

# Unannounced Follow Up Care Inspection Report

**30 January 2018**



## Jordanstown

**Type of Service: Nursing Home (NH)**  
**Address: 1a Old Manse Road, Jordanstown, BT37 0RU**  
**Tel No: 028 90 852258**  
**Inspector: Sharon McKnight**

[www.rgia.org.uk](http://www.rgia.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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a nursing home registered to provide nursing care for up to 53 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Wendy McMaster
<b>Person in charge at the time of inspection:</b> Wendy McMaster	<b>Date manager registered:</b> 27 June 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category	<b>Number of registered places:</b> 53

### 4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 09:35 to 15:50.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to staffing, wound care and the management of catheters. The serving of lunch was observed to be a positive experience for patients.

One area for improvement stated following the previous inspection has not been met and is stated for a second time. Further areas for improvement were identified to ensure that any changes to care records are dated, timed and signed and to further develop the auditing process.

Patients said they were happy with the care they were receiving and a number of their comments are included in the main body of the 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
<b>Total number of areas for improvement</b>	0	3*

\*One area for improvement has been stated for a second time.

Areas for improvement and 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 9 October 2017.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with ten patients, five staff, one visiting professional and relatives of two patients. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection.

A lay assessor, Frances McCluskey, was present during the inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- three patients care records
- accident reports
- staff duty roster for week commencing 29 January 2018
- record of audits
- two staff recruitment files
- annual quality report
- programme of activities
- records of patient and relative meetings

Areas for improvement identified at the last care inspection 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 the most recent inspection dated 9 October 2018.**

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

**6.2 Review of areas for improvement from the last care inspection dated 6 June 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time	The registered persons shall ensure that the system for communicating short notice sick leave is further developed, to ensure that the nurse in charge can redeploy staff, as appropriate to meet the patients' needs.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Written directions were displayed in the front of the staff duty roster detailing what to do in the event of a member of staff reporting unfit for duty at short notice. Two registered nurses spoken with were knowledgeable of the action to take in an attempt to provide replacement staff. This area for improvement has been met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 12 (1) (b) <b>Stated:</b> First time</p>	<p>The registered persons shall ensure that patients' care needs are met in a timely manner and appropriately documented.</p> <p><b>Action taken as confirmed during the inspection:</b> Patients spoken with were satisfied that their needs were met in a timely manner. There were no issues raised with regard to response time to nurse call alarms. A review of the staffing roster for the week of the inspection evidenced that the planned staff was adhered to. This area for improvement has been met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (2) (b) and (c) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the auditing processes are reviewed particularly in relation to the appropriate storage of equipment; and monitoring of floor coverings.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that their monthly programme of audit includes environmental issues.</p> <p>Following the previous inspection the identified bathrooms were refurbished and the floor coverings replaced. At the time of inspection three bedrooms had been approved for replacement flooring.</p> <p>This area for improvement has been met.</p>	<b>Met</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the procedure for managing head injuries is reviewed, to ensure that care is delivered in line with best practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of accident reports from October – December 2017 evidenced that no potential or suspected head injuries had been sustained. Registered nurses spoken with were knowledgeable of the action to take if a patient sustained a head injury. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) and (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that moving and handling risk assessments are reflective of patients' current care needs.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three patients moving and handling risk assessments evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the annual quality report is completed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed the annual quality report completed on 21 July 2017 for the period 1 April 2016 – 31 March 2017. This area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that employment histories are clearly recorded on employees application forms and the reasons for any gaps are explored, prior to commencement of employment.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed two recruitment files. There was no evidence that gaps in employment had been explored. This area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that records are maintained in relation personal care delivery.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of care records evidenced that personal care was being delivered daily and catheter care was being delivered appropriately. At the time of the inspection there were no patients with a percutaneous gastrostomy tube. This area for improvement has been met.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that care plan evaluations in relation to pain management contain meaningful statements, which take into consideration the care and treatment provided in the period between evaluations.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>We reviewed the care plan evaluations and the evaluations of the pain assessments for two patients. Together these evaluations evidenced the treatment provided and the effectiveness of that treatment in managing the patients' pain. This area for improvement has been met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17.2</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that care plans are developed for patients who display behaviours which may challenge.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of care records confirmed that following the previous care inspection care plans had been created for the identified patient.</p> <p>The registered manager and staff explained that there were currently no patients who displayed challenging behaviour. Through discussion with the registered nurses we were assured that they were aware of the need to develop care plans for patients who display behaviours which may challenge and that they had the necessary knowledge to do so. This area for improvement has been met.</p>		



<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 7.1</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall review the methods available for engagement with patients' representatives to ensure they are effective.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>We discussed how the registered manager engages with patients and relatives. They explained that alongside their open door policy joint patient and relatives meetings were held, approximately quarterly. Records evidenced that patient/relative meetings were held on 25 July and December 2017.</p> <p>The home continues to use the Quality of Life (QOL) electronic system to gain patient and relative opinion on the home. A quarterly report is completed on responses gained through QOL.</p> <p>A review of the reports of the monthly monitoring visits also demonstrated examples of patient engagement.</p> <p>Following discussion with the registered manager and a review of records we were satisfied that the methods available for engagement with patients/patients' representatives were effective. This area for improvement has been met.</p>		

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall review the provision of activities within the home, to ensure that there is a variety of activities available for patients to choose from. This review should also address the deficits in record-keeping, identified during this inspection.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records evidenced that patients had a social activity plan which detailed the activities completed with each patient, the date of the activity and comments regarding the patients' participation and any outcome from the activity.</p> <p>A review of the activity programme evidenced that activities were delivered on a one to one and group basis. The Personal Activity Leader (PAL) explained that currently patients' needs were best met on a one to one basis.</p> <p>A number of group activities were delivered in the lounges throughout the week; these included a morning tea party and bowls.</p> <p>During discussions with the PAL they demonstrated a sound understanding of the benefits of activities for patients and were enthusiastic regarding their role in the home.</p> <p>This area for improvement has been met.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the name and designation of the person in charge of the home, is clearly recorded on the duty rota.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the duty rota evidenced that this area for improvement has been met.</p>		

<b>Area for improvement 8</b>  <b>Ref:</b> Standard 35.4  <b>Stated:</b> First time	The registered persons shall ensure that auditing processes are further developed, so that the deficits identified during this inspection are addressed. This includes but is not limited to the care records audits; supplementary care booklets; environmental audits; and audits of the dining-experience.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that they complete a range of audits on a monthly basis. We reviewed the record of audits for care records, infection prevention and control and the environment. This area for improvement has been met.  Audit records evidenced that areas for improvement had been identified; the registered manager explained the process in place to share these with the relevant staff members for action. However audit records did not evidenced that the areas were re-audited to check for compliance. This was identified as an area for improvement under the standards.	

## 6.3 Inspection findings

### 6.3.1 Staffing

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing roster for week commencing 29 January 2018 evidenced that planned staffing levels were adhered to. In addition to nursing and care staff, the registered manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily. No concerns regarding staffing provision within the home were raised during discussions with patients, relatives and staff.

### 6.3.2 Care

We reviewed care records for three patients. Patients had a comprehensive assessment of need and a range of validated risk assessments completed. Assessments were reviewed as required and at minimum monthly. There was evidence that assessments informed the care planning process. Care records contained good details of patients' individual needs and preferences. Any changes to care records should be dated, timed and signed in accordance with the Nursing and Midwifery Council (NMC) guidance. This was identified as an area for improvement under the standards.

We reviewed the delivery of wound care for one patient. Care plans for wound care were in place and included the size of the wound and, where applicable, the grade of pressure wound. A wound assessment was completed at each dressing change and evidenced that the prescribed regime was adhered to.

We reviewed the management of catheter care for two patients. Care plans were in place which detailed the frequency with which the catheters were due to be changed and that systems were in place to alert staff to when the next change was due. Care records evidenced that the catheters were changed in accordance with the prescribed frequency. Records evidenced that the patient's intake and urinary output were recorded daily and totalled at the end of every 24 hour period.

#### **6.3.4 Dining experience**

We observed the serving of lunch. Patients had a choice to either come to the dining room for lunch or have lunch in the lounge or in their bedroom. Tables were set with cutlery and napkins and a selection of condiments were available. Patients who had their lunch away from the dining rooms had their meals served on a tray; we observed that the meals were covered whilst being taken to them. The meals were nicely presented and smelt appetising. Those patients who required a soft or pureed meal had their meal presented in a manner that was appealing in terms of texture and appearance. All of the patients spoken with enjoyed their lunch. Staff confirmed that all patients have a choice of dishes at each mealtime.

#### **6.3.5 Environment**

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets. The home was fresh smelling, clean and appropriately heated. There were no issues identified with infection prevention and control practice. Fire exits were observed to be clear and free from obstruction.

#### **3.5.6 Patients and relatives views**

We spoke individually with ten patients and with the relatives of two patients.

Patients spoken with were complimentary regarding the management, staff and activities in the home. The following are some of the comments received:

"Food is excellent..."

"Staff are excellent, they work as a good team together to provide excellent care to me as I have lost my confidence in my mobility."

"...staff are so kind to us, my buzzer is near me when I need it."

Both relatives spoken with were happy with the care provided.

#### **3.5.7 Visiting healthcare professional's view**

We spoke with a visiting healthcare professional who was undertaking a routine review for one patient. They explained that they were confident that staff knew the patients and were knowledgeable of their needs. The care records were well maintained and provided good detail of the patient and any changes to their condition. They also confirmed that they were appropriately informed of accidents/incidents and untoward events in a timely manner.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, wound care and the management of catheters. The serving of lunch was observed to be a positive experience for patients.

## Areas for improvement

Areas for improvement were identified to ensure that any changes to care records are dated, timed and signed and to further develop the auditing process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 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 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 DHSSPS 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 Care Standards for Nursing Homes 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 27 February 2018</p>	<p>The registered person shall ensure that employment histories are clearly recorded on employees' application forms and the reasons for any gaps are explored, prior to commencement of employment.</p> <p>Ref: Section 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> the employment history of staff recruited within the home are reviewed at interview and systems are now in place to review the histories of staff recruited from overseas prior to them commencing employment.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2018</p>	<p>The registered person shall ensure that where areas for improvement are identified through the auditing process that the areas are re-audited to check for compliance.</p> <p>Audit records should include a record of the re-audit.</p> <p>Ref: Section 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> There are now systems in place to evidence the re audit of areas for improvement identified when auditing .</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2018</p>	<p>The registered person shall ensure that any changes to care records are dated, timed and signed in accordance with the Nursing and Midwifery Council (NMC) guidance.</p> <p>Ref: Section 6.3.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Records now reflect that any changes to a care record is dated timed and signed as per NMC guidance. Further training in accountability in regard to record keeping is scheduled for April 2018</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)