



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Jordanstown
Establishment ID No: 1391
Date of Inspection: 24 February 2015
Inspector's Name: Bridget Dougan
Inspection ID: IN021203

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

Name of Home:	Jordanstown
Address:	1a Old Manse Road Jordanstown BT37 0RU
Telephone Number:	028 9085 2258
E mail Address:	jordanstown@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care
Registered Manager:	Mrs Jean Elizabeth Steele
Person in Charge of the Home at the Time of Inspection:	Mrs Jean Elizabeth Steele
Categories of Care:	NH-I
Number of Registered Places:	53
Number of Patients Accommodated on Day of Inspection:	46 and 3 in hospital
Scale of Charges (per week):	£585.00
Date and Type of Previous Inspection:	Secondary Unannounced Inspection 30 September 2014
Date and Time of Inspection:	24 February 2015: 10.30 – 16.30 hours
Name of Inspector:	Bridget Dougan

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
- Discussion with relatives
- Observation of staff/patient interaction
- Review of a sample of staff duty rotas
- Review of a sample of patients' care records
- Observation of the environment
- 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 5- NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

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:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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. The inspection was undertaken by Bridget Dougan, care inspector and Antje Otto, lay assessor on 24 February 2015 from 10.30 to 16.30 hours.

The inspection was facilitated by Mrs Jean Steele, registered manager. Verbal feedback of the issues identified during the inspection was given to the registered manager and nursing sister, Mrs Cha Cha Roda, at the conclusion of the inspection.

During the course of the inspection, patients and staff commented positively on the care and services provided. One patient expressed some dissatisfaction with the choice of food. Two relatives stated that while staff were very good, they felt there was not enough staff on duty to provide assistance to patients with toileting and personal care. The two relatives also informed the lay assessor that their relative's dentures had been misplaced. The issues raised by the patient and relatives were discussed with Mrs Jean Steele, registered manager who agreed to address them.

As a result of the previous inspection conducted on 30 September 2014 three requirements were issued. These were reviewed during this inspection. The inspector evidenced that all requirements had been fully complied with.

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

A sample of care records was reviewed. There was evidence that robust admission arrangements were in place. An assessment of care needs had been completed for all patients. Care plans were in place to meet the individual's assessed needs and comfort and were reviewed regularly. Care management review meetings were held post admission and annually thereafter. There was evidence that patients and/or their representatives had been involved in the care planning process.

A review of the staff duty rotas for a three week period and discussion with staff and patients confirmed that the numbers of staff on duty were in accordance with the RQIA's recommended minimum staffing guidelines. However, discussion with two relatives and observation by the lay assessor indicated a delay in responding to patients' personal care needs. It is

recommended that the registered manager review staffing levels to ensure that patients care needs are being met in a timely manner.

Accidents/incidents and complaints records were reviewed and found to be maintained appropriately. The interior of the home was comfortable and all areas were maintained to a high standard of hygiene. An issue with regard to a smoking area was identified at the entrance to the home. The registered manager agreed to address this issue.

Conclusion

Based on the evidence reviewed, presented and observed, the level of compliance with this standard was assessed as compliant.

One recommendation has been made following this inspection. This is detailed throughout the report and in the quality improvement plan (QIP).

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

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	14(2) (a)	<p>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)</p> <p>Ref 6.4</p>	<p>The inspector observed that all hazardous areas were locked and all chemicals were stored in line with Control of Substances Hazardous to Health Regulations. (COSHH)</p>	<p>Compliant</p>
2	13 (7)	<p>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.</p> <p>Ref 6.4</p>	<p>The registered manager informed the inspector that staff no longer use a trolley to transport/store bed linen, incontinence products or other personal care items.</p>	<p>Compliant</p>
3	25 (a)	<p>The registered manager must ensure that all records are dated, timed and signed in accordance with guidance provided by the nursing regulatory body. (NMC)</p> <p>Ref section 4</p>	<p>The inspector reviewed four patients care records and can confirm that this requirement has been met.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No recommendations were made as a result of this inspection		

STANDARD 5- NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

<p>Criterion Assessed: 5.1 At the time of each patient’s admission to the home, a nurse carries out and records an initial risk assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The inspector reviewed four patients care records which evidenced that at the time of admission to the home, a nurse carried out initial risk assessments and developed plans of care to meet the patients immediate care needs. Information was obtained from the patient (if appropriate), relatives and from other multidisciplinary staff involved in the patients care and this informed the assessment. Each patient is also assessed through the care management process and copies of these assessments along with associated care plans are provided to the home prior to or on admission.</p>	<p>Compliant</p>
<p>Criterion Assessed: 5.2 A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Review of four patient care records evidenced that a comprehensive holistic assessment of the patients care needs, using validated assessments tools, was completed within 11 days of patients’ admission to the home. Examples of the validated assessment tools completed were The Braden Scale, MUST nutritional assessment, continence assessment, falls risk assessment and safe moving and handling assessment.</p>	<p>Compliant</p>

STANDARD 5- NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion Assessed:	COMPLIANCE LEVEL
<p>5.3 A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professionals.</p>	
Inspection Findings:	
<p>The inspector observed that a named nurse system was operational in the home. Discussion with two registered nurses confirmed that the role and responsibilities of the named nurse included discussing, planning and agreeing care interventions with the patients and/or their representative to meet their assessed needs.</p> <p>Review of four patient care records evidenced that relatives' communication sheets were held in care plans and relatives were informed of changes to patients' conditions, as appropriate.</p> <p>Care records inspected reflected advice provided by health care professionals such as, dieticians, speech and language therapists, physiotherapists, occupational therapists and community psychiatric nurses (CPN's). The promotion of independence including rehabilitation was addressed in the care plans inspected.</p> <p>The inspector can confirm that patient care records were developed in an individualised, person centred manner.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>5.4 Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</p>	
Inspection Findings:	
<p>Review of four patient care records evidenced that re-assessment of care records was an on-going process and was carried out daily or more often in accordance with the patients' needs. Day and night registered nursing staff recorded evaluations in the daily progress notes on the delivery of care.</p>	Compliant

Care plans including supplementary risk assessments were reviewed and updated on at least a monthly basis or more often if required.	
Criterion Assessed: 5.5 All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Examination of records evidenced that validated assessment tools such as the Roper, Logan and Tierney assessment of activities of daily living, validated skin risk assessment, nutritional risk assessment and the National Institute for Health and Clinical Excellence (NICE) for the management of pressure ulcers in primary and secondary care were used to inform and guide care practice in line with evidence based research.</p> <p>The inspector observed that documents such as policies and procedures, NMC guidance and other evidence based research were available to staff in the home.</p> <p>Discussion with the registered manager and registered nurses confirmed that they had a good awareness of these guidelines and policies and procedures.</p>	Compliant
Criterion Assessed: 5.6 Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Review of four patient care records evidenced that registered nursing staff on day and night duty recorded statements to reflect the care and treatment provided to each patient.</p> <p>Additional entries were made throughout the registered nurses span of duty to reflect changes in care delivery, the patient's status or to indicate communication with others concerning the patient.</p> <p>Entries were noted to be dated, timed and signed with the signature accompanied by the designation of the signatory.</p> <p>Registered nurses spoken with were aware of their accountability and responsibility regarding record keeping.</p>	Compliant

STANDARD 5- NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

<p>Criterion Assessed: 5.7 The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Review of four patient care records evidenced that the outcome of care delivered was monitored and recorded on at least a daily basis or more often if required. Care records examined evidenced that care plan reviews were carried out on a monthly basis or more often as deemed appropriate. There was an appropriate evaluation of treatment and evidence of the action taken when treatment or planned care was not effective.</p>	<p>Compliant</p>
<p>Criterion Assessed: 5.8 Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multi-disciplinary review meetings arranged by local HSC Trusts as appropriate.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The registered manager informed the inspector that care management reviews were held post admission and annually thereafter. Care reviews could also be arranged in response to changing needs, expression of dissatisfaction with care or at the request of the patient/resident or their representatives. A member of nursing staff attended each care review and patients/residents and their representatives were also invited to attend the reviews, by the Trust.</p>	<p>Compliant</p>

STANDARD 5- NURSING CARE

Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion Assessed: 5.9 The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>Care records inspected confirmed that care reviews were up-to-date. The minutes of three care management reviews evidenced that where appropriate patients/residents and their representatives had been invited to attend.</p> <p>Minutes of the care review included the names of those who had attended an assessment of the patient’s needs and a record of issues discussed. Following a review care records evidenced that nursing staff had updated the care plans to reflect recommendations made.</p>	Compliant

Inspector’s overall assessment of the nursing home’s compliance level against the standard assessed	Compliant
--	------------------

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. The demeanour of patients indicated that they were relaxed in their surroundings.

6.2 Patients and Relatives Comments

During the inspection the lay assessor spoke with four patients.

Patients spoken with were generally very satisfied with the standard of care, facilities and services provided in the home.

Some comments received from patients and relatives:

- “Staff are good in helping me.”
- “Only once I didn’t like the food. I was given the choice to have something else.”
- “Nurses always call in to see if I need anything, they are very good.”
- “I used to play bingo. I can join in if I like, they don’t force you to do anything.”
- “If you ask for coffee, you get coffee.”
- “Warm meals are enjoyable.”
- “Supper is not great.”
- “Overall the care is good.”

One patient expressed some dissatisfaction with the choice of food. This was discussed with the registered manager during feedback. The registered manager was aware of this issue and explained that it was being addressed.

The lay assessor spoke with two relatives. The relatives stated that while staff are very good, they felt there was not enough staff on duty to provide assistance to patients with toileting and personal care. The two relatives also informed the lay assessor that their relative’s dentures had been misplaced for this past week and this had caused difficulties with eating.

The issues raised by the two relatives were discussed with the registered manager. The inspector and the lay assessor were informed that the issue with regard to the patient’s dentures was being investigated and a referral had been made to the dentist. The registered manager agreed to meet again with the relatives and assure them of the actions taken to resolve this issue. A recommendation has been made for the registered manager to review staffing levels to ensure that patients care needs are being met in a timely manner.

The lay assessor carried out two periods of observation, each lasting between 20 to 25 minutes. The serving of the lunch time meal was observed in the first floor dining room and a further period of observation was carried out in the day room on the second floor. The lay assessor evidenced that the quality of interactions between staff and patients was in the main very positive.

The lay assessor observed that staff actively engaged with patients in the dining room. Staff checked on patients to see how they were getting on with their meal and offered assistance where required. Patients were offered a choice of lunch time meal and a variety of drinks was available including juice, milk and water. Patients were encouraged to drink and assistance was given.

Patients who were seated in the second floor day room were assisted to the toilet one after the other. One patient requested assistance with the toilet and was becoming distressed. The lay assessor observed a delay in staff being able to respond to the patient's needs. However, when staff were available to respond to the patient, they were observed to comfort and reassure the patient. Not all staff explained to patients what they were going to do before commencing care tasks and there was a lack of interaction between some staff and patients. Staff were observed to address patients and visitors respectfully.

Feedback was provided to the registered manager who agreed to address the issues identified.

6.3 Staffing/Staff Views

Duty rotas for the week of the inspection and the previous two weeks were reviewed. 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 eight staff. Examples of staff comments were as follows:

- "Patients are treated very well and are given the time necessary to promote their independence."
- "I am very happy with everything in this home."
- "The care provided is excellent."
- "Staff get plenty of training."

6.4 Environment

The inspector and lay assessor 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.

The inspector and lay assessor observed a large pile of cigarette ends on the ground below the wooden bench outside the front door. This was discussed with the registered manager who stated that there was a designated smoking area at the rear of the home. The registered manager agreed to address this issue.

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:

Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan
Unannounced Secondary Care Inspection
Jordanstown Nursing Home

24 February 2015

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 either during or after 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.

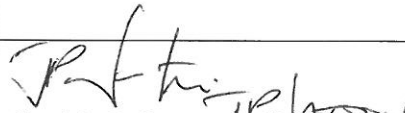
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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
		No requirements were made as a result of this inspection.			

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	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30.1	The registered manager should review the staffing levels to ensure that patients care needs are being met in a timely manner. Reference: Section 6.2	One	Staffing will be reviewed in line with resident dependency	28 days from date of the 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	J Steele
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall MANAGING DIRECTOR 15/4/15

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bridget Dougan	17 April 2015
Further information requested from provider			