

Inspection Report

15 June 2021



Jason Court

Type of Service: Nursing Home
Address: 377 North Queens Street, Belfast,
BT15 1HT
Tel no: 028 9042 7742

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual Ms Louise Campbell	Registered Manager: Ms Tanya Brannigan Date registered: 9 April 2021
Person in charge at the time of inspection: Tanya Brannigan	Number of registered places: 59
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care and support for up to 59 people. The home operates over three floors. Patient accommodation is located on the ground and first floor and offers a variety of accommodation ranging from single, en suite bedrooms to two roomed suites comprising of an en suite shower room with bedroom and living room space. A number of rooms have private outside space which patients access from their own room.	

2.0 Inspection summary

An unannounced post registration inspection took place on 15 June 2021 from 11:45am to 6:30pm by Care Inspectors.

The focus of this inspection was to assess the day to day operation of the home since it was first registered on 9 April 2021 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Admission of patients had been phased to allow each patient time to settle into their new environment and to allow the staff team time to get to know each patient; this approach to the management of a new service is good practice. However, the home has now voluntarily ceased admissions due to recent changes to the staff team. The pause in admissions will allow time to recruit new staff and for these staff to complete a full induction to the home and become familiar with the routines of the patients accommodated.

The outcome of the inspection confirmed that the care in Jason Court was delivered in a safe, effective and compassionate manner. There was a clear management structure and systems in place to provide oversight of the delivery of care.

Patients were happy to engage with the inspection process and share their experiences of living in the home. They provided numerous examples of what they liked about living in Jason Court.

As a result of this inspection six areas for improvement were made. Improvements are required with the recording of the staff roster, wound care records, the recording of complaints and review of how patients receive their mail. RQIA must be notified of any occasion of physical restraint of patients. The audit process needs further developed to include a re-audit of deficits. Compliance with these areas will further improve the services provided in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of an 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 we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager and Responsible Individual were provided with details of the findings.

4.0 What people told us about the service

Six patients and seven staff were spoken with. Staff supported patients to be actively involved in making positive decisions about their care. Patients were complimentary regarding the support and assistance staff provided. They told us how staff supported them with daily tasks such as attending to their personal appearance, tidying and arranging their bedrooms and with meals. Patients confirmed that they would talk to staff if they were worried; many referred to the staff they would choose to speak with by name.

Staff told us there was good team work between staff and that they felt well supported by the management team. Staff were knowledgeable of patient needs and demonstrated a good understanding of patients' individual routines and preferences and the importance of respecting patient autonomy. Staff interaction with patients was observed to be supportive and timely. Patients were observed to be relaxed in their surroundings and in their interactions with staff.

No questionnaires or correspondence was received following the inspection.

5.0 The inspection

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

The previous inspection to the home was a pre-registration inspection. There were no areas for improvement identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the manager in monitoring who completed which training and when.

Staff were appropriately registered with a professional body and systems were in place to check that their registration remained live. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC).

The manager confirmed that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. There was enough staff to respond to the needs of the patients. Staff were generally satisfied with the number of staff on duty, however, one staff member felt that the current staffing needed increased to provide more time to spend with patients outside of assisting with tasks; this opinion was shared with the management team at the conclusion of the inspection.

The staff duty rota did not accurately reflect the staff working in the home on a daily basis in that agency staff and shift changes were not always included; the nurse in charge, in the absence of the manager was not clearly identified. An area for improvement was identified.

Patients reported that the staff were supportive and assisted them with their needs. Staff were observed trying to motivate patients, for example to spend time out of their room, be self sufficient with care and to take an interest in their personal appearance. Staff demonstrated a good understanding of patients' individual wishes and preferences.

5.2.2 Care Delivery and Record Keeping

We arrived in the home at 12:00pm. There was a calm atmosphere; patients were socialising throughout the home or spending time in their bedroom.

The majority of patients came to the dining rooms for their lunch; the tables were nicely set with a range of cutlery and condiments provided on each table. The serving of lunch was organised, calm and unhurried; everyone commented positively on food served. We met with the cook who explained that there was a three week menu cycle. He explained that as patients settled in and he gets to know their likes and dislikes in more detail, the menu will be reviewed. The cook was enthusiastic about the choice of dishes and the importance of good nutrition for the patients and looked forward to working with them to design a menu around their preferences.

Care records evidenced that pre-admission assessments were completed for all patients and included information from the relevant health and social care Trust and the patients' previous care provider, if any. A range of assessments, to identify each patient's needs, had been completed at the time of admission to the home; from these assessments, care plans to direct the care and interventions required were produced.

Care plans were in place to support any patient who was subject to restrictive practice and we saw that for patients who were assessed as lacking capacity that Deprivation of Liberty (DOLs) safeguards were in place. Systems were in place to provide the manager with oversight of the processes.

We reviewed the management of restraint for one patient. A multi-disciplinary care plan with good detail of when physical restraint should be considered and/or implemented was available. Records evidenced that when restraint was applied it was the least restrictive and carried out in the best interests of the patient. Incident reports to the relevant health and social care Trust were completed as required; notifications of restraint had not been sent to RQIA. This was identified as an area for improvement.

Alongside care to support the patients emotionally staff also assisted a number of patients with their physical needs. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Patients with wounds had these recorded in their care records. The documentation of care delivered to encourage the healing of wounds was not consistent; this was identified as an area for improvement.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight.

Detailed records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and fresh smelling throughout. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction.

Appropriate precautions and protective measures were in place to manage the risk of infection. There was an adequate supply of personal protective equipment (PPE) and no issues were raised by staff regarding the supply and availability. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and carried out hand hygiene appropriately.

Patients participated in the regional monthly COVID 19 testing and staff continued to be tested weekly. The manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff responded in a quiet, calm manner and encouraged patients to move to a more private area to try and resolve any concern. Staff introduced us to patients using their preferred name. Each patient had their own routine and staff demonstrated a sound understanding of patients' behaviours and choices.

Staff supported patients to be actively involved in making positive decisions about their care, for example, balancing time spent alone in their rooms with time engaged with others, participation in activities, positive and respectful interactions with fellow patients and with dietary choices for their physical wellbeing.

Prior to the inspection an issue had been raised with the management of patients' mail. In accordance with the right to privacy patients should receive their mail unopened unless they have expressed a preference otherwise. This was identified as an area for improvement.

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. They commented on the standard of accommodation the home provides and how this had impacted on their quality of life. Patients used words such as 'freedom' and 'own space' and described how their day had structure and how they were kept busy with things to do.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day, patients were afforded choice and had the opportunity to engage in social activities if they wished.

5.2.5 Management and Governance Arrangements

There was a clear management structure within the home. The manager was supported in their daily role by deputy managers and a management team who were available in the home regularly. A range of systems were in place to provide the manager with oversight of the delivery of care.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed good compliance with this training. There was evidence that incidents were reported to the local Trust appropriately.

Details on how to make a complaint were included in information provided in the patient's guide. The manager completed a record of any complaints made. This record should be further developed to include greater detail of the follow up/investigation undertaken, if the complainant was satisfied and how the level of satisfaction was determined; this was identified as an area for improvement.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Where deficits are identified the audit process should include a re-audit to ensure the necessary improvements have been made; this was identified as an area for improvement.

We reviewed the monthly monitoring report completed for May 2021. The report of this visit was completed in detail; the issues identified were included in an action plan.

6.0 Conclusion

At the time of the inspection the home had been operational for approximately two months. Patients spoken with said that they were well looked after and felt safe and comfortable in the home. Patients were complimentary regarding the support and assistance staff provided. Staff responded to the needs of the patients and provided support in a timely way. Observation of practice confirmed that staff engaged with patients on an individual and group basis.

As a result of this inspection six areas for improvement were made; these included the recording of the staff roster, wound care records, the recording of complaints and arrangements for patients to receive their post. RQIA require to be notified of any occasion of physical restraint of patients. The audit process needs further developed to include a re-audit of deficits. Compliance with these areas will further improve the services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Tanya Brannigan, Manager and Louise Campbell, Responsible Individual, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 19(1)(a) Schedule 3, 3K.</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure that the recording of wound care is consistently documented and clearly evidences the care delivered.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Wound care file implemented and in physical disability unit. Residents that have been assessed to have a wound have documentation in place, that is recorded daily on dressing wound. This will be reviewed by Manager on a weekly basis.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14(6)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that RQIA are notified as soon as is practically possible of any occasion when a patient is subject to restraint.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Restraint incident form to be completed when physical intervention has been used. Registered home manager is to receive the incident within 24hrs so this can be uploaded to RQIA portal for review.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the staff duty rota;</p> <ul style="list-style-type: none"> • accurately reflects the staff working in the home on a daily basis • clearly identifies the nurse in charge, in the absence of the manager. <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Two separate rotas are in place now, one in mental health unit and one in physical disability, with two core teams this will help reflect adequate staffing levels. Deputy Nurse Albert is in charge of Physical disability unit Rota, Aphra Marno unit manager mental health in charge of MH rota, providing adequate numbers, Rota reflects nurse in charge of unit in red, staff nurse identified on white board entrance to Jason Court.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that arrangements are in place to allow patients to receive their mail unopened unless they have expressed a preference otherwise.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Email sent to Staff in regards to mail, when mail arrives, this comes to Home Manager and given to Staff nurse to bring to resident to open.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 13 July 2021</p>	<p>The registered person shall ensure that the complaints record is further developed to include greater detail of the follow up/investigation undertaken, if the complainant was satisfied and how the level of satisfaction was determined.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: New Documentation in place to allow for Action and weekly follow up and outcome.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: 13 July 2021</p>	<p>The registered person must ensure that the audit process includes a re-audit to ensure the necessary improvements have been made.</p> <p>Ref 5.2.5</p> <p>Response by registered person detailing the actions taken: Registered manager to carry out audit, and communicate with staff Via email and weekly staff nurse meeting, giving a template of action plans and date to be completed and Home manager to have follow up date recorded on email and audit that has been completed.</p>

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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)