The Regulation and Quality Improvement Authority

Inspection Report

10 May 2022

Jordanstown

Type of service: Nursing Home
Address: 1a Old Manse Road, Jordanstown BT37 0RU
Telephone number: 028 9085 2258

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Mrs Natasha Southall	**Registered Manager:** Ms Debby Gibson **Date registered:** 29 April 2022
Person in charge at the time of inspection: Ms Debby Gibson	**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:** 27
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 53 persons. The home is located over three floors with patient's bedrooms located on the ground and first floors.	

2.0 Inspection summary

An unannounced inspection took place on 10 May 2022 from 8.55am to 6.35pm 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 7.0. Two of the areas for improvement identified at the previous care inspection were carried forward for review at the next inspection while one area for improvement was stated for a second time.

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 was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Jordanstown. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Six staff, two relatives, and 10 patients were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home.

Staff acknowledged occasional challenges but all staff agreed that Jordanstown was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 25 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 19 (1) (a) Schedule 3 (3) (k) **Stated:** Second time	The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines.	**Met**
	Action taken as confirmed during the inspection: There was evidence of improvement since the last care inspection. It was reassuring to note that management had identified learning from a recent event and have a plan in place to address documentation, record keeping and communication. This area for improvement was met.	

Area for Improvement 2 **Ref**: Regulation 13 (7) **Stated:** Second time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • staff knowledge and practice regarding hand hygiene • decluttering of storage cupboards • Adherence to the national colour coding scheme.	**Met**
	Action taken as confirmed during the inspection: The majority of staff practice was observed to be good. Assurances through audit arrangements confirmed arrangements were in place to continue ongoing monitoring of staff practices. Individual deficits identified during the inspection were discussed with the manager who was aware of specific staff who required additional support. This area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 46.2 **Stated:** Second time	The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.	**Met**
	Action taken as confirmed during the inspection: Review of audit records evidenced this area for improvement was met.	

Area for improvement 2 **Ref:** Standard 11 **Stated:** First time	The registered person shall ensure the programme of activities is displayed in a suitable format in the home and is accessible for all patients. This should be developed in consultation with the patients and reviewed at least twice yearly to ensure it meets patients changing needs. Individual activity assessments should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.	**Partially met**
	Action taken as confirmed during the inspection: Since the last care inspection the home have employed an activity co-ordinator. Good progress has been made against the area for improvement with management providing additional training for the activity co-ordinator. Activity boards were on display in both units and it was good to see a contemporaneous record of activities delivered. Further work is required to evidence consultation with the patients in the development of the activity programme and to ensure individual activity assessments and care plans are developed. This area for improvement is partially met and is stated for a second time.	

Area for improvement 3 **Ref:** Standard 3.2 **Stated:** First time	The registered person shall ensure patients are effectively involved in making decisions about their treatment. Care records should clear evidence discussions had and decisions made with the patient. This area or improvement is made with specific reference to the use of bedrails.	**Carried forward to the next inspection**
	Given the deficits identified in record keeping and to provide the manager with sufficient time to fully address and embed these changes into practice, this area for improvement was 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 4 **Ref:** Standard 4.8 **Stated:** First time	The registered person shall ensure where the outcome of a bedrail assessment identifies that bedrails may be used, alternatives should be tried and records maintained of what alternatives were considered.	**Carried forward to the next inspection**
	Given the deficits identified in record keeping and to provide the manager with sufficient time to fully address and embed these changes into practice, this area for improvement was 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 5 **Ref**: Standard 21.1 **Stated:** First time	The registered person shall ensure that patients' wound care needs are managed in an effective manner in keeping with care plan directions. Records should be updated in a timely manner when the patients need change.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. Staff members were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. The manager was reminded to ensure the first and surname of all staff are recorded on the duty rota. Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so. The manager confirmed that two staff had outstanding competency assessments and gave an assurance that they would not take charge of the home until these were completed.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

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

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels. The manager confirmed there was ongoing recruitment for a deputy manager role and further nursing and care assistant positions in the home.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. Comments received from one patient were discussed with the manager who agreed to speak with the patient directly. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

Relatives spoken with expressed no concerns regarding staffing arrangements and were complimentary about the care delivered in the home.

5.2.2 Care Delivery and Record Keeping

Staff members meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

However, discussion with staff and review of care records confirmed nursing staff were not aware of a change in one identified patient's needs and had not responded to this in a timely manner. This was discussed with the manager who confirmed the patient's needs had been reassessed and input from their general practitioner had been sought before the end of the inspection. To ensure changes in patient's care needs are appropriately referred and communicated to all relevant staff, an area for improvement was identified.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was provided in keeping with care plan directions. However, it was noted that individual care plans were not in place for each wound, with wound assessments and evaluations not consistently completed following each wound dressing. Details were discussed with the manager and an area for improvement was identified.

Falls in the home were monitored on a monthly basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal.

Patients may need support with meals; ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Most patients spoke positively in relation to the quality of the meals provided although one patient did not. This was discussed with the manager and cook who agreed to speak with the patient directly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and the administration of food supplements in addition to meals. Care plans examined detailed how patients should be supported with their food and fluid intake. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

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

Review of records such as personal care records and food and fluid intake evidenced that these were generally well maintained. However, review of patient care plans and risk assessments identified some deficits in recording. For example, care plans and risk assessments for one identified patient had not been reviewed for up to four months while another patient's care plan had not been updated to reflect changes in their treatment and some evaluations lacked details of the delivery of person centred care.

Details were discussed with the manager who confirmed that they were aware of the improvements needed in record keeping and confirmed that the care quality team were assisting with staff training specific to these areas. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. The manager confirmed new furniture had been recently purchased for the ground floor lounge with further plans in place for other refurbishments.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 27 April 2022. The manager confirmed that all actions identified by the fire risk assessor were being addressed by the maintenance team.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Most staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of deficits in individual staff practice and knowledge were discussed with the manager who agreed to address this with the identified staff through supervision. It was reassuring to note that some of the deficits had already been identified by the manager through their IPC audit.

5.2.4 Quality of Life for Patients

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

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives or nail care from the activity co-ordinator. One patient said, "There is a girl called Jennifer who does activities, we did a quiz recently. She is wonderful."

There was evidence that additional planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included quizzes, games, puzzles, and reminiscence and movie nights. Staff said the activity co-ordinator did a variety of one to one and group activities to ensure all patients had some activity engagement. The activity co-ordinator said they had Irish dancers in the home on St Patrick's Day and plans were in place to celebrate the Queen's jubilee.

Since the last care inspection to the nursing home that commenced on the 25 January 2022. The home has employed an activity co-ordinator. Improvements were noted with management providing additional training for the activity co-ordinator. Activity boards were on display in both units and it was good to see a contemporaneous record of activities delivered. Further work is required to evidence consultation with the patients in the development of the activity programme and to ensure individual activity assessments and care plans are developed. This area for improvement was stated for a second time.

5.2.5 Management and Governance Arrangements

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

There has been no change in the management of the home since the last inspection. Ms Debby Gibson has been the registered manager in this home since 29 April 2022**.**

Review of the audits undertaken for restrictive practices/use of bedrails, care records and wound care found that the deficits noted during the inspection had not been identified through these audit process. This was discussed with the manager who provided a detailed action plan post inspection indicating how improvements were to be made to ensure the audit processes were robust. While the action plan submitted by the manager provided RQIA with a level of assurance that improvements had been and would be made, an area for improvement was identified.

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

There was a system in place to manage complaints correctly and records were maintained. . The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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

Review of accidents and incidents records found that these were generally well managed and reported appropriately. However, review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

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

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	4*

*The total number of areas for improvement includes one that has been stated for a second time. Two further areas for improvement were carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Debby Gibson, 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 (1) **Stated:** First time **To be completed by:** 10 June 2022	The registered person shall ensure that any changes in patient's care needs are reflected within the patients care records and communicated during handover meetings at the beginning of each shift. Ref: 5.2.2
	Response by registered person detailing the actions taken: A detailed handover sheet has been implemented detailing each patients individual needs and they are updated to reflect changes in the patients needs. All care files have been allocated to the nurses and there are monthly reviews with the Home Manager to discuss the current condition of each patient and review care plans to ensure they reflect the current needs of the patient. This is being monitored during the monthly monitoring visit and by the Clinical Lead.
Area for improvement 2 **Ref:** Regulation 17 (1) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall review the home's current audit processes to ensure they are effective. Ref: 5.2.5
	Response by registered person detailing the actions taken: There will be ongoing peer reviews, and the feedback from these will be reviewed and any relevant changes will be incorporated into the audits. The effectiveness of our current audits is monitored during the monthly monitoring visit by the Care Quality team visits and by the Regional Manager during the Regulation 29 visit.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref**: Standard 11 **Stated:** Second time **To be completed by:** 10 June 2022	The registered person shall ensure the programme of activities is displayed in a suitable format in the home and is accessible for all patients. This should be developed in consultation with the patients and reviewed at least twice yearly to ensure it meets patients changing needs. Individual activity assessments should be completed and reviewed as required to inform and compliment patient centred care plans. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: Residents meetings have been held and the provision of meaningful activities was discussed. The suggestions made during these meetings have been incorporated into the updated activities programme. Individual activity assessments are ongoing as new patients arrive in the Home. Those patients already living in the Home are having one-to-one sessions with the activity person to facilitate individual, appropriate meaningful activities for each patient. A contemperaneous record of activties provided during the day is kept by the activity person and a list of these activities is provided to the nurse to record in the daily progress notes. Compliance will be monitored via the auditing process.
Area for improvement 2 **Ref:** Standard 3.2 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure patients are effectively involved in making decisions about their treatment. Care records should clear evidence discussions had and decisions made with the patient. This area or improvement is made with specific reference to the use of bedrails. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 3 **Ref:** Standard 4.8 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure where the outcome of a bedrail assessment identifies that bedrails may be used, alternatives should be tried and records maintained of what alternatives were considered. 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 21.1 **Stated:** First time **To be completed by:** 10 June 2022	The registered person shall ensure that where a patient has more than one wound that a care plan is in place for each wound; and that nursing staff record an evaluation of the care delivered and the status of the wound after it is redressed. Ref: 5.2.2
	Response by registered person detailing the actions taken: All wound care plans have been reviewed and each wound has a separate care plan and evaluation. These are being reviewed during the monthly audits and monitoring visits. A review of all individual patients care plans is also taking place during the monthly reviews held between the Manager and the named nurse.

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

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