



Unannounced Care Inspection Report 12 and 15 August 2019



Jordanstown

Type of Service: Nursing Home
Address: 1a Old Manse Road, Jordanstown BT37 0RU
Tel no: 028 9085 2258
Inspectors: Lyn Buckley and Joseph McRandle

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 53 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Wendy McMaster 27 June 2017
Person in charge at the time of inspection: Wendy McMaster	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: 38

4.0 Inspection summary

An unannounced inspection took place on 12 August 2019 from 10:00 to 16:30 hours and on 15 August 2019 from 10:30 to 13:45 hours. This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home from care, finance and medicines management inspections 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 the management of patients' monies and valuables and general financial arrangements. Also in relation to; the delivery of care and treatment as observed on the inspection, the provision of activities, the management systems and processes and the cleanliness of the environment.

Areas requiring improvement were identified in relation to post falls record keeping, the safe storage of medicines and patient records and the updating of patients' written agreements.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	3

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 10 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 10 October 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy and finance issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 5 to 18 August 2019
- 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 records
- five patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 January 2019
- RQIA registration certificate
- three patients' finance files including copies of written agreements
- a sample of financial records including personal allowance monies, patients valuables, fees, payments to the hairdresser and podiatrist, purchases undertaken on behalf of patients and bank account statements
- a sample of records of monies deposited on behalf of patients and of patients' property
- a sample of records from patients' comfort fund and reconciliations of patients' monies and valuables.

Areas for improvement identified at the last inspections 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 previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21(1)(b) Schedule 2 Stated: First time	The registered person shall ensure that before making an offer of employment they have obtained: <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. 	Met
	Action taken as confirmed during the inspection: Review of three recruitment records evidenced that this area for improvement had been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of duty rotas, discussion with the manager and staff evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 35.7 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 44.1 Stated: First time	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.	Met
	The plan should prioritise those rooms in most need of refurbishment and should include timescales for completion of the work. Action taken as confirmed during the inspection: Review of records, the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that care plans are in place for the management of HCAIs.	Met
	Action taken as confirmed during the inspection: Review of record and discussion with the manager evidenced that this area for improvement had been met.	

Area for improvement 5 Ref: Standard 23.2 Stated: First time	The registered person shall ensure that a care plan is created to direct the monitoring of an identified patient's skin condition.	Met
	Action taken as confirmed during the inspection: Discussion with the manager evidenced that this area for improvement had been met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall monitor the morning medicine round to ensure that it is completed in a timely manner and the time of administration of medicines is accurately recorded	Met
	Action taken as confirmed during the inspection: Observations confirmed that the morning medication round was completed in a timely manner.	

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

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed the planned staffing levels for the home. Staff confirmed that the planned staffing levels were met and that staffing levels could be altered to ensure patients assessed needs were met. We reviewed a sample of the staff duty rota from 5 to 18 August 2019. These confirmed that the planned staffing levels were achieved and that any short notice leave was 'covered' using bank or agency staff. We also saw that catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed that staff were expected to complete mandatory training and any other training planned.

Patients able to express their opinions said that they were well cared for and that staff were caring and kind. Patients unable to express their view were seen to be well groomed, relaxed and comfortable.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. We did not receive any responses.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was clean, tidy, and comfortably warm throughout. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness. General infection prevention and control (IPC) measures were in place. We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe.

We reviewed three staff recruitment records to confirm that staff were recruited safely. It was evidenced that systems and processes were in place to ensure staff were recruited correctly and in line with regulations.

We confirmed that a system was in place to ensure staff were competent and capable to do their job and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they had received training and were aware of their role in protecting patients and how to report concerns.

We reviewed five patients' care records in relation to the management of risks to patients such as falls, weight loss, developing a pressure ulcer, infections and swallowing deficits. Each record reviewed evidenced that risk assessments were completed and a care plan was developed to manage the specific care as required. Risk assessments and care plans were reviewed regularly. However, the records evidenced that nursing staff did not always review patients' falls risk assessments and care plans following a fall. Details were discussed with the manager during feedback. An area for improvement was made.

Areas for improvement

An area for improvement was identified in relation to post fall reviews.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

We spoke with patients regarding the delivery of care. Patients able to express their opinion and views confirmed that they received the right care at the right time and that staff were caring and kind. Those who were unable to comment looked well groomed, comfortable and relaxed in their surroundings and in their interactions with staff.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient refused a meal, had a fall and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer. Staff were also aware of the national changes to modified food and fluid descriptors and had attended update training.

We observed the serving of the lunchtime meal. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. Patients said that they enjoyed their meal. We saw that the majority of patients ate their lunch in the dining room. Patient could also choose to eat in their bedroom or in one of the lounge areas.

Menu choice sheets and checklists reviewed were reflective of what each patient had been prescribed and we were satisfied that patients received the correct food and fluid consistency prescribed for them.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and attendance monitored for all staff. Additional training was also provided to ensure patients' needs were met. For example, we saw staff assist two patients to move using a hoist; their practice was safe and effective; the patients were relaxed and chatting with staff throughout the process.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge of the unit. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

We invited staff to complete an online questionnaire. We did not receive any responses.

It is important that where choice and control are restricted due to a patient's understanding; that these restrictions are carried out sensitively and in line with good practice. This is so that patients feel respected, included and involved in their care; or when necessary that decisions are made in the best interests of the patient. When we spoke with staff they had a good knowledge of patients' abilities, their level of decision making or understanding and their specific care needs. Staff were aware of the principles of consent. We reviewed patient care records in relation to the management of bedrails. In addition, the manager monitored any restriction on a patient's choice or control on at least a monthly basis.

During the inspection we spoke with one patient's family. They were very satisfied that their loved one was well cared for and they knew if they had any concerns they could raise these with the nurse in charge or the manager. We also provided patient and family members with questionnaires to ask how they felt about the care they and/or their loved ones received. We did not receive any responses.

During the initial walk around the home with the manager we saw, on the first floor corridor, that medicines had been left unattended on top of the locked medicine trolley. In addition the treatment room, also on the first floor, had been left open. The manager addressed this matter with the nurse on duty but an area for improvement was made.

In addition we also saw that patient records were left on a table in the corridor on the first floor. Any one passing could have accessed these records. The manager addressed this matter with the nurse on duty and the records were removed to the nearby nurses' office. An area for improvement was made.

Areas for improvement

Areas for improvement were identified in relation to safe storage of medicines and patients' records.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

When we arrived in the home patients were enjoying their morning tea/coffee and a snack in one of the lounges or in their own room. Staff were providing support to patients as they needed it. It was clear from what we saw that the interactions between staff and patients were relaxed, comfortable and appropriate.

Staff spoken with said that they provided good care and that their patients were treated with dignity and respect. Observations of patient and staff interactions confirmed this was the case.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails and/or wearing of jewellery.

Patients told us that they were receiving good care from friendly, caring, respectful staff. A variety of activities were organised for each day by the home's activity leaders. Patient and staff also confirmed that organised activities were provided and patients could choose to attend or not if they preferred. The manager confirmed that she had successfully recruited a second activity person to add to the activity hours already provided.

We also reviewed compliments/cards received which included the following statement:

“I would like to say a big thank you for all your care and support when I was in...”

“Thank you all for looking after my mum...so well...she was happy and well cared for which I greatly appreciated and I knew you were fond of her.”

“We really appreciated the caring way in which you looked after our Mum...everyone was so kind and sensitive.”

As stated previously we spoke with one patient’s family. They were very satisfied that their loved one was well cared for and were complimentary regarding the staff and their experience of the care the home provided.

We also provided questionnaires for patients and family members; none were returned.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Since the last care inspection in October 2018 there has been no changes to the management arrangements for the home.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

We found that audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager’s evaluation of information from the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

The responsible individuals’ monthly quality monitoring reports from 1 January 2019 were available in the home.

Management of service users' monies

Financial systems in place at the home were reviewed and found to be satisfactory. These included the system for recording transactions undertaken on behalf of patients, the system for retaining receipts from transactions, the system for recording the reconciliations of patients' monies and valuables, the recording of fees charged to patients and retaining records of the amount received on behalf of patients for fees.

A review of three patients' files evidenced that copies of signed written agreements were retained within all three files. Two of the agreements reviewed did not show the current weekly fee paid by, or on behalf of, the patients. This was discussed with the manager and identified as an area for improvement under the standards.

A review of a sample of purchases undertaken on behalf of patients showed that in line with the Care Standards for Nursing Homes (April 2015), details of the purchases were recorded, two signatures were recorded against each entry in the patients' transaction sheets and receipts were available from each of the purchases.

Areas for improvement

One area for improvement was identified in relation to updating patients' written agreements to show the current fee.

	Regulations	Standards
Total number of areas for improvement	0	1

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	
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: Immediate action required.	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The storage of medication in the home has been reviewed and discussed with the Registered nurses and now reflects the correct procedures. Medications are securely stored when RNs are administering the drugs. Compliance will be monitored during completion of the daily walkaround audit</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 22 Stated: First time To be completed by: Immediate action required.	<p>The registered person shall ensure that patients' risk assessments and care plans, relating to falls, are reviewed post fall.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Risk assessments are reviewed and updated by staff in the event of a fall. Falls Training has been scheduled for a staff by the REACH team in October. Care plans are reviewed post fall and Home manager monitors this during the Audit process</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: Immediate action required.	<p>The registered person shall ensure that patient records are maintained securely and confidentially.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Patient records are being stored securely when not in use. This will be monitored through the audit process</p>
Area for improvement 3 Ref: Standard 2.8 Stated: First time To be completed by: 30 September 2019	<p>The registered person shall ensure that patients' written agreements are updated to show the current fee paid by, or on behalf of, patients.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: 2019 Terms and Conditions have been requested from Head Office and these will be issued when made available to the Homes.</p>

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



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