

# Unannounced Care Inspection Report 6 June 2017



## Jordanstown

**Type of Service: Nursing Home**  
**Address: 1a Old Manse Road. Jordanstown, BT37 0RU**  
**Tel no: 028 90 852258**  
**Inspector: Aveen Donnelly**

[www.rgia.org.uk](http://www.rgia.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

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare <b>Responsible Individual:</b> Dr Claire Royston	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Seamus O'Connor, deputy manager, from 09.30 to 12.30 Wendy McMaster, manager, from 12.30 to 19.15	<b>Date manager registered:</b> Wendy McMaster - application received - "registration pending"
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category	<b>Number of registered places:</b> 53

### 4.0 Inspection summary

An unannounced inspection took place on 6 June 2017 from 09.30 to 19.15 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.

Areas of improvement were made under the regulations in relation to staffing arrangements within the home when there were sick calls; the timeliness of care delivery; the managements' oversight of the physical environment; the management of head injuries; moving and handling assessments; and the annual quality report. Areas for improvement made under the care standards related to the recruitment processes; record keeping in relation to personal care delivery and care plans; engagement with relatives; the provision of activities; recording of the nurse with responsibility of being in charge of the home in the absence of the manager; and the auditing processes.

Given that a number of areas of improvement were identified during the inspection, the findings were discussed with the regional manager. Following the inspection a comprehensive action plan was submitted to RQIA, by email on 14 June 2017, which illustrated how the home will return to compliance. RQIA was satisfied with the action plan provided. RQIA will continue to monitor the quality of service provided in Jordanstown.

Despite areas for improvement being identified, there were also examples of good practice evidenced in all four domains. These related to the governance and management arrangements; some areas of care delivery; and the care records. There were examples of good practice identified in relation to the management of complaints and good working

relationships were evident within the home. The oversight of patients’ fluid intakes was well managed and was commended.

Patients said that although they were generally satisfied with the care and services provided, there were often delays in having their needs met.

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**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	6	8

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

Given that a number of areas of improvement were identified during the inspection, the findings were discussed with the regional manager. Following the inspection a comprehensive action plan was submitted to RQIA, by email on 14 June 2017, which illustrated how the home plan to return to compliance. RQIA was satisfied with the action plan provided.

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

**4.2 Action/enforcement taken following the most recent inspection dated 21 February 2017**

No further actions were required to be taken following the most recent inspection on 21 February 2017.

**5.0 How we inspect**

Prior to inspection we analysed the following information:

- Notifiable events submitted 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 quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- The previous care inspection report
- Pre inspection assessment audit.

During the inspection the inspector met with seven patients, four care staff, one registered nurse, six patients' representatives and two visiting professionals. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- the staffing rota
- one staff recruitment and selection record
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records relating to adult safeguarding
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- four patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- minutes of staff' and relatives' meetings held since the previous care inspection
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- a selection of policies and procedures
- complaints received since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- the system for managing urgent communications, safety alerts and notices.

There were no areas for improvement identified at the last care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and to the regional manager following the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 February 2017

The most recent inspection of the home was an unannounced care inspection carried out to follow up on issues identified at the care inspection on 21 November 2016. There was evidence available that all areas for improvement had been met and no further areas for improvement were identified.

## 6.2 Review of the areas for improvement from the last care inspection dated 21 February 2017

There were no areas for improvement identified as a result of the last care inspection.

## 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 deputy manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. The planned staffing levels were based on the patients' dependency levels, which were assessed using the Care Home Equation for Safe Staffing (CHESS) assessment tool, developed by Four Seasons Healthcare. The deputy manager explained that this was reviewed on a regular basis and that the staffing levels could be adjusted as required. There were currently five registered nurse vacancies; these vacancies were being filled by agency staff, who were block-booked and were former employees familiar with the home. Recruitment of staff was ongoing.

A review of the staffing rota for the week commencing 29 May 2017, evidenced that the planned staffing levels were generally adhered to. However, there was one day in the week reviewed, where the planned staffing needs had not been met. This was discussed with the manager, who explained that the nurse in charge had not communicated this shortfall to the on-call manager, over the weekend, in line with the local protocol for replacing staff. Efforts made to cover the shift had also not been recorded. The home was also short-staffed on the day of the inspection due to short notice sick leave. This had not been communicated by the staff, to the management team until raised by the inspector. RQIA were concerned in relation to the communication processes within the home and the lack of evidence in relation to efforts made to cover shifts; this was discussed with the manager; and has been identified as an area for improvement under the regulations.

Although patients' representatives stated that there had been recent improvements made, since the new manager had started in post, a number of patients consulted with, spoke of having to wait long periods to have their needs met. This was also evidenced on the day of the inspection. Comments included 'you live in hope of them coming, they are very busy', 'you could be waiting, I don't know how long, before they would come and help you' and 'there are not enough staff, the staff themselves are always complaining about it'. These comments were relayed to the manager during feedback. Comments received on the returned questionnaires were also consistent with the inspection findings. Following the inspection the comments received were relayed to the manager, by telephone on 23 June 2017. The manager explained that they were monitoring and recording call bell response times within the home on a daily basis and that there had been no concerns identified in this regard. The manager also confirmed that the deployment of staff had been reviewed; and a member of care staff from the second floor was now available to support staff on the ground floor, during busier periods, such

as when evening refreshments were being served. The manager also explained that a staff meeting had been held following the inspection and that they were actively encouraging staff to raise any concerns to them, in relation to the patients' needs not being met.

Observation of the delivery of care evidenced that patients' needs were not being met in a timely manner. Staff consulted with also raised concerns regarding the staffing levels and informed the inspector that a number of patients were often assisted to bed in the afternoons, through to the following morning, which was not part of their care plan. Mealtimes were also disorganised; and the patients did not receive their meals in a timely manner. The manager explained that the findings on the day of the inspection were not reflective of normal care delivery in the home, but were caused by the staff shortage which occurred on the day had impacted upon the care delivery. RQIA were concerned that care was being planned to facilitate staff rather than in the best interests of the patients. An area for improvement has been identified under the regulations.

A review of one personnel file evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting employment. For agency staff, the manager received a profile which included information on the Access NI check and NMC/NISCC checks. The manager explained that there were plans to obtain updated profiles for agency staff, who had been working in the home for a long time, to ensure their details were up to date.

Although the manager had obtained most of the information required, to demonstrate that prospective employees were suitable to work with vulnerable adults, further action was required, to ensure that employment histories were clearly recorded on the application form and any gaps explored prior to employment starting. This has been identified as an area for improvement under the care standards.

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. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. Discussion with the manager and staff confirmed that agency staff; and staff from other homes within the organisation, also received an induction to the home.

Given that the manager had only been in post for a number of weeks, prior to the inspection, formal supervisions with the staff had not been undertaken; plans were in place to address this. All the staff spoken with expressed that they felt well supported in relation to their practice. Discussion with the manager and a review of records confirmed, that the all the registered nurse' competency and capability assessments had been updated, since the manager took up post in the home.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. Overall compliance with training was monitored by the manager and this information informed the responsible persons' monthly quality monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

The manager also explained that the updated profiles would ensure that the agency staff were compliant with mandatory training requirements.

A review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The staff understood what abuse was and how they should report any concerns that they had. All staff were aware of how to access the relevant contact details; and the whistleblowing policy was displayed in the reception area of the home.

Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice; a safeguarding champion had been identified. Discussion and a review of records also evidenced that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of patient care records evidenced that a range of validated risk assessments were generally completed as part of the admission process and reviewed as required. However, there were areas for improvement identified under the regulations in relation to the accuracy of moving and handling risk assessments. Refer to section 6.5 for further detail.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were generally completed following each incident; care management and patients' representatives were notified appropriately. Refer to section 6.5 for further detail regarding the management of accidents.

Information on accidents and incidents informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Where patients required bedrails, to maintain their safety whilst in bed, there was evidence that risk assessments had been completed; and that regular safety checks had been carried out, when the patients were in bed.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. The manager explained that labels were in the process of being applied to the mattress pumps, to ensure that that the staff would be aware of the correct mattress setting; this would ensure their effective use.



A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, most of the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. However, there were a small number of areas identified in relation to the environment which required attention. For example, we observed the following:

- a crash mats that was stained and in need of cleaning
- a bedside table that was badly damaged and had the wood exposed
- incontinence pads stored on the radiator cover in one identified bathroom
- a catheter stand and urinals stored in one identified patients' ensuite bathroom
- items stored on the floor in the lounges
- one call bell was broken
- damaged flooring in one identified bathroom, which posed a trip hazard to those using it.

When we made the manager and staff aware of these issues, they were addressed immediately; the manager ensured that the bathroom was put out of commission until the required repairs were carried out. It was disappointing that the home's auditing processes had not identified these issues, prior to the day of the inspection. This has been identified as an area for improvement under the regulations.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas of good practice

There were areas of good practice identified in relation to staff induction, training and development; adult safeguarding arrangements; and risk management processes.

### Areas for improvement

Areas of improvement made under the regulations related to the communication of sick leave and the subsequent deployment of staff; the timeliness of care delivery; and in relation to the management oversight of the physical environment of the home. An area for improvement made under the care standards related to the recruitment processes.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

### 6.5 Is care effective?

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

Although there was evidence of sustained improvements made since the care inspection undertaken on 21 November 2016, there were areas for improvement identified during this inspection, which impacted upon the delivery of effective care.

As discussed in section 6.4, a review of the accident and incident records confirmed that the falls risk assessments and care plans were generally completed following each incident, care management and patients' representatives were notified appropriately. However, the review of the care records identified one patient who had sustained a head injury, as a result of a fall.

Although there was evidence that the staff acted appropriately and followed the emergency procedures; the actions taken did not clearly follow the advice of the emergency personnel, in relation to the recording of neurological observations. This has been identified as an area for improvement under the regulations.

Another patient was assessed as requiring assistance with their mobility. A review of the patient's care record evidenced that the moving and handling practices identified in the risk assessment and care plan were not reflective of the patient's current care needs. This has been identified as an area for improvement under the regulations.

Deficits were also identified in relation to the records of personal care delivery. This referred particularly to nail care, catheter care; and percutaneous gastrostomy (PEG) care. These were discussed with the manager. This has been identified as an area for improvement under the care standards.

Patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans. However, the care plan evaluations were not reflective of the care provided. This has been identified as an area for improvement under the care standards.

Where a patient was identified as having behaviour which might challenge or which may impact on other patients, staff recorded on a regular basis when the behaviours were displayed. Although there was evidence that input had been sought from specialist services in relation to the management of this patient's behaviour, a care plan had not been developed to direct staff on the management of the patient's care. This has been identified as an area for improvement under the care standards.

Despite these areas of improvement identified above, there were also some examples of good practice evidenced in this domain, during the inspection. For example, the review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. These risk assessments informed the care planning process.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans. Advice was given to the manager in relation to the need for the frequency of repositioning to be recorded on the personal care booklets, to ensure that new staff were aware of this information.

A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. Where staff were concerned about a patient's fluid intake, they reviewed the fluid intake three times during the day and records were maintained. This is good practice and was commended by the inspector.

The care planning process included input from patients and/or their representatives, if appropriate and there was evidence of regular communication with representatives within the care records.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patient's admission was held in a patient register. Although this register provided an accurate overview of the patients residing in the home on the day of the inspection, not all the sections were fully completed. The manager explained that they were aware of this; and confirmed to RQIA, by email on 8 June 2017, that this had been addressed.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent general staff meeting was held on 2 May 2017. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All those consulted with confirmed that if they had any concerns, they could raise these with the staff and/or the manager. Patients' meetings were not formally held; however, there was evidence that the manager obtained feedback from three patients on a weekly basis, to ascertain their views on the home environment and the safety of the care provided. A review of the feedback provided on this system; identified that no concerns had been identified.

Relatives' meetings were also not held formally; and there was no evidence that feedback had been obtained from them through the Quality of Life system. This has been identified as an area for improvement under the care standards

### Areas of good practice

There were some areas of good practice identified in relation to care delivery; and the care records. In particular, registered nurses had good oversight of the patients' total fluid intakes; this was commended.

### Areas for improvement

Areas for improvement were made under the regulations related to the management of head injuries and the accuracy of moving and handling assessments. Other areas for improvement made under the care standards related to the recording of personal care delivery; challenging behaviour and pain care plans; and relatives' meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	4

## 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.**

Staff interactions with patients were observed to be compassionate and caring. As discussed in sections 6.4 and 6.5, care delivery to a number of patients was delayed on the day of the inspection. Consultation with seven patients individually and with others in smaller groups, confirmed that patients were afforded choice and privacy; and that staff spoke to them in a polite manner. However, issues which impacted upon the patients' dignity and respect were identified during the inspection. Refer to sections 6.4 and 6.5 for further detail.

Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

There was evidence of regular church services to suit different denominations. Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home.

One staff member was designated to provide activities in the home. Patients consulted with stated that there were not a lot of activities they could participate in. A review of the activities planner evidenced that there was a lack of variety in relation to the activities provided; and a review of the records also evidenced that records had not been consistently maintained in relation to the activities provided; and the level of patient' enjoyment/engagement. This has been identified as an area for improvement under the care standards.

The care plans detailed the 'do not attempt resuscitation' (DNAR) directive that was in place for the patients, as appropriate. This meant up to date healthcare information was available to inform staff of the patient's wishes at this important time to ensure that their final wishes could be met. At the time of the inspection no one was receiving end of life care.

The manager explained that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided; however, there was no evidence that an annual quality audit had been undertaken in 2016, in keeping with regulation 17 of the of the Nursing Homes Regulations (Northern Ireland) 2005. This had been identified as an area for improvement under the regulations.

An electronic feedback system was also situated in the reception area. This was available to relatives and other visitors to give general feedback on an ongoing basis or answer specific questions on the theme of the month. The feedback was summarised automatically by the system and the results were available to the manager and the regional manager.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for 'the attentiveness and professionalism of the staff' and the 'consistent, compassionate care' given to a patient, who had been receiving end of life care.

During the inspection, we met with seven patients, four care staff, one registered nurse, six patients' representatives and two visiting professionals. Some comments received are detailed below:

### **Staff**

"I have no concerns, everything is going well".

"I personally give 100 percent to my work, everything gets done eventually".

"No concerns at the moment, I am happy".

"It is much improved".

"I really love it here and miss the patients when I am not here; sometimes I would come in on my day off to visit them".

Two staff members commented in relation to the staffing levels and the timeliness of care. These comments were relayed to the manager to address. Refer to section 6.4 for further detail.

### **Patients**

"I have no complaints".

"It is better than a five-star hotel, just marvellous".

"It is alright".

As discussed in section 6.4, three patients commented in relation to delays in having their needs met. These comments were considered, together with the observations on the day of the inspection; and the staffing arrangements have been identified as an area for improvement in the domain of safe care.

### **Patients' representative**

"(My relative) is settling in well, I have no concerns".

"They are well looked after".

"I cannot complain, they are brilliant".

"There has been a noted improvement and staff morale has improved".

"I have no concerns".

One patients' representative commented that their relative was often bored and stated that there was not much to do in the home. This was relayed to the manager during feedback; this has already been identified as an area for improvement.

### **Visiting professionals**

"The staff here are always very obliging".

"Everything is fine, no concerns".

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Seven staff, seven patients and two relatives had returned their questionnaires, within the timeframe for inclusion in this report. Written comment from the staff and patients were consistent with the comments made to the inspector on the day of inspection. Areas for improvement in relation to the staffing arrangements and meeting patients' needs in a timely

manner have already been identified as areas for improvement. Refer to sections 6.4 and 6.5 for further detail. Comments and outcomes from the returned questionnaires are as follows:

**Relatives:** respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to the staffing levels, stating that there had 'been a significant improvement in staffing levels and staff morale since the appointment of the new manager'.

**Patients:** respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. Although the majority of those who responded indicated that there were enough staff available to care for them, four patients provided written comment in relation to the staffing levels and delays in having their needs met. Other written comments included 'you could have a talk and a laugh with the staff', 'there is always someone there to talk to me and make me feel happy and safe' and 'if there was a (religious) service on, I would attend'.

**Staff:** the majority of respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent indicated that they were 'unsatisfied' with the care in the three domains and the leadership of the home. Two staff members provided written comment in relation to their ability to meet patients' needs in a timely manner.

Following the inspection the comments received on the returned questionnaires were relayed to the manager, by telephone on 23 June 2017. Refer to section 6.4 for further detail.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

### **Areas of good practice**

There were some examples of good practice found in relation to staff interactions with patients; the spiritual needs of patients were met; and end of life care was respectfully managed.

### **Areas for improvement**

An area for improvement made under the regulations related to the completion of the annual quality report. An area for improvement made under the care standards related to the provision of activities.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

## 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.**

As discussed, the manager had only recently commenced employment in the home and was supported by a member of the organisation's resident experience team, who had been working in the home on a regular basis. The regional manager provided assurances that this management support would be reviewed on an ongoing basis, to ensure that the required improvements are made.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the manager in positive terms; comments included 'she is very approachable' and that they 'were very good at involving staff in things'. Staff described how they felt confident that the manager would respond positively to any concerns/suggestions raised. One staff member provided written comment in the returned questionnaires, describing how the new manager had resulted in 'a very positive change for staff morale'.

Discussion with the manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

There was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. Although the staff spoken with were aware, who would be in charge, in the absence of the manager; a review of the duty rota evidenced that this was not consistently recorded. Given that concerns were identified in relation to the lack of communication regarding staffing levels to the management team, on the day of the inspection; this has been identified as an area for improvement under the care standards.

Consultation with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the manager was.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. However, given that deficits were identified in relation to the environment and the care records, we were not assured of the effectiveness of the audits. An area for improvement has already been identified in this regard. Refer to section 6.4 for further detail.

As a further element of its Quality of Life Programme, Four Seasons Healthcare operates a Thematic Resident Care Audit ("TRaCA") which home managers can complete electronically.

Information such as home governance, information governance, housekeeping, resident care and health and safety checks are recorded on various TRaCAs on a regular basis. This information was subject to checks by the regional manager once a month. A review of the “resident care TRaCA” confirmed that when shortfalls had been identified, these were followed up in a timely manner by the registered nurses; however the ‘resident care TRaCA’ had not identified deficits in relation to the supplementary care records, as discussed in section 6.5. This has been identified as an area for improvement under the care standards.

There were also good examples found, where the auditing processes were being utilised appropriately; this related in particular to the wounds audits, which were completed on a daily basis. Accidents and incidents were also analysed on a monthly basis. The manager was aware that the current auditing system did not separate patients’ falls from other incidents which had occurred in the home; and explained the new system of data recording that would enable falls’ information to be presented separately. This will be followed up at future inspection. Accidents/incidents in the home informed the responsible individual’s monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts; however, the Chief Nursing Officer (CNO) alerts, regarding staff that had sanctions imposed on their employment by professional bodies were not up to date. This was discussed with the manager, who confirmed that the staff alerts had been sent to another email; and provided assurances that these would be printed and reviewed. This will be followed up at future inspection.

Discussion with the manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

### **Areas of good practice**

There were examples of good practice identified in relation to the management of complaints; the auditing of wounds; and good working relationships were evident within the home.

### **Areas for improvement**

Areas for improvement made under the care standards related to the need to record the name of the person in charge of the home, in the absence of the manager; and in relation to the auditing processes.

It should be noted that areas for improvement have been identified in the three other domains which impact on the governance and leadership of the home.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2



## 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, manager, and Janice Brown, regional 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection</p>	<p>The registered persons shall ensure that the system for communicating short notice sick leave is further developed, to ensure that the nurse in charge can redeploy staff, as appropriate to meet the patients' needs.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> The staff have received supervision and training in dealing and reporting staff absence. Written guidance on actions to take in the event of staff absence is available and further absences have been reported and actioned appropriately. A supporting HR process in place to reduce the sickness absences process.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered persons shall ensure that patients' care needs are met in a timely manner and appropriately documented.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Residents care needs are being documented by the care staff on an ammended recording sheet and documented appropriately</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection</p>	<p>The registered person shall ensure that the auditing processes are reviewed particularly in relation to the appropriate storage of equipment; and monitoring of floor coverings.</p> <p><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Auditing proceses have been reviewed and action plans established to identify and address issues in a timely manner. the manager is monitoring this on the internal electronic systems. The flooring replacement is part of a planned bathroom upgrade.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered persons shall ensure that the procedure for managing head injuries, is reviewed, to ensure that care is delivered in line with best practice.</p> <p><b>Ref: Section 6.5</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff have received supervision in regard to managing head injuries</p>

Immediate from the date of inspection	and the specific incident identified during inspection has been reported through to the RN's employing agency for action. No further head injuries have been identified.
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 15 (2) (a) and (b) <b>Stated:</b> First time <b>To be completed by:</b> 04 August 2017	The registered persons shall ensure that moving and handling risk assessments are reflective of patients' current care needs.  <b>Ref: Section 6.5</b>  <b>Response by registered person detailing the actions taken:</b> Moving and handling assessments have been reviewed and reflect residents current care .
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> First time <b>To be completed by:</b> 4 August 2017	The registered persons shall ensure that the annual quality report is completed.  <b>Ref: Section 6.6</b>  <b>Response by registered person detailing the actions taken:</b> The Annual Quality Report is now completed
<b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38.3 <b>Stated:</b> First time <b>To be completed by:</b> Immediate from the date of inspection	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  <b>Ref: Section 6.4</b>  <b>Response by registered person detailing the actions taken:</b> The specific record indentified at the inspection as been reviewed with the employee in order to explore any potential gaps and no gaps were established. The employment histories of staff interviewed following inspection have been explored, month and year dates are now recorded on application forms..
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> First time <b>To be completed by:</b> 4 August 2017	The registered persons shall ensure that records are maintained in relation personal care delivery.  <b>Ref: Section 6.5</b>  <b>Response by registered person detailing the actions taken:</b> Daily care records have been ammended to reflect the personal care deliveryand PEG management is evidenced in the wound care file. This is monitored by the nurse incharge via the homes internal electronic systems..
<b>Area for improvement 3</b>	The registered persons shall ensure that care plan evaluations in

<p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>relation to pain management contain meaningful statements, which take into consideration the care and treatment provided in the period between evaluations.</p> <p><b>Ref: Section 6.5</b></p> <p><b>Response by registered person detailing the actions taken:</b> The effectiveness of analgesia is recorded following the administration of medication This is evidenced by the home manager on the weekly medications review</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>The registered persons shall ensure that care plans are developed for patients who display behaviours which may challenge.</p> <p><b>Ref: Section 6.5</b></p> <p><b>Response by registered person detailing the actions taken:</b> The care plan for the resident who displays distressed reactions has been developed</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 7.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>The registered persons shall review the methods available for engagement with patients' representatives to ensure they are effective.</p> <p><b>Ref: Section 6.5</b></p> <p><b>Response by registered person detailing the actions taken:</b> We are now using a combination of traditional methods - eg relative meetings and electronic methods eg Quality of Life relative engagement surveys supported by the formal annual trust reviews, to gain meaningful engagement from patients representative</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>The registered persons shall review the provision of activities within the home, to ensure that there is a variety of activities available for patients to choose from. This review should also address the deficits in record-keeping, identified during this inspection.</p> <p><b>Ref: Section 6.6</b></p> <p><b>Response by registered person detailing the actions taken:</b> Activity provision has been reviewed within the home and addressed through representative engagement in order to ensure that the activities provided reflect the choice of the patients</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the name and designation of the person in charge of the home, is clearly recorded on the duty rota.</p> <p><b>Ref: Section 6.7</b></p>

<p><b>To be completed by:</b> 4 August 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> The name and designation of the nurse in charge of the home is identified on the duty rota</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 35.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>The registered persons shall ensure that auditing processes are further developed, so that the deficits identified during this inspection are addressed. This includes but is not limited to the care records audits; supplementary care booklets; environmental audits; and audits of the dining-experience.</p> <p><b>Ref: Section 6.8</b></p> <p><b>Response by registered person detailing the actions taken:</b> The dining audit has been completed by the Resident Experience Catering Clinical Facilitator and an action plan has been developed to address both short term and long term objectives. Resident traces are conducted by the Home Manager and Support Manager and the Quality of Life system evidences meaningful and specific actions taken. Supplementary care booklet audits will be completed and evidenced on the Quality of Life daily walkabouts</p>

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



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