

Inspection Report

Name of Service: Jason Court

Provider: Healthcare Ireland (Belfast) Limited

Date of Inspection: 8 April 2025

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

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland (Belfast) Limited
Responsible Individual:	Andrea Louise Campbell
Registered Manager:	Melanie Reyes – not registered
<p>Service Profile – 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 space.</p> <p>The kitchen, laundry and staff changing rooms are located on the second floor of the home.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 April 2025, between 9.30 am and 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9&10 July 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection ten areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified,

can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients said they were happy with their own bedrooms and having their own individual interests, such as pet fish in the home. While most patients comments were positive regarding the food two patients said the food required improvement. This was brought to the manager's attention for her review.

Staff said that working in Jason Court was "Brilliant" and the manager was very approachable if they needed support. Staff raised no concerns about the care, and said they were receiving training for their roles. One staff member was concerned about raising and lowering of patients beds. This was brought to the attention of the manager for her review.

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.

Patients told us that they were encouraged to participate in regular activities either as a group or individually. Patients also said they could stay in their own rooms and watch TV or spend time on their own.

Patients told us 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.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Patients were assisted to spend time in their own bedrooms or in the communal areas of the home.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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 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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet. It was noted that assistance provided to one patient by staff was not consistent with recommendations to prevent choking. This was brought to the attention of the manager for their action and an area for improvement was identified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

Not all dining areas had an up to date menu displayed to inform patients of the meals being provided on a daily basis. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activities, karaoke and outdoor walking, confirmed that staff knew and understood patients' preferences and wishes. Staff helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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, however, details of patients modified dietary requirements were visible on notices on the walls in dining rooms. This was discussed with the manager who agreed to remove this information. This will be reviewed at the next inspection.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and welcoming. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished, warm and comfortable.

Observation identified a number of walls and skirting boards requiring maintenance or repair and a poorly fitted toilet seat. An area for improvement was identified.

Observation of a dining room and sluice room showed that sinks and walls required additional cleaning. An area for improvement was identified.

Equipment including a shower chair, rolator and pressure relieving mattress were being stored inappropriately in a sluice. This was brought to the attention of the manager and an area for improvement was identified.

Fluid thickening powders were observed to be stored in an unlocked cupboard in a kitchenette. This was brought to the attention of staff for immediate action and an area for improvement was identified.

Staff were observed to be washing their hands correctly and at appropriate times, however, not all staff were adhering to best practice of being bare below the elbow to prevent the spread of infection. An area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Melanie Reyes is the Acting Manager in this home.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Review of the records of accidents and incidents in the home evidenced that not all notifiable events were reported to RQIA appropriately; for example, smoking in rooms, patient finances and challenging behaviour. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	5

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (8 April 2025)</p>	<p>The Registered Person shall ensure the IPC issues identified during the inspection are addressed.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Post inspection feedback meeting immediately held with all staff members to discuss and re-inforce importance of adherence to Infection Prevention Control Policy and protocol. Safety Huddles carried out regularly discussion focusing on IPC issues and audit shortfalls . Supervision are ongoing to infection control issues for all units and members of staff .</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 April 2025)</p>	<p>The Registered Person shall ensure that any medication which is kept in the nursing home is stored in a secure place. This is in relation to fluid thickening powders.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Supervision held with all staff members to discuss Management and storage of Medication which covers management of fluid thickening agents , ensuring this is kept under lock and key at all times. Nurse in charge to hold regular checks to maintain compliance to Medication and Health and Safety policies</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (8 April 2025)</p>	<p>The Registered Person shall ensure that all notifiable events are reported to RQIA appropriately.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Records of all accidents and incidents in the Home were reviewed and any incidents which require reporting, particularly with non-compliance to smoking and other identified incidents will be retrospectively reported in the portal . Systems have been put into place for Home Manager and Deputy Manager to review all incidents regularly so all all notifiable incidents are reported appropriately in the future</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2025</p>	<p>The Registered Person shall ensure patients are assisted with meals as recommended by the speech and language therapist to prevent the risk of choking.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Mealtime management has been reviewed with staff to discuss residents' dietary needs as well as choking risks . as per speech and language therapists' recommendations . Each unit to maintain an individual record containing this information for easy access prior to mealtime's "safety pause". This will be updated regularly as necessary or when needs changed and will be discussed during flash meetings and safety huddles.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2025</p>	<p>The Registered Person shall ensure there is an up to date menu provided in a suitable format and in a suitable place to inform patients of the daily meal provision.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Nurse in charge to check up to date menu is on the display boards provided in the unit and is the same as what is being served from the kitchen. Any changes in the daily menu must be recorded in the forms provided and updated for each units .</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2025</p>	<p>The Registered Person shall ensure the premises remain well maintained and suitable for their purpose. For example: walls, skirting boards and a poorly fitted toilet seat.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Estate issue are recorded and reported on the company's estate portal for action. Refurbishment plan reviewed and updated to include skirting boards that need replaced .Toilet seat identified to be poorly fitted has been replaced,</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44.1</p>	<p>The Registered Person shall ensure the building is kept clean and hygienic at all times. This includes sinks and walls.</p> <p>Ref: 3.3.4</p>

<p>Stated: First time</p> <p>To be completed by: 15 April 2025</p>	<p>Response by registered person detailing the actions taken: Cleaning schedules to include checks of the sinks, particularly in areas identified during visit, as well as during daily walkabout. Painting schedule has been updated for maintenance person to address and action .</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure the home, including all spaces, is only used for the purposes for which it is registered. This is in relation to a sluice room used for storage of equipment.</p> <p>Ref: 3.3.4</p>
<p>To be completed by: 15 April 2025</p>	<p>Response by registered person detailing the actions taken: Equipment stored unnecessarily in the sluice removed immediately . Nurse in charge and home manager to include the sluice room checks every shifts, during handovers and daily walkabout to ensure adherence to purpose of the room .</p>

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