured that patients were comfortable throughout their meal. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us that they enjoyed their meal.

Patients' needs were assessed 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. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. A few minor deficits were identified within a few care records these were discussed with the manager to address.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

Patients who are assessed as requiring their fluid intake to be monitored had a chart in place to record fluid intake and the registered nurses documented this daily total within the care records. Additional oversight of fluid management was also captured on a 24hr report which is shared

with the manager, however, limited evidence was available to support actions to be taken or already taken when a patient had not achieved their assessed fluid intake / target. An area for improvement was partially met and will be stated for a second time.

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 that some patients were not repositioned as prescribed in their care plans and deficits were noted in the accurate completion of the repositioning booklets. This was discussed with the manager and an area for improvement was identified.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were generally well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items. A number of areas throughout the home were noted in need of refurbishment or redecoration; RQIA were advised of an ongoing refurbishment plan and the manager shared this plan with the inspector. Progress with this will be followed up on the next care inspection.

A room adjacent to the treatment room used to store nutritional supplements, creams and other medical equipment was left unlocked. This was brought to the manager's attention and the lock was actually found to be broken and was repaired before the end of the inspection. An area for improvement was identified to ensure this room is locked when not in use.

Within the laundry it was observed that a door that was a designated fire door did not appropriately close due to an issue with the flooring, this was immediately brought to the manager's attention. An area for improvement was identified. Further fire safety concerns were identified on the first floor where a number of wheelchairs were seen in a corridor leading towards an identified fire exit. This was immediately discussed with the nurse in charge who moved the wheelchairs. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. 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 and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed in communal areas advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were well maintained which included the patient engagement with the activity sessions.

The activity staff member was very enthusiastic about her role and in making a difference to the patient experience and this was evidenced through the variety of activities she has organised for the patients. Recently a war memorial museum visited the home and intergenerational links have been made with local schools to visit and make connections with the patients. A weekly men's club is well established which brings an afternoon of games and activities focusing on the male patients in the home.

One family member commented on how the activity staff member has "lifted the whole place".

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Helen McCullagh has an application in progress with RQIA to become the registered manager of Jordanstown Care Home.

Review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 is the 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.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. 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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

*the total number of areas for improvement includes three standards; one has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Helen McCullagh, Manager and Mrs Louisa Semple, Operations 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 13 (4) (a) Stated: First time	The registered person shall ensure that any room containing prescribed medication or medical equipment is locked and secure when not in use. Ref: 5.2.3
To be completed by: DD Month Year 30 May 2024	Response by registered person detailing the actions taken: The door lock was repaired on the day of the inspection. A discussion was held with all staff following inspection and then further reiterated during staff meeting held on the 4th July, regarding the importance of informing the Manager or Nurse in charge/Maintenance on any part of the Home or equipment that required repair. Compliance will be monitored as part of the daily Home Manager's walkaround and during the Regulation 29 visit.

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2024</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> • The identified floor in the laundry is repaired so that the door can close appropriately. • Corridors and fire escape routes are kept clear at all times. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The laundry floor has been repaired and the wheelchairs identified on the day of the inspection were removed. All escape routes will be maintained clear and monitored by the Manager as part of the daily walkabout and as part of the Regulation 29 visit. Staff have been advised via staff meetings, supervision and flash meetings regarding maintaining the fire exits as clear at all times.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 37.4</p> <p>Stated: Second time</p> <p>To be completed by: 1 June 2024</p>	<p>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.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The oversight and documentation of the 24hr fluid intake was discussed in detail at the trained staff meeting held on the 4th July 24 and a new template put in place to track the 24hr fluid intake for residents. This will be reviewed by the Manager and follow up action recorded as identified, when the target has not been met. Compliance will be monitored by the Operations Manager during the monthly Regulation 29 Audit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patient repositioning records are consistently completed in a contemporaneous and accurate manner.</p> <p>Ref: 5.2.3</p>

To be completed by: 1 June 2024	Response by registered person detailing the actions taken: The accurate completion of the repositioning charts was discussed at the team meetings held on the 4th & 5th July 24. The registered nurses will review and spot check a sample of these daily. The Manager will review as part of the daily walkaround and charts will be sampled during the Regulation 29 visits and deficits addressed immediately.
Area for improvement 3 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 4 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.

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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
 [@RQIANews](https://twitter.com/RQIANews)

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