

Inspection Report

15 September 2022



Jordanstown Care Home

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: Beaumont Care Homes Limited	Registered Manager: Ms Debby Gibson
Responsible Individual: Mrs Carol Cousins	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 (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
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 15 September 2022, from 10.30am to 2.00pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

At the last medicines management inspection on 7 March 2022, concerns were identified with the management of medicines. Areas for improvement were identified in relation to the management of medicines prescribed for distressed reactions, out of stock medicines, medicine audits and records for the receipt of medicines. Following the inspection, feedback was provided to Mrs Ruth Burrows, Regional Manager and Ms Debby Gibson, Manager. This inspection sought to assess the progress made in implementing the necessary improvements identified at the last medicines management inspection.

The outcome of the inspection concluded that systems had been reviewed and improved to ensure patients had a continuous supply of their prescribed medicines. A robust audit process was in place to ensure patients were administered their medicines as prescribed. Further

improvement is required in relation to maintaining records of the receipt of medicines and the management of medicines for distressed reactions. Details of the areas for improvement are detailed in the Quality Improvement Plan.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

RQIA would like to thank the staff and patients for their assistance throughout the inspection.

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.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection a sample of medicine related records and the auditing systems used to ensure the safe management of medicines were reviewed. The inspector also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with nursing staff and the registered manager. RQIA received notification of a proposed change in manager for Jordantown Care Home on 26 September 2022. The inspector also met with the proposed manager who was undertaking induction training on the day of the inspection. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 10 May 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) Stated: First time	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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 17 (1) Stated: First time	The registered person shall review the home's current audit processes to ensure they are effective.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that patients have a continuous supply of their prescribed medicines.	Met
	Action taken as confirmed during the inspection: Records reviewed showed that patients had a continuous supply of their prescribed medicines. No out of stock medicines were observed on the day of the inspection. See Section: 5.2.1	
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	

	<p>Action taken as confirmed during the inspection:</p> <p>The auditing system had been further reviewed and updated following the last inspection.</p> <p>The improvements observed and sustained at this inspection indicated that the auditing system was effective.</p> <p>See Section: 5.2.2</p>	Met
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Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p>	<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>	Carried forward to the next inspection
	<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>Area for improvement 2</p> <p>Ref: Standard 3.2</p> <p>Stated: First time</p>	<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>	Carried forward to the next inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward</p>	

	to the next inspection.	
Area for improvement 3 Ref: Standard 4.8 Stated: First time	<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>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>	Carried forward to the next inspection
Area for Improvement 4 Ref: Standard 21.1 Stated: First time	<p>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.</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>	Carried forward to the next inspection
Area for improvement 5 Ref: Standard 18 Stated: First time	<p>The registered person shall ensure that the reason for and outcome of administration of medicines administered for the management of distressed reactions is consistently recorded.</p> <p>Action taken as confirmed during the inspection:</p> <p>The reason for administration was not always recorded in the daily notes. The outcome of administration had not been documented.</p> <p>See Section: 5.2.3</p>	Partially met
Area for improvement 6 Ref: Standard 29 Stated: First time	<p>The registered person shall ensure records of the receipt of medicines, including medicines brought into the home by newly admitted patients, are fully and accurately maintained.</p> <p>Action taken as confirmed during the inspection:</p> <p>There were records of receipt for medicines for newly admitted residents however they</p>	Partially met

	were not always fully complete.	
	See Section: 5.2.4	

5.2 Inspection findings

5.2.1 Medicines ordering

The manager stated that following the last medicines management inspection on 7 March 2022 a number of actions had been taken to improve the medicines ordering system to ensure patients have a continuous supply of their prescribed medicines. A meeting had been held with the community pharmacy to resolve communication issues which had contributed to out of stock medicines in Jordanstown Care Home. Staff with responsibility for the management of medicines had received supervision sessions and updated training; as well as recent competency assessments.

Review of a sample of the medicine administration records identified there were no instances of out of stock medicines. Daily running stock balances of medicines were maintained to highlight low stock levels and nurses were aware to take action to obtain supplies of medicines when stock becomes low.

5.2.2 Medicines management audits

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. A monthly medication audit encompassing all aspects of medicines management is completed by the deputy manager or the manager. Daily running stock balances of all boxed medicines are maintained. Records of the audits were available for review. There was evidence that action plans were implemented and addressed when shortfalls were identified through the audit process.

A recent community pharmacy audit had also been completed and the manager planned to share the findings with nursing staff upon receipt of the written report from the pharmacist.

5.2.3 Management of medicines for distressed reactions

The management of medicines prescribed for distressed reactions was reviewed for one patient. The reason for administration was not consistently recorded on all occasions when medicines were administered for the management of distressed reactions. The outcome of each administration was not recorded. This area for improvement has been partially met and is stated for the second time.

5.2.4 Records of receipt of medicines

Records of medicines receipted into the home were recorded in the medicines receipt book and on the medicines administration record. The inspector highlighted to the manager that only one fully complete and accurate record of the receipt of medicines is required. Review of the records identified that not all of the required information was recorded when medicines had been receipted for the most recent admissions to the home. One record did not specify the quantities of the individual medicines contained in the monitored dosage system; other records

recorded the quantity of some but not all of the received medicines. A number of records had not been signed by the member of staff receipting the medicines. This area for improvement has been partially met and is stated for the second time.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of Areas for Improvement	2	6*

* The total number of areas for improvement includes two that have been stated for a second time and six which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Debby Gibson, Registered 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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for Improvement 2 Ref: Regulation 17 (1) Stated: First time To be completed by: Immediate action required (10 May 2022)	The registered person shall review the home's current audit processes to ensure they are effective.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Action required to ensure compliance with 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. 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. Ref: 5.1

<p>Area for improvement 2</p> <p>Ref: Standard 3.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (10 May 2022)</p>	<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>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>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (10 May 2022)</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>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>Ref: 5.1</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2022</p>	<p>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.</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>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the date of inspection (15 September 2022)</p>	<p>The registered person shall ensure that the reason for and outcome of administration of medicines administered for the management of distressed reactions is consistently recorded.</p> <p>Response by registered person detailing the actions taken: Supervision is currently being completed with all trained staff to ensure relevant care plans are in place, the reason for administering medication to manage a distressed reaction and the effectiveness or response to this medication is documented in the individuals daily progress notes. Records will be spot checked by Home Manager/Deputy Manager. This will be monitored through the monthly Regulation 29 Report.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 29</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the date of inspection (15 September 2022)</p>	<p>The registered person shall ensure records of the receipt of medicines, including medicines brought into the home by newly admitted patients, are fully and accurately maintained.</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision is currently being completed with all trained staff to ensure medications entering the Home, other than those coming in from a patients home or from hospital, are recorded on the MARR Sheet and any medications coming from any other source are accurately recorded in a Medication Receipt Register. All new admissions medication records will be spot checked by Home Manager/Deputy Manager to ensure accuracy is maintained. This will be monitored through the monthly Regulation 29 Report.</p>
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