

Inspection Report

17 November 2021



Jason Court

Type of service: Nursing Home
Address: 375 North Queens Street, Belfast, BT15 1HT
Telephone number: 028 9694 7088

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Healthcare (Ireland) Belfast Ltd</p> <p>Responsible Individual Ms Louise Campbell</p>	<p>Registered Manager: Ms Lavina Ann Harris – not registered, application submitted.</p>
<p>Person in charge at the time of inspection: Ms Lavina Ann Harris</p>	<p>Number of registered places: 59</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 40</p>
<p>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 ethos of the home is to provide physical, psychological and social support to patients with mental health needs or patients with an acquired brain injury.</p> <p>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 ensuite shower room with adjoining bedroom and living room space. A number of rooms have private outside space which patients access from their own room.</p> <p>The kitchen, laundry and staff changing facilities are located on the second floor; access to this floor is restricted to staff.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 November 2021, from 9:30am to 5:00pm by two care Inspectors.

The inspection assessed progress with the 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.

The outcome of the inspection confirmed that the care in Jason Court was delivered in a safe, effective and compassionate manner with systems in place to provide the manager with oversight of day to day running of the home.

As a result of this inspection three areas for improvement were identified with regard to ensuring the fire risk assessment is updated as required following planned changes, completion of individual risk assessment for smoking between 11pm and 8am and with the auditing of restraint. Compliance with these areas will further improve the services provided in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, 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 residents 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 management were provided with details of the findings.

4.0 What people told us about the service

Patients were complimentary regarding the staff, the quality and variety of food, the activities provided and their living accommodation. Patients talked openly about their opinion of how staff help them on a day to day to day basis; one patient talked about the "trust" they had in staff while several patients reported that staff were always around to help and described them as "willing." One patient reported that the home was a good place to live. It was obvious from the interactions between patients and staff that they were familiar with each other.

Due to the nature of some patients' conditions they found it difficult to share their thoughts on their life in the home. However patients smiled when spoken with and were relaxed in the

company of staff; it was obvious from their personal appearance that staff had supported them to wash and dress that morning.

Staff reported that whilst at time the work was challenging there was good team work and peer support.

5.0 The inspection

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

Areas for improvement from the last inspection on 15 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 19 (1) (a) Schedule 3, 3k Stated: First time	The registered person must ensure that the recording of wound care is consistently documented and clearly evidences the care delivered.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 14 (6) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staff duty rota; <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 	Met

	<p>Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has been met.</p>	
<p>Area for improvement 2 Ref: Standard 5.6 Stated: First time</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>Action taken as confirmed during the inspection: A review of records and discussion with the administrative staff evidenced that this area for improvement has been met.</p>	Met
<p>Area for Improvement 3 Ref: Standard 16.11 Stated: First time</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>Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has been met.</p>	Met
<p>Area for improvement 4 Ref: Standard 35.3 Stated: First time</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>Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has been met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust 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. The range of training provided was relevant to the needs of the patients staff were caring for.

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

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs. Patients who required one to one support were rostered in addition to the core team.

Patients described staff as "great" and "always around to help". They commented that staff were kind and that they were felt confident in asking for help. Staff were observed encouraging patients to undertake activities in an attempt to provide structure to their day, to take an interest in their personal appearance and to be understanding and tolerant of their fellow patients.

Staff were satisfied that the planned staffing was sufficient for them to meet the needs of the patients in a timely manner. They spoke of good team work and were respectful of each other's role within the home. Staff stated that they were generally happy working in the home although recognised that some days could be challenging.

5.2.2 Care Delivery and Record Keeping

On arrival in the home the morning routine was well under way. The majority of patients had their breakfast, some were socialising in various areas throughout the home while others were spending time in their bedroom getting organised for the day ahead.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day. They were observed to be prompt in recognising patients' needs, any signs of distress and, where possible, to pre-empt behaviours. Staff were skilled in communicating with patients and were respectful of their individual needs and wishes. Care plans contained good details of examples of situations which may trigger challenges for patients and examples of diversions which may help to calm them.

Care records evidenced that 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. Whilst it was evident that care was planned in response to individual wishes and preferences care records did not reflect any evidence of patient consultation. This was discussed with manager and it was agreed that consideration would be given to how patient consultation could be evidenced in care records. Progress with this improvement work will be reviewed at the next inspection.

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.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Where neurological observations were required following a suspected or actual head injury these were recorded.

A number of patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom there was evidence that these practices were the least restrictive possible and used in the patient's best interest.

Patients with wounds had these clearly recorded in their care records; records also reflected the care delivered to encourage the healing of wounds.

Patients had the choice of having their meals served in one of the dining rooms, their bedroom or at patients' request in a quiet area of the home. The dining rooms were nicely set with a range of cutlery and condiments provided on each table. The serving of lunch was organised and social. The meals served were home cooked and smelt and looked appetising. Patients were complimentary regarding the quality and selection of meals provided. The need for additional storage in dining rooms was discussed and assurances provided that arrangements had been made to provide the necessary storage; the provision of storage will be reviewed at the next inspection.

The cook discussed at length the recent review of the menu and confirmed that the patients had been actively involved. They explained that the menu was currently in its second cycle and further changes were being made in response to further patient opinion. A choice of two main dishes was available at each meal for all patients, including those who required a modified diet. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need. The chef was present in each unit on a daily basis to ensure the daily menu was displayed and that patients were well informed of the choices for the day. They explained that this presence in the dining rooms also provided an opportunity to meet and talk with the patients.

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. It was obvious that patients were proud of their bedrooms and the personal touches used to define it as their individual space.

Fire exits and corridors were observed to be clear of clutter and obstruction. A fire risk assessment had been completed and a range of fire checks were carried out daily and weekly. The manager advised that additional domestic appliances were being provided in one patient's accommodation. When the equipment is fitted the fire risk assessment must be updated; this was identified as an area for improvement. Other proposed changes to the environment were discussed and the need to submit an application to vary the registration of the home identified; the manager was fully aware of the process.

Vista panels were fitted to each bedroom door to allow staff, if/when required, to discreetly observe patients. These panels are closed with keys which, previously were held by staff to ensure they could only be opened by staff. During this inspection it was observed that the keys had been left in each panel creating the potential for patients' privacy to be compromised. This was brought to the immediate attention of the manager; the keys were removed and assurances provided that this issue would be monitored to ensure it did not reoccur.

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners; a number of patients were benefiting from the support of their care partners. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection.

Patients participated in the regional monthly Covid-19 testing and staff continued to be tested weekly.

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 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.

Some patients were able to structure their day independently with pastimes such as watching television or listening to music and could maintain a healthy balance between spending time alone and spending time in the company of others. Other patients required support from staff to enable them to enjoy an orderly structure to their day. All of the patients spoken with valued being able to go out during the day; some required the support of staff while others, following a risk assessment, went independently.

A significant number of patients were smokers; there were designated smoking areas throughout the home. Each patient had an individual smoking assessment completed. However following incidents of non-compliance with the smoking arrangements a blanket ban had recently been introduced that smoking was not permitted between 11pm and 8am. A number of patients were dissatisfied and felt that they were being punished for the actions of other patients. As the incidents of non-compliance involved a small number of patients the smoking arrangements between 11pm and 8am should be individually risk assessed and managed. This was identified as an area for improvement.

Staff were aware of the importance of providing meaningful activities and engagement with patients. The Activity Co-ordinator and staff recognised that not all patients were suited to group activities and therefore the monthly programme included one to one events with support for individual pastimes and also group activities. The programme was arranged on a monthly basis and was determined by the type of activities requested; the programme was displayed throughout the home.

Staff confirmed that there was good support from patients' key workers in the relevant health and social care Trusts and patients were regularly reviewed by them. The majority of patients were confident that they had control over their day to day routine in the home and were aware of the wider health and social care staff involved in their care. Some patients voiced that they would like more freedom to leave the home unaccompanied; due to identified risks this was not always possible.

5.2.5 Management and Governance Arrangements

There was a clear management structure within the home. A new manager has been appointed since the previous inspection; an application to register the manager with RQIA has been submitted.

The manager was supported in their daily role by two deputy managers, two clinical leads and an administrator. Management support was also provided by the Registered Provider and Regional Manager who were available in the home regularly.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. There was evidence that incidents were reported to the local Trust appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There were regular audits completed of restraint, accident and incidents and infection prevention and control (IPC) practices. The audit of restraint should be further developed to include the incidence of physical restraint. The audit should review the circumstance of the use of each restraint, the proportionality and that it was completed in accordance with the patients' care plan. This was identified as an area for improvement. The need to ensure that audits were consistently completed across all units was discussed.

There was a system in place to manage complaints and to record any compliments received about the home.

The home was visited each month by the Regional Manager, on behalf of the Registered Provider, to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Discussion with patients and staff, observations of the daily routine and a review of patient and management records evidenced that care in Jason Court was delivered in a safe, effective and compassionate manner with systems in place to provide the manager with oversight of the day to day running of the home.

Staff supported patients to be actively involved in making positive decisions about their care, for example, attending to personal care needs, engaging with others and participation in activities.

Patients told us that the staff were supportive and assisted them with they needs throughout the day and that they could talk to staff if they were worried. Observation of practice confirmed that the routine of the home and the programme of activities were, as far as possible, planned around the needs and interests of the patients.

As a result of this inspection three areas for improvement were identified with regard to ensuring the fire risk assessment is updated as required following planned changes, the risk assessment of smoking between 11pm and 8am and with the auditing of restraint. 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 were 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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Lavina Harris, Manager, Lorraine Kirkpatrick, regional manager and as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time To be completed by: At the time of fitting the equipment.	The Registered Person shall ensure that when the identified equipment is fitted the fire risk assessment is updated prior to the bedroom being occupied. Ref: 5.2.3 Response by registered person detailing the actions taken: This has been addressed. The fire risk assessment has been updated to reflect the changes carried out to the environment.
Area for improvement 2 Ref: Regulation 12(1)(a) Stated: First time To be completed by: 25 November 2021	The Registered Person shall ensure that the smoking arrangements between 11pm and 8am are individually risk assessed and managed. Ref: 5.2.4 Response by registered person detailing the actions taken: This has been addressed. Each resident has an individual smoking risk assessment which clarifies the agreed smoking arrangements. The registered manager reviews the risk assessments at least monthly or when the need arises. There have been no further issues noted in relation to smoking arrangements in the home.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18.7 Stated: First time To be completed by: 17 December 2021	The registered person shall ensure that the audit of restraint is further developed to include the incidence of physical restraint. The audit should review each circumstance, proportionality and that interventions were completed in accordance with the patients' care plan. Ref: 5.2.5 Response by registered person detailing the actions taken: This has been addressed. The audit of restraint has been updated to include the incidence of physical restraint. The audit is reviewed by the Regional Manager monthly during her Regulation 29 visits.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

Assurance, Challenge and Improvement in Health and Social Care

