



Unannounced Care Inspection Report

22 October 2020



Jordanstown

Type of Service: Nursing Home
Address: 1a Old Manse Road, Jordanstown, BT37 0RU
Tel no: 028 9085 2258
Inspector: Liz Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Wendy McMaster - 27 June 2017
Person in charge at the time of inspection: Mirela Nae - sister	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: 36

4.0 Inspection summary

An unannounced inspection took place on 22 October 2020 from 10.00 to 15.45. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The purpose of the onsite inspection was to minimise risk to service users and staff, including our staff, whilst being assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

The inspection assessed progress with all areas for improvement identified in the home 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.

We discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to maintaining the well-being of patients, the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were identified for improvement in relation to, environmental and hygiene issues, infection prevention and control including the use of PPE and alcohol gel, falls management and care records.

The following areas were examined during the inspection:

- staffing
- infection prevention and control and personal protective equipment including the environment
- care delivery
- care records
- dining experience
- governance and management arrangements

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3*

*The total number of areas for improvement includes one which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mirela Nae, sister, and Wendy McMaster, manager by telephone on the 29 October 2020, 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.

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 the inspector met with eight patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from the 19 October to 8 November 2020
- four care records
- four patients' food and fluid charts and fluid balance charts
- notifications of accidents and incidents
- incident and accident records
- complaints record
- regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- the certificate of registration.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 12 and 15 August 2019. No further actions were required to be taken following the most recent inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) (a) Stated: First time	The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines	Met
	Action taken as confirmed during the inspection: Observation and review of documented audits confirmed that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: First time	The registered person shall ensure that patients' risk assessments and care plans, relating to falls, are reviewed post fall.	Partially met
	Action taken as confirmed during the inspection: Review of documentation evidenced that patients' risk assessments and care plans, relating to falls, were not always promptly reviewed post fall. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that patient records are maintained securely and confidentially.	Met
	Action taken as confirmed during the inspection: Observation and review of documented audits confirmed that patient records were maintained securely and confidentially.	
Area for improvement 3 Ref: Standard 2.8 Stated: First time	The registered person shall ensure that patients' written agreements are updated to show the current fee paid by, or on behalf of, patients.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that patients' written agreements had been updated to show the current fee paid by, or on behalf of, patients.	

6.2 Inspection findings

6.1.2 Staffing

Discussion with the sister confirmed the planned staffing levels for the home. Staff duty rotas for the period of 19 October to 8 November 2020 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. The sister confirmed that a competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “the COVID-19 situation has been difficult but has helped teamwork.”
- “the manager is helpful and approachable.”
- “we are doing everything we can to protect the patients in the current situation.”

6.2.2 Infection prevention and control and personal protective equipment including the environment

We reviewed arrangements in relation to IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the home and noted that the home was generally clean, tidy, uncluttered and well maintained. There were a number of environmental issues identified on this inspection which could impact on other infection prevention and control (IPC) measures and effective cleaning practices. These are as follows:

- inappropriate storage of toiletries in one bathroom
- the linen room was cluttered and the floor unclean
- the lack of alcohol gel, on the ground floor only one wall mounted container contained alcohol gel, on the first floor two wall mounted containers did not contain alcohol gel. No free standing alcohol gel containers were observed. The sister obtained one container from behind the nurse’s station which was nearly empty
- one member of staff was observed wearing jewellery which did not comply with uniform policy.

These issues were discussed with the sister and an area for improvement was made.

We observed that PPE supplies were available throughout the home; with one exception, aprons at PPE station on ground had not been refilled. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were generally observed using PPE appropriately in accordance with the current guidance. On two occasions one member of staff was observed wearing their mask below the chin.

These issues were discussed with the sister and an area for improvement was made.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all patients and staff had their temperature taken twice daily, records were available. We were advised that management completed regular observations of staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. The sister generally demonstrated good knowledge and understanding of IPC procedures. However was unaware that the home could be divided into zones dependent on the risk of COVID-19, they also could inform the inspector of the room numbers of patients currently being isolated on return from hospital or admission to the home.

This was discussed with the sister and an area for improvement was made.

6.2.3 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Most patients' were observed relaxing in their bedrooms while others were in communal sitting rooms. Patients' appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for patients who were in their bedrooms.

Comments received from patients included:

- "We are well looked after in here."
- "Everybody is so good."
- "I am very happy here."
- "The food is good; there is always plenty to choose from."

6.2.4 Care records

Four care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to urinary tract infection, risk of falling and wound care. The care records were generally well completed, however a number of areas were noted for improvement:

- the progress notes of a patient with a urinary tract infection had not been updated to reflect the care required or carried out
- in three care records the admission assessment had not been fully completed
- wound care was reviewed in two care records, photographs of wounds were either not up to date or not dated, the review of wounds did not provide sufficient evidence to determine if the wound had either progressed or deteriorated
- in one care record instructions regarding a low potassium diet had not been included in the care plan relevant to nutrition . In the same care record instructions from the physiotherapist regarding exercises had not been reflected in the care plan
- three of the four care records reviewed did not have a personal emergency evacuation plan (PEEP) in place.

These areas were discussed with the sister. An area for improvement was made.

Review of four food and fluid and fluid balance charts noted that fluids were not consistently totalled. This area was discussed with the sister. An area for improvement was made.

Review of documentation evidenced that patients' risk assessments and care plans, relating to falls, were not always promptly reviewed post fall. This area for improvement has been partially met and has been stated for a second time.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors. Reviews of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet.

Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

6.2.6 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. We reviewed a sample of monthly monitoring reports from March 2020 to August 2020. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Action plans were included within the reports.

We reviewed a selection of quality improvement audits including falls, bedrails, wounds, IPC and hand hygiene and found that these had been updated on a monthly basis. We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The home's certificate of registration was displayed appropriately in a central part of the home.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

The following areas were identified for improvement in relation to, environmental and hygiene issues, infection prevention and control including the use of PPE and alcohol gel, falls management and care records.

	Regulations	Standards
Total number of areas for improvement	3	3*

6.3 Conclusion

Throughout the inspection patients were attended to by staff in a respectful manner. Patients appeared comfortable, and those spoken with were happy in the home and with the care provided. Six areas of improvement were identified including one which was stated for the second time.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mirela Nae, sister, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have received further support and supervision on IPC. Inappropriate storage of linen and toiletries were addressed, staff have been advised to remove jewellery and compliance to all areas will be monitored.</p>
Area for improvement 2 Ref: Regulation 13(7) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection, such as the appropriate use of PPE, availability of alcohol gel and dress code are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Alcohol gel is readily available throughout the Home. Supervision was completed with the identified staff member and compliance will be monitored by Registered Nurses and Home Manager.</p>
Area for improvement 3 Ref: Regulation 13(7) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that the person in charge of the home demonstrates a full knowledge and understanding of IPC policies and procedures.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager has completed further training with all Registered Nurses on IPC to expand their understanding of policies and procedures</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 22 Stated: Second time To be completed by: Immediate effect	<p>The registered person shall ensure that patients' risk assessments and care plans, relating to falls, are reviewed post fall.</p> <p>Ref: 6.3 and 6.2.4</p> <p>Response by registered person detailing the actions taken: Registered Manager has completed supervision in regards to falls management. A fall tracka will be completed following each fall and this will guide Registered Nurses on what to review post fall.</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 22 November 2020	<p>The registered person shall ensure that the issues identified during the inspection in relation to care records are addressed</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All the issues in respect of care records were addressed immediately and staff ongoing responsibilities have been addressed under supervision. The records are then reviewed under audit process.</p>
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that fluid and food and fluid balance charts are reconciled daily.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Registered Manager has reviewed Residents requiring a Food and Fluid balance chart. Reconciliation of charts has been discussed with Registered Nurses during flash point meetings and importance of transferring total to progress notes. Registered Manager will monitor complinace.</p>

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)