

Inspection Report

9 & 10 July 2024



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>Organisation: Healthcare Ireland (Belfast) Limited</p> <p>Responsible Individual: Ms Andrea Louise Campbell</p>	<p>Registered Manager: Ms Melanie Reyes – not registered</p>
<p>Person in charge at the time of inspection: Ms Melanie Reyes - manager</p>	<p>Number of registered places: 67</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 55</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 67 patients. The home is divided over three floors. Patient accommodation is located on the ground and first floors and provides a variety of accommodation including single en-suite bedrooms and two room suites which includes an en-suite shower room and adjoining bedroom and living room space.</p> <p>The kitchen, laundry and staff changing rooms are located on the second floor.</p>	

2.0 Inspection summary

An unannounced inspection took place on, 9th July 2024 from 9.30 am to 4.00 pm and on 10th July 2024 from 9.45 am to 2.45 pm 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.

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.

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

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.

The findings of the inspection were discussed with Ms Melanie Reyes at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were spoken with individually and in small groups about their experience of living and working in Jason Court.

Patients spoke positively about the staff, the care and the meals. Patients said "they are good to me" and "the lunches are really good here".

Staff said they were provided with training for their roles and had received an induction when they started working in the home. Staff were complimentary about the team work and had a good knowledge of patient care needs. Staff raised concerns about the level of physically challenging behaviours in the home. This was brought to the attention of the manager for her review and action if required.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 19 October 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 23 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2. This area for improvement has been stated for a second time.	
Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure the following in relation to wound care: <ul style="list-style-type: none"> • a record is maintained of all wound care interventions reflective of the recommended frequency of dressing renewal within the care plan • the type of pressure relieving mattress in use by the patient and mattress setting is reflective of the patients care plan. 	Partially met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2. This area for improvement has been stated for a second time.</p>	
<p>Area for improvement 4 Ref: Standard 12 Stated: 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>Met</p>
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

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 correctly to protect patients. An accurate record was kept of this process.

There were systems in place to ensure staff were trained and supported to do their job. Good compliance was observed with mandatory training which included moving and handling practice, dysphagia and dementia awareness.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and 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. Staff told us that there was enough staff on duty to meet the needs of the patients.

It was noted that there was enough staff in the home to respond to patients requests for assistance promptly in a caring and compassionate manner; and to provide patients with a choice on how they wished to spend their day.

A monthly check and record was in place to ensure all staff were registered with their professional body including the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council.

Review of the schedule for staff supervision showed that supervision required to be completed in a timely manner as set out in the home policy. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position, however, this was not recorded as having been completed regularly as required. This area for improvement has been stated for a second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Examination of records confirmed that the risk of falling and falls were well managed.

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.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records reviewed showed that wound care interventions were not always reflective of the recommended frequency of dressing renewal within the care plan. This area for improvement has been stated for a second time.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each patients' care needs and what or who was important to them.

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

Observation of the home's environment evidenced that the home was generally clean, tidy and welcoming. Maintenance was required to a kitchenette and curtains in a bedroom. This was discussed with the manager and an area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place, however, it was identified in records that smoking inside the building was a daily occurrence. This was brought to the attention of the manager for her immediate action and review to ensure patients, staff and visitors to the home were safe. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

A number of infection prevention and control (IPC) issues were identified, including but not limited to, equipment stored in bathrooms and adherence to bare below the elbow good practice. An area for improvement was identified.

It was noted that one communal bathroom was locked preventing patients from using this when needed. This was discussed with the manager and an area for improvement was identified.

A patient café was being used by staff for meetings on a regular basis. An area for improvement was identified

It was observed that not all cleaning chemicals were used safely, or securely locked away when not in use. This was brought to the attention of the manager for immediate action and an area for improvement was identified.

Patient care records were accessible in the patient day room. This was brought to staff attention and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could spent time with family/friends in their room or one of the lounges, could go out to local shops or other activities in the community.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. As said previously patients had been consulted/ helped plan their activity programme

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Melanie Reyes has been the manager in this home since 5 February 2024.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients said that they knew how to report any concerns. The manager ensured that complaints were managed correctly and that good records were maintained.

Staff 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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative 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; however, where action plans for improvement were put in place, these were not always followed up to ensure that the actions were correctly addressed in a timely manner. An area for improvement was identified.

6.0 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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	4	7*

* the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Melanie Reyes, manager, 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 14 (2)(a) Stated: First time To be completed by: With immediate effect (10 July 2024)	The registered person shall ensure that all precautions are in place to minimise the risk of fire and protect patients, staff and visitors. Ref: 5.2.3 Response by registered person detailing the actions taken: This has been addressed and regularly monitored for compliance. Letters have been sent to all residents and families in relation to the Home's zero tolerance policy on smoking outside of designated areas. An action plan is in place to address concerns in relation to non compliance which includes resident contracts, appropriate recording and reporting of incidents. Jason Court has liaised with the NIFRS for advice and support.

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 July 2024)</p>	<p>The registered person shall ensure the IPC issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: This has been addressed. Memorandum was issued to all staff in relation to identified shortfalls. IPC is regularly discussed during handovers, safe care huddles and team meetings. Monthly IPC audits are undertaken with a quarterly comprehensive audit completed quarterly with action plans devised and learning outcomes disseminated to all staff.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 July 2024)</p>	<p>The registered person shall ensure that all parts of the home to which patient have access to are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: This has been addressed . All staff have been advised of COSHH and Health and Safety Policy. A memorandum has been issued in relation to mandatory compliance to ensure residents safety. Immediate supervision was undertaken with all staff following inspection feedback.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The registered person shall ensure that all actions required following the monthly monitoring visits are followed up in a timely manner, signed and dated.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Actions arising from provider monthly monitoring visits are reviewed by the manager within the agreed timescales and should any actions require an extended timeframe this is escalated to senior management team with clear rationale. This is reviewed monthly in monitoring visits using a rag rating` system.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p>	<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: 5.1 and 5.2.2</p>

<p>To be completed by: 30 July 2024</p>	<p>Response by registered person detailing the actions taken: This has been addressed. Daily checks are undertaken of the supplementary care records to ensure frequency of repositioning records correlates and complies with care plan and risk assesment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2024</p>	<p>The registered person shall ensure the following in relation to wound care:</p> <ul style="list-style-type: none"> • a record is maintained of all wound care interventions reflective of the recommended frequency of dressing renewal within the care plan • the type of pressure relieving mattress in use by the patient and mattress setting is reflective of the patients care plan. <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: A wound care file is maintained for residents with open wounds. The frequency of dressing renewal is documented in the care plan and carried forward in the nursing diary. The specific make and model of pressure relieving mattress is documented within the care plan. Wound audits are completed monthly to monitor compliance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure staff have individual recorded formal supervision no less than every six months.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The supervision planner has been updated to reflect staff have undertaken supervision as per policy and supervision is regularly scheduled no less than twice a year.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2024</p>	<p>The registered person shall ensure that the premises remain well-maintained and suitable for their purpose. This is in relation to curtains in a bedroom and a damaged kitchenette.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been raised with the estates department and refurbishment plan submitted for action. Curtains have been measured,ordered and awaiting delivery. The kitchenette has been repaired.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2024</p>	<p>The registered person shall ensure that precautions are in place to minimise the risk of fire and protect patients, staff and visitors.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2024</p>	<p>The registered person shall ensure all communal rooms are available for patient use when required.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been addressed . Memorandum has been issued to all departments to ensure communal spaces are available for residents use at all times respecting the individual rights of the residents and as detailed in the statement of purpose and service user guide. Compliance is monitored during Management's daily walk arounds.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2024</p>	<p>The registered person shall ensure all rooms within the home are used for the purpose for which they are registered.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been addressed . Memorandum has been issued to all departments to ensure communal spaces are available for residents use at all times as detailed in the statement of purpose and service user guide. Compliance is monitored during Management's daily walk arounds.</p>

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