

## **Unannounced Secondary Care Inspection**

**Name of Establishment:** Jordanstown Care Home

**Establishment ID No:** 1391

**Date of Inspection:** 30 September 2014

**Inspector's Name:** Norma Munn

**Inspection ID:** IN017140

**The Regulation And Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**1.0 General Information**

|  |  |
|--|--|
| <b>Name of Home:</b>   | Jordanstown Care Home                              |
| <b>Address:</b>  | 1a Old Manse Road<br>Jordanstown<br>BT37 0RU       |
| <b>Telephone Number:</b>   | 028 9085 2258                                      |
| <b>E mail Address:</b>   | jordanstown@fshc.co.uk                             |
| <b>Registered Organisation/<br/>Registered Provider:</b>           | Four Seasons Health Care                           |
| <b>Registered Manager:</b>   | Mrs Jean Elizabeth Steele                          |
| <b>Person in Charge of the Home at the<br/>Time of Inspection:</b> | Mrs Jean Elizabeth Steele                          |
| <b>Categories of Care:</b>   | NH-I   |
| <b>Number of Registered Places:</b>                                | 53   |
| <b>Number of Patients Accommodated<br/>on Day of Inspection:</b>   | 47 and 1 in hospital                               |
| <b>Scale of Charges (per week):</b>                                | £585   |
| <b>Date and Type of Previous Inspection:</b>                       | 18 December 2013<br>Unannounced Primary Inspection |
| <b>Date and Time of Inspection:</b>                                | 30 September 2014<br>10.00 – 15.00 hours           |
| <b>Name of Inspector:</b>  | Norma Munn   |

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### **1.1 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### **1.2 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients individually and with others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff duty rotas
- Review of a sample of patients' care records
- Observation during a tour of the premises
- Evaluation and feedback

### **1.3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

#### **STANDARD 19 - CONTINENCE MANAGEMENT**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| <b>Guidance - Compliance statements</b> |  |  |
|---|--|--|
| <b>Compliance statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>   |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>2 - Not compliant</b>                | Compliance could not be demonstrated by the date of the inspection.  | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>3 - Moving towards compliance</b>    | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.      | In most situations this will result in a requirement or recommendation being made within the inspection report                           |
| <b>4 - Substantially Compliant</b>      | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.                      | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| <b>5 - Compliant</b>                    | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report.    |

## 2.0 Profile of Service

Jordanstown Care Home is a purpose built three-storey nursing home occupying an elevated site in the village of Whiteabbey. It is convenient to the main Belfast to Carrickfergus Road, public transport, shops, churches and walks along the edge of Belfast Lough.

Bedroom accommodation is provided in double and single rooms situated on all three floors of the home. There is a range of communal bathrooms, shower and toilet facilities, lounges and a large dining room. The first and second floors are accessed by stairs and a passenger lift.

The home is surrounded by landscaped gardens and car parking facilities are available.

The home is registered to provide care for 53 people within the category of NH-I, old age not falling within any other category. The Certificate of Registration was appropriately displayed in the main entrance of the home.

## 3.0 Summary

This summary provides an overview of the service during a secondary unannounced inspection to Jordanstown Care Home. The inspection was undertaken by Norma Munn on the 30 September 2014 from 10.00 to 15.00 hours.

Nursing Sister Cha Cha Roda was available throughout the inspection. Mrs Jean Steele the Registered Manager arrived shortly after the commencement of the inspection. Verbal feedback of the issues identified during the inspection was given to the registered manager and nursing sister at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 18 December 2013 one requirement and one recommendation were issued. These were reviewed during this inspection. The inspector evidenced that the requirement had been fully complied with however, the recommendation was not fully complied with and a requirement is made.

Details can be viewed in the section immediately following this summary.

### Standard inspected:

#### Standard 19 – Continence management

##### **Patients receive individual continence management and support.**

Discussion with the registered manager, a number of staff, patients and a review of four patients' records revealed that continence care was well managed in the home. There was evidence that continence assessments had been completed. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process.

Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in all four of the records reviewed.

Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care, and a selection of registered nurses had been deemed competent in male and female catheterisation.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. Additional best practice guidelines were available to staff to be used on a daily basis.

The inspector can confirm that, based on the evidence reviewed, presented and observed; that the level of compliance with the standard inspected was compliant.

**A number of additional areas were also examined:**

- care practices
- patients' views
- staffing and staff views
- environment

Details regarding these areas are contained in section 6.0 of the report.

**Conclusion**

The inspector can confirm that at the time of the inspection there was evidence to validate that continence care was generally well managed.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect.

Three requirements have been made as result of this inspection. These requirements are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered manager and staff for their assistance and co-operation throughout the inspection process.

#### 4.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirement  | Action Taken - As Confirmed During This Inspection   | Inspector's Validation Of Compliance |
|-----|-----------------|--|--|--------------------------------------|
| 1.  | 15 (2) (a)      | It is required that a care plan is developed in relation to the safe use of the tab monitor and sensor mat for the identified patient. | Discussion with the registered manager confirmed that a care plan was in place in relation to a tab monitor and sensor mat for this patient. | Compliant                            |

| No. | Minimum Standard Ref. | Recommendation   | Action Taken - As Confirmed During This Inspection  | Inspector's Validation Of Compliance |
|-----|-----------------------|--|---|--------------------------------------|
| 1   | 6.2                   | It is recommended that care records of patients admitted to the nursing home are audited to ensure all records are dated and signed. | <p>Discussion with the registered manager and a review of the "Quality Audit Tool" confirmed that care records are audited. However, a review of the progress notes in two care records evidenced that dates and times had not been recorded. A review of the bowel assessments in four care records had not been signed.</p> <p>One requirement has been raised.</p> | Moving towards compliance            |



| <b>STANDARD 19 - CONTINENCE MANAGEMENT</b><br><b>Patients receive individual continence management and support.</b>   |                         |
|---|-------------------------|
| <b>Criterion Assessed:</b><br>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.  | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b><br><p>Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken for four patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care.</p> <p>There was evidence in four patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. In all four care records the bowel assessments had not been signed. In two of the care records dates and times had not been recorded in the patients' daily progress notes. A requirement is made.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of four patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients' assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p> | Compliant               |

|  |                         |
|--|-------------------------|
| <b>Criterion Assessed:</b><br>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.  | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b><br>The inspector can confirm that the following policies and procedures were in place; <ul style="list-style-type: none"> <li>• Continence management / incontinence management</li> <li>• Stoma care</li> <li>• Catheter care.</li> </ul> The inspector can also confirm that the following guideline documents were in place: <ul style="list-style-type: none"> <li>• NICE guidelines on the management of urinary incontinence</li> <li>• NICE guidelines on the management of faecal incontinence.</li> </ul> Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines. | Compliant               |
| <b>Criterion Assessed:</b><br>19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.   | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b><br>Discussion with the registered manager confirmed that there was information on the promotion of continence available in the home for patients. This information was displayed in the foyer of the home.   | Compliant               |
| <b>Criterion Assessed:</b><br>19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.   | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b><br>Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care. Discussion with the manager revealed that selected registered nurses in the home were deemed competent in female and male catheterisation and the management of stoma appliances.  | Complaint               |

## 6.0 Additional Areas Examined

### 6.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

### 6.2 Patients' Views

During the inspection the inspector spoke to six patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

Examples of patients' comments were as follows:

- "It is a wonderful place."
- "Food satisfies me."
- "I am looked after very well."
- "I like this place, it is alright."
- "I always get help to use the bathroom."
- "The food is good, sometimes I get too much to eat."
- "I ring my bell to get help to use the toilet."
- "It is all good here."

### 6.3 Staffing/Staff Views

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients accommodated.

During the inspection the inspector spoke to nine staff. Examples of staff comments were as follows;

- "This home is one of the cleanest and best homes I have ever been in."
- "We look after the residents the best we can."
- "It is a good home to work in."
- "We provide privacy, dignity and respect at all times."
- "The patients and residents are well cared for."

### 6.4 Environment

The inspector undertook a tour of the premises and viewed a selection of the patients' bedrooms, sitting rooms, dining rooms, bathrooms, shower and toilet facilities and sluices. The home was found to be clean, warm and comfortable. During the inspection a new reception area was being created and various areas of the home were undergoing refurbishment.

The following areas in relation to the environment require to be addressed:

- The first floor sluice was unlocked and various tins of paint were stored on the floor
- The domestic trolley stocked with cleaning chemicals was left unattended in an unlocked area of the home
- A trolley in use on the ground floor corridor outside bedrooms was stocked with incontinence products (some of which were in open packages), deodorant, several pairs of socks, linen and several other items.

Two requirements have been made with regard to the control of substances hazardous to health (COSHH) and infection prevention and control.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jean Steele, Registered Manager and Nursing Sister Cha Cha Roda as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Norma Munn  
The Regulation and Quality Improvement Authority  
Hilltop  
Tyrone & Fermanagh Hospital  
Omagh  
BT79 0NS**



**Quality Improvement Plan**  
**Unannounced Secondary Care Inspection**  
**Jordanstown Nursing Home**  
**30 September 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Jean Steele, Registered Manager and Nursing Sister, Cha Cha Roda during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements   | Number Of Times Stated | Details Of Action Taken By Registered Person(S)  | Timescale                        |
|-----|----------------------|--|------------------------|--|----------------------------------|
| 1   | 14 (2) (a)           | The registered manager must ensure that all hazardous areas remain locked and all chemicals are stored in line with Control of Substances Hazardous to Health Regulations (COSHH).<br><br><b>Ref 6.4</b> | One                    | All hazardous areas are locked and chemicals stored according to COSHH guidelines  | From the date of this inspection |
| 2   | 13 (7)               | The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.<br><br><b>Ref 6.4</b>              | One                    | This has been actioned. All incontinence products are kept in individuals own rooms  | From the date of this inspection |
| 3   | 25 (a)               | The registered manager must ensure that all records are dated, timed and signed in accordance with guidance provided by the nursing regulatory body (NMC).<br><br><b>Ref section 4</b>                   | One                    | All staff have been made aware that the date must be carried forward when documenting in progress notes<br>Nurses are aware that all care records must be signed | One month                        |

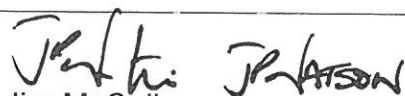
**Recommendations**

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations  | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|--|------------------------|---|-----------|
|     |                            | No recommendations were made as a result of this inspection. |                        |   |           |



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

|  |   |
|--|---|
| NAME OF REGISTERED MANAGER COMPLETING QIP                                | Jean Steele   |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | <br>Jim McCall<br>DIRECTOR OF OPERATIONS<br>14.11.14. |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|--|-----|-----------|------|
| Response assessed by inspector as acceptable           |     |           |      |
| Further information requested from provider            |     |           |      |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b>      |
|---|------------|------------------|------------------|
| Response assessed by inspector as acceptable                  | Yes        | Bridget Dougan   | 17 November 2014 |
| Further information requested from provider                   |            |                  |                  |