



Unannounced Care Inspection Report 10 October 2018



Jordanstown

Type of Service: Nursing Home (NH)
Address: 1a Old Manse Road, Jordanstown, BT37 0RU
Tel No: 028 90 852258
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 53 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Wendy McMaster
Person in charge at the time of inspection: Wendy McMaster	Date manager registered: 27 June 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category	Number of registered places: 53

4.0 Inspection summary

An unannounced inspection took place on 10 October 2018 from 09:20 to 16:55 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction and training, adult safeguarding, infection prevention and control, risk management and the cleanliness of the home's environment. There were examples of good practice found in relation to assessment of patient need, record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff. Good practice was evident in relation to the culture and ethos of the home and the caring and compassionate manner in which staff delivered care. There was evidenced of good governance arrangements, management of complaints and incidents and maintaining good working relationships.

The following areas were identified for improvement in relation to staffing provision for the evening tea, staff recruitment and the décor of a number of toilets and bathrooms throughout the home. Two areas for improvement were identified in relation to care plans.

Patients said they were happy in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Wendy McMaster, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 13 August 2018.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 11 patients, four patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution.

A poster was displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the entrance door to the home.

The following records were examined during the inspection:

- duty rota for staff from 1 – 14 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- ten patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 August 2018.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: Second time To be completed by: 27 February 2018	The registered person shall ensure that employment histories are clearly recorded on employees' application forms and the reasons for any gaps are explored, prior to commencement of employment.	Partially met
	Action taken as confirmed during the inspection: A review of three recruitment files evidenced that employment histories were clearly recorded. However in one of the files the reasons for employment gaps were not recorded. This area for improvement is assessed as partially met and is subsumed into a wider area for improvement. Recruitment records are further discussed on section 6.4.	
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 27 February 2018	The registered person shall ensure that where areas for improvement are identified through the auditing process that the areas are re-audited to check for compliance. Audit records should include a record of the re-audit.	Met
	Action taken as confirmed during the inspection: A review of audit records evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 27 February 2018	The registered person shall ensure that any changes to care records are dated, timed and signed in accordance with the Nursing and Midwifery Council (NMC) guidance.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 1 and 8 October 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that throughout the morning and over lunchtime patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. We discussed the afternoon routine and evening tea with staff. We observed that the majority of patients on the first floor required assistance with their meals. There is one less care staff in the evening which, staff reported, impacted on the level of supervision of patients in the upstairs lounge at teatime. Staffing provision for the evening tea should be reviewed to ensure there are sufficient staff to appropriately supervise the patients with their meals. This was identified as an area for improvement.

Patients spoken with were satisfied that there was sufficient staff on duty to meet their needs.

Patients commented:

"Staff are great."

"Everyone of them is great, they are so caring."

We spoke with the relatives of four patients during the inspection; all were complimentary regarding staff. Two questionnaires were returned prior to the issue of the report. The relatives indicated that they were very satisfied with staffing.

Staff recruitment information was available for inspection and three staff records reviewed identified that recruitment processes were not in keeping with legislative requirements. The following gaps were identified with the records and an area for improvement was made:

- Whilst all files contained two references there were no references from the candidates' present or most recent employer in one file
- There was no satisfactory written explanation for any gaps in employment in one file.

Recruitment records should be reviewed during the monthly monitoring visits to ensure the required improvements are achieved and embedded into practice. This was identified as an area for improvement.

Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an electronic learning programme. Records evidenced good compliance with mandatory training. The registered manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of ten patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed a sample of accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. The registered manager explained a refurbishment plan had commenced with the lounges, reception area and corridors having been recently painted. Further improvement work has been identified but there was no timescale for this work to commence. The décor in a number of toilets through the home required upgrading due to paint on the walls, skirting and architraves being damaged and worn. The flooring in a number of the toilets was stained and in one identified shower room on the first floor the flooring was ripped. An audit of the décor of the toilets and bathrooms throughout the home should be completed and a refurbishment plan developed. The plan should prioritise those rooms in most need of refurbishment and should include timescales for completion of the work. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding, infection prevention and control, risk management and the cleanliness of the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to staff provision recruitment and the décor of a number of toilets and bathrooms throughout the home.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of ten patient care records evidenced that care records were in place and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, pressure relief care and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We reviewed the management of healthcare associated infections and observed that appropriate arrangements were in place in patient’s bedrooms for the management of linen and clinical waste. A review of one patient’s care records reflected that the patient had an HCAI but there was no care plan in place to direct the care required. This was identified as an area for improvement.

We discussed the monitoring of patients’ weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed and reviewed monthly; a care plan for nutritional management was in place. Food and fluid charts were maintained and evidenced the nature and quantity of each meal the patient consumed. Fluid intake was totalled on a 24 hour period and entered into the patients daily evaluation notes. We reviewed the care of two patients who, following an assessment by a speech and language therapist (SALT), required a modified texture diets and thickened fluids. Each patient had a care plan in place which was reflective of the SALT recommendations; observation of practice throughout the day evidenced that food and fluids provided to these patients was in accordance with these recommendations.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. A post falls review, to examine a range of factors, was completed for each patient following a fall. Care plans for falls management were in place.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location, the prescribed dressing regime and the frequency with which dressing were required to be renewed. A review of care records evidenced that dressings were renewed in accordance with the prescribed care. A podiatrist recommended that a protective dressing be applied for one patient and that staff should continue to monitor the patient’s skin condition. Records evidenced that a protective dressing had been applied but there was no care plan in place to detail the arrangements for the monitoring of the patients skin condition. This was identified as an area for improvement. Repositioning charts for two patients were reviewed and consistently evidence that patients were assisted to change their position for pressure relief regularly and in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, record keeping, the management of nutrition, falls and wound care and the communication of patient needs between staff.

Areas for improvement

Two areas for improvement were identified in relation to care plans.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:20 hours and were greeted by staff who were helpful and attentive. Patients were finishing their breakfast in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had their meal in one of the lounges; those patients who remained in their bedrooms had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and overseeing the mealtime. As previously staffing provision for the evening tea should be

reviewed to ensure there are sufficient staff to appropriately supervise the patients with their meals.

Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

There were systems in place to obtain the views of patients and their representatives on the running of the home. The systems provided the registered manager with an oversight of views obtained. Cards and letters of compliment and thanks were displayed in the home.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Comments received are included in section 6.4 of this report.

We spoke with the relatives of four patients who provided the following comments:

"I find them all great, they go out of their way to please."

"I find it very homely."

"The staff are fabulous."

Relative questionnaires were also provided. Two were returned prior to the issue of the report. The relatives were very satisfied with the care provided across the four domains. All of the comments provided were shared with the registered manager for action as required.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after this report is issued will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the caring and compassionate manner in which staff delivered care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns enabled them to have contact with her as required.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff and training would be provided to staff to support patients, as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and 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 accidents/incidents, the use of restrictive practice and care records.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy McMaster, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)(b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection.</p>	<p>The registered person shall ensure that before making an offer of employment they have obtained:</p> <ul style="list-style-type: none"> • A reference from the candidates' present or most recent employer (if any) • A satisfactory written explanation for any gaps in employment. <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: References are obtained and in place and have resulted in non employment of staff when not available. Gaps in employment are explored and recorded. Copies are retained in the staff records and the evidence folder. Unsuccessful candidates have their records retained in the equal opportunities folder.</p>
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2018</p>	<p>The registered person shall review the staffing provision for the evening tea to ensure there are sufficient staff to appropriately supervise the patients with their meals.</p> <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: A review of Residents who require assistance or supervision at meal times has been undertaken. Residents are being encouraged to come to the main Home dining room on the ground floor to enhance the dining experience and reduce the requirement for individual supervision in bedrooms. The deployment of staff at meal times has been reviewed and all staff RN and CA staff will be involved in meal times.</p> <p>An environmental review has been conducted and a variation application is to be submitted in January 2019 to create a dining room on the 1st floor - this will further assist with the dining experience.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2018</p>	<p>The registered person shall ensure that recruitment records are reviewed during the monthly monitoring visits to ensure the required improvements are achieved and embedded into practice.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Recruitment records are reviewed during the regulation 29 visit for any new staff that have been recruited and this is evidenced on the regulation 29 document.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2018</p>	<p>The registered person shall ensure that an audit of the décor of the toilets and bathrooms throughout the home is completed and a refurbishment plan developed.</p> <p>The plan should prioritise those rooms in most need of refurbishment and should include timescales for completion of the work.</p> <p>Ref: Section 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2018</p>	<p>The registered person shall ensure that care plans are in place for the management of HCAIs.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The residents who have identified health care acquired infections have had the care which were souced and discovered to be out of date have been reviewed updated and a copy is held in the evidence file for review.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: 7 November 2018</p>	<p>The registered person shall ensure that a care plan is created to direct the monitoring of an identified patient's skin condition.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The identified residents care plan has been reviewed and it now identifies how to direct the monitoring of the residents skin care and where it is to be recorded.</p>

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



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