

Inspection Report

24 November 2022



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

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Ms Andrea Louise Campbell	Registered Manager: Ms Lavina Ann Harris Date registered: 5 July 2022
Person in charge at the time of inspection: Lavina Harris Lorraine Kirkpatrick (Regional Manager) for feedback	Number of registered places: 59
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 58
Brief description of the accommodation/how the service operates: <p>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 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 24 November 2022 from 10:20am to 6:35pm by a care inspector.

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 fantastic” and “you can ask staff for anything”. 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 31 March 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First time	The Registered Person shall ensure that when the identified equipment is fitted the fire risk assessment is updated prior to the bedroom being occupied.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 12(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2021</p>	<p>The Registered Person shall ensure that the smoking arrangements between 11pm and 8am are individually risk assessed and managed.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 18.7</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that fluid balance charts are fully completed and totalled every day to ensure that the target fluid intake is monitored.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records of patients' personal possessions are checked at least quarterly and signed by two members of staff.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of employees' recruitment records confirmed that the system in place to manage recruitment was generally well maintained. Two minor areas within two of the records were discussed with the manager and an area for improvement was made.

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. 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.

Care plans reflected the patients' needs regarding the use of pressure relieving mattresses.

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

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.

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 maintained safely and securely.

The home's most recent fire safety risk assessment was dated 27 April 2022. An action plan was in place to address the recommendations made by the fire risk assessor. Discussion with the manager confirmed that they were addressing all of the recommendations.

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 masks, aprons and gloves (PPE) in accordance with the regional 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. Birthdays and holidays were also celebrated within the home.

Visiting arrangements were managed in line with regional guidance.

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 robust 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, it was not clear from the care record audits reviewed if the recommended actions had been addressed and by whom. This was discussed with the manager and an area for improvement was identified.

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 Business and Development Lead for Health Care Ireland (Belfast) Ltd 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 (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	0	2

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.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 38 (3) Stated: First time To be completed by: 31 December 2022	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. Ref: 5.2.1 Response by registered person detailing the actions taken: Has been addressed.
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 31 December 2022	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. Ref: 5.2.5 Response by registered person detailing the actions taken: Has been addressed.

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



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