

Inspection Report

25 January 2022



Jordanstown

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Mrs Natasha Southall	Registered Manager: Ms Debby Gibson – Acting Manager
Person in charge at the time of inspection: Ms Debby Gibson – Acting Manager	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: 30
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 25 January 2022 from 10.00 am to 5.00 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff 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 surrounds.

RQIA were assured that the delivery of care and service provided in Jordanstown was provided in a compassionate manner by staff who 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

Nine patients, one relative and six staff 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 the challenges of working through the COVID – 19 pandemic but all staff agreed that Jordanstown was a good place to work. Staff 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 23 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations and appropriate actions taken post fall are recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection Review of records evidenced that this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 13 (4) (c) Stated: First time	The registered person shall ensure a written record for the administration of medicines for topical administration is accurately maintained.	Met
	Action taken as confirmed during the inspection Examination of topical medicine administration records evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 19 (1) (a) Schedule 3 (3) (k) Stated: First 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.	Partially met
	Action taken as confirmed during the inspection There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.3. This is stated for a second time.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • 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. <p>Action taken as confirmed during the inspection</p> <p>There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.4. This is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • domestic trolleys are not left unsupervised • the treatment room should be locked at all times • food and fluid thickening agent should be securely stored • oxygen signage should be in place. <p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment and staff practice evidenced that food and thickening agent for one patient was not securely stored. This was discussed with staff who arranged for its immediate storage.</p> <p>Given this was an isolated incident and the progress made against the other deficits previously identified there was sufficient evidence to meet this area for improvement.</p>	<p>Met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: Second time	The registered person shall ensure that fluid and food and fluid balance charts are reconciled daily.	Met
	Action taken as confirmed during the inspection: There was evidence that 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.	Carried forward to the next inspection
	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.	
	Action taken as confirmed during the inspection: Discussion with the manager confirmed there had been some challenges regarding the provision of activities in the home. They confirmed a new activity co-ordinator is to commence employment imminently.	
	Given the challenges faced by the home recruiting an activity co-ordinator this area for improvement is carried forward to the next inspection.	

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure the daily menu displayed should reflect the meals served and be displayed in a suitable format. Any variation from the planned menu must be recorded. Patients should be involved in planning the menu to ensure their preferences are considered.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure wound assessments and evaluations are recorded in keeping with best practice guidance.</p> <p>Action taken as confirmed during the inspection: Review of records evidenced this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p>	<p>The registered person shall ensure the personal emergency evacuation plans (PEEP's) are maintained in an up to date manner and reflect the current occupancy in the home at any given time. Fire exits and fire doors should be clear from obstructions at all times.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and review of records evidenced this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Action taken as confirmed during the inspection There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.5. This is stated for a second time.</p>	<p>Partially met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

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.

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 said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. Some staff consulted were not satisfied that there were sufficient staff numbers on occasions when staff sickness was not covered at short notice. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

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. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff 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.

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 were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients spoke positively in relation to the quality of care provided, although one patient did not. This was discussed with the manager who agreed to speak with the patient directly.

Patients who are less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly; accurate records were maintained.

Falls in the home were monitored monthly 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.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff the patient requires assistance. Review of records relating to the management of falls evidenced appropriate actions were taken by staff following falls. However review of a fall for one patient identified minor deficits; a body map had not been completed following the fall to identify the patient's injury. In addition, nursing staff did not evaluate the patient's condition on one occasion following the fall. This was discussed with the manager who gave assurances this would be addressed with staff as required.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Discussion with staff confirmed that they were knowledgeable regarding the use of such equipment. However, review of patients' records confirmed correct procedures were not consistently followed if restrictive equipment was used. One identified patient was seen to have bedrails deployed, although review of care records confirmed the patient was not actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was not obtained; consent had been given by a relative. In addition, there was no evidence that alternatives to the use of bedrails were tried and records were not maintained of what alternatives were considered. This was discussed with the manager who provided assurances this would be addressed immediately and agreed to audit the use of bedrails for all patients. Areas for improvement were identified.

Deficits were identified in the management of wound care. Review of one patient's care records confirmed that wound care was not completed in keeping with the care plan directions. In addition, elements of the patient's care plan had not been updated when their needs changed. An area for improvement was identified.

Review of patient's records evidenced some improvements in record keeping, particularly of supplementary care records such as repositioning charts, food and fluid intake charts and topical medicine administration records. However, deficits in recording were noted patient's daily progress notes. For example, staff did not consistently record the accurate date and time that care was delivered when evaluations of care were made and some of the records were difficult to read. These issues were identified at the previous care inspection and an area for improvement is stated for a second time.

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 patient's care records evidenced that their care plans had been developed within a timely manner to accurately reflect the patient's assessed needs. Minor deficits in recorded keeping were identified. This had the potential to cause confusion in relation to the delivery of patient care. This was discussed with the manager who agreed to address this with staff through clinical supervision.

From review of a sample of care records it was noted that some of the evaluations of care contained repetitive statements which were not sufficiently patient centred. It was reassuring this had been identified by the manager through their ongoing audits and they had planned to meet with registered nursing staff to address this matter. This will be reviewed at a future care inspection.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

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.

Two isolated issues were observed which posed a potential risk to patients' health and wellbeing. These included an unlocked door to a staff area and an unlocked door to a sluice area allowing potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. These issues were discussed with the manager who agreed to meet with staff involved and address the deficits through supervision.

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). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There was an adequate supply of PPE and hand sanitiser. 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.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE. In addition, two storage cupboards were found to be heavily cluttered with inappropriate storage of patient's items observed. Some improvements were noted regarding adherence to the national colour coding scheme although many of the deficits identified at the last care inspection continue to persist. This was identified as an area for improvement at the last care inspection; this is stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals in their bedroom. Patients were observed listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

Two patients raised concerns regarding the activity provision. One patient said, "It's hard to put your day in. We don't do any bingo or any wee activities" while another patient said, "we had bingo before Christmas but not much since". Review of patients' daily progress notes confirmed staff did not regularly comment on how each patient spent their day and not all patients had an up to date activity care plan. Discussion with the manager confirmed that an activity co-ordinator due to commence employment in the coming week. Activity provision was identified as an area for improvement at the last care inspection however, given the challenges in recruiting someone into post we agreed to carry this area for improvement forward until the next inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff 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 a change in the management of the home since the last inspection. Ms Debby Gibson has been the acting manager since 15 November 2021. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was good although deficits in relation to the auditing of IPC practices were identified. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

Staff commented positively about the manager and the management team 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 two notifiable events which had not been reported. These were submitted retrospectively.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. These are available for review by patients, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	2*	5*

*The total number of areas for improvement includes three that have been stated for a second time. One further area for improvement was 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (3) (k)</p> <p>Stated: Second time</p> <p>To be completed by: 25 February 2022</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Nurses in the Home have received a supervision session in relation to record keeping and the importance of accurate recording. Training is to take place for Registered Nurses on individual care planning focussing on the need and importance of a person centred approach. This will be monitored by the Home Manager, Care Quality Manager and during the Regulation 29 Monitoring visits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 25 February 2022</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • 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. <p>Ref: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken: The NI Infection Control Audit is in use and the identified areas are completed each month as appropriate. Donning and doffing areas are identified and replenished with PPE which is readily available. Hand Hygiene and PPE audits are completed alongside the NI Infection Control Audit. The storage cupboards have been emptied and decluttered and this is monitored by spot checks carried out by the Home Manager and also during the Regulation 29 Monitoring Visit to ensure compliance.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 46.2 Stated: Second time To be completed by: 25 February 2022	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 5.1 and 5.2.5</p>
	<p>Response by registered person detailing the actions taken: The NI Infection Control Audit is completed monthly and Hand Hygiene and PPE audits are being completed with observational spot checks being carried out. This will be monitored during the Regulation 29 Monitoring visits.</p>
Area for improvement 2 Ref: Standard 11 Stated: First time To be completed by: 25 February 2022	<p>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.</p> <p>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.</p> <p>Ref: 5.1 and 5.2.4</p>
	<p>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.</p>
	<p>Response by registered person detailing the actions taken: A review of all bedrail consents was completed and follow up discussions took place with the resident and family members regarding the appropriate use of bedrails and the alternative measures available. Alternatives have been considered in relation to the use of crash mats and alarm mats to determine whether these could be an effective measure to ensure the best outcome for service use.</p>
Area for improvement 3 Ref: Standard 3.2 Stated: First time To be completed by: Immediate action required	<p>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.</p> <p>This area or improvement is made with specific reference to the use of bedrails.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: A review of all bedrail consents was completed and follow up discussions took place with the resident and family members regarding the appropriate use of bedrails and the alternative measures available. Alternatives have been considered in relation to the use of crash mats and alarm mats to determine whether these could be an effective measure to ensure the best outcome for service use.</p>

	<p>This will be monitored by the Home Manager during the completion of monthly audits and also during the Regulation 29 Monitoring visit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Nurses evaluate the bedrail assessments on a monthly basis and any changes are discussed with the service user, families and other members of the Multidisciplinary Team. The recording of such changes will be robust to ensure their best interests are considered.</p> <p>This will be monitored by the Home Manager during the completion of monthly audits and also during the Regulation 29 Monitoring visits.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2022</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All wound care records have been reviewed and updated accordingly. Accurate record keeping has been addressed during supervision sessions and will be followed up with individual staff members during proposed Care Planning sessions.</p> <p>This will be monitored during spot checks, the Home Managers montly audits and the Regulation 29 Monitoring visits.</p>

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



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