

# Inspection Report

19<sup>th</sup> & 20<sup>th</sup> October 2023



## Jason Court

**Type of service: Nursing Home**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Limited</p> <p><b>Responsible Individual:</b> Ms Andrea Louise Campbell</p>	<p><b>Registered Manager:</b> Ms Lavina Ann Harris</p> <p><b>Date registered:</b> 5 July 2022</p>
<p><b>Person in charge at the time of inspection:</b> Ms Lavina Harris</p>	<p><b>Number of registered places:</b> 65</p>
<p><b>Categories of care:</b> Nursing (NH): PH – physical disability other than sensory impairment MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 63</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care and support for up to 65 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 en suite 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 19<sup>th</sup> October 2023 from 9:55am to 4pm and on 20<sup>th</sup> October 2023 from 9:45am to 1:30pm by a care inspector. An estates Inspector joined the inspection at 11:30am on 20<sup>th</sup> October 2023 to review a variation submitted by the home to increase their registration from 65 to 67 beds.

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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services 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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

## 4.0 What people told us about the service

Patients told us “staff are very approachable” and “the food is lovely”. Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about the provision of care, their relationship with staff, the provision of meals and the atmosphere in the home.

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 said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and duties and training.

Comments made by patients and staff were shared with the management team for information and action if required.

Six responses were received from the resident/relative questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home. No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

## 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 24 November 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38.3 <b>Stated:</b> First time	The registered person shall ensure that before staff commence working in the home that all of the required pre- employment checks are received and reviewed in accordance with relevant statutory employment legislation and mandatory requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that deficits identified by the homes' audit systems clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. This is discussed further in Section 5.2.5. This area for improvement was stated for a second time	

**5.2 Inspection findings**

**5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited properly to protect patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others and that they were satisfied with the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staffing arrangements for patients who required one to one support were rostered in addition to the core team.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager had a competency and capability assessment in place. Review of these assessments found them to be comprehensive in detail to account for the responsibilities of this role.

**5.2.2 Care Delivery and Record Keeping**

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy, by their actions, such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

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. 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.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patient care records relating to pressure area care evidenced that the recommended frequency of repositioning recorded in the charts and care plans were inconsistent. This was discussed with the manager and an area for improvement was identified.

Wound care records did not evidence that dressings were being renewed in line with the recommendations in care plans. Although care plans reflected the patients' needs regarding the use of pressure relieving mattresses, the recommended mattress setting was not consistently recorded. Additionally, there was no adequate system in place to monitor and ensure that the mattress settings were being correctly maintained. This was discussed with the manager and area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff had ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals. However, the menu was not clearly displayed in each of the dining rooms. This was identified as an area for improvement.

Staff advised that they were made aware of patients' nutritional needs, if required records were kept of what patients had to eat and drink daily.

Daily 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 recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

Cleaning chemicals were managed safely and stored securely.

The home's most recent fire safety risk assessment was dated 5<sup>th</sup> May 2023. An action plan was in place to address the recommendations made by the fire risk assessor. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

Alterations to the existing premises had been made to provide two additional bedrooms with en-suite facilities providing an accessible shower, toilet and wash hand basin. These bedrooms and the associated en-suite exceed the current DoH Minimum Standards with regards to area and critical dimensions, and were found to have been converted and decorated to a high standard.

Documentation presented prior to the inspection and forwarded following the inspection indicated that the premises engineering services and equipment have been installed and commissioned in line with relevant legislation, ACOPs and best practice guidance.

#### **5.2.4 Quality of Life for Patients**

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

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. The staff recognised that not all patients were suited to group activities and therefore the monthly programme included one to one events with support for individuals and also group activities. The programme was determined by the type of activities requested; the programme was displayed throughout the home. Hairdressing was regularly available for patients.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Lavina Harris has been the registered manager since 5 July 2022.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

Staff commented positively about the management team and described them as supportive and approachable.

There was evidence that a system of auditing across various aspects of care and service was in place to monitor the quality of care and other services provided to patients. However, review of the care record audits evidenced that they lacked detail and were not identifying deficits. This was discussed with the manager and this area for improvement has been stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

The home was visited each month by a representative of the responsible individual (RI) 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 reports were available for review by patients, their representatives, the Trust and RQIA.

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

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that deficits identified by the homes' audit systems clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.</p> <p>Ref: 5.1 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Auditing systems reviewed-each audit has an action plan devised detailing action to be completed, person responsible, timescale and signature and date of completion.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2023	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning, the care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            /All residents individual careplans have been reviewed and updated to include specific recommended frequency of repositioning required to promote skin integrity.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2023	<p>The registered person shall ensure the following in relation to wound care:</p> <ul style="list-style-type: none"> <li>• a record is maintained of all wound care interventions reflective of the recommended frequency of dressing renewal within the care plan</li> <li>• the type of pressure relieving mattress in use by the patient and mattress setting is reflective of the patients care plan.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Individual care plans in relation to wound management have been reviewed and updated to include recommended frequency of dressing renewal and specific type of pressure relieving mattress.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the daily menu is clearly displayed in a suitable format and location in order that patients know what the choices are at each mealtime.</p> <p>Ref: 5.2.2</p>
<p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Four weekly menus are updated daily, which are displayed in A3 pictorial format and laminated and displayed on a notice board in the dining room of each unit.</p>

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



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