

Inspection Report

Name of Service:	Jason Court
Provider:	Healthcare Ireland (Belfast) Limited
Date of Inspection:	22 & 23 July 2026

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:	Ms Andrea Louise Campbell
Registered Manager:	Ms Melanie Reyes
Service Profile – This home is a registered nursing home, which provides nursing care for up to 67 patients. The home is situated 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.. The kitchen, laundry and staff changing rooms are located on the second floor of the home.	

2.0 Inspection summary

An unannounced inspection took place on 22 & 23 July 2026, between 9.30 am and 4.30 pm, and 9.30 am and 2.45 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 8 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established 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 six 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 patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 spoken with said the staff were "great", the food was very good and they liked living in Jason Court. Patients also told us there was a lack of activity provision in the home and one patient said they preferred staff to work in the same unit all the time and identified difficulties with the artificial grass outside. These comments were brought to the attention of the manager for her review.

Staff were complimentary about the support from the manager, the training provided, the staffing levels and the teamwork.

One staff response to the online survey confirmed that they were very satisfied that care was safe, effective, compassionate and well led.

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.

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 systems in place to manage staffing, however compliance with face-to-face training for fire drills, moving and handling and basic life support required improving. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said that they were satisfied with the staffing levels, there was good teamwork and that they felt well supported in their role. Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of the system to manage the registration of nurses and care staff evidenced that it Staff were appropriately registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in patients' needs.

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 skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. 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 observed that the door of one patient's room was locked and the patient did not have access to an opening device to allow choice of entering or exiting the room. This was brought to the manager's attention for action and an area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position; however, the record of repositioning showed inconsistency with the care plan and timing of change of position. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats and walking aids.

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.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager evidenced that there were systems in place to manage patients' nutrition and mealtime experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet. However, it was observed that not all staff were providing the assistance appropriately to patients who require help with eating their meals. This area for improvement has been stated for a second time.

Limited activities, such as going out for a walk or cup of coffee were noted taking place with only one or two patients during the inspection. Patients also stated that activities were not taking place regularly. An area for improvement was identified.

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 should be developed to direct staff on how to meet patients' needs; however, not all care plans were consistent or were not in place to direct care for modified diets, nutrition and pressure relieving mattresses. An area for improvement was identified.

Patients care records were held confidentially.

Review of care records identified concerns about the content of reviews and evaluations undertaken by nurses for nutrition, choking, mobility, communication and skin care. This was discussed with the management team and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was generally clean, tidy and well maintained. A number of areas were identified as requiring decoration, repair or replacement, including walls, furniture, a pool table and an out of order toilet. An area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. A fire risk assessment had been completed and fire drills were recorded on completion.

Concerns were identified regarding worn or cracked mattress surfaces, an unclean shower chair and a shower sign, which required laminated. An area for improvement was identified.

Staff were observed to be washing their hands correctly or at appropriate times and to use PPE inappropriately.

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 has been the manager in this home since 18 June 2025.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

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

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Whilst improvement has been noted in the reporting of notifiable events in the home, reporting of falls requiring medical advice had not always been reported to appropriately to RQIA. This area for improvement has been stated for a second time.

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	1*	9*

* the total number of areas for improvement includes two that have 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: Second time To be completed by: 23 July 2026	The Registered Person shall ensure that all notifiable events are reported to RQIA appropriately. Ref: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: A daily review of incidents reported on the Company's Incident Reporting Hub is undertaken by the Home's Management Team to identify any incidents that may meet the criteria for notification to RQIA to ensure that all notifiable events are identified promptly and reported to RQIA within the required timescales. A Quality Assurance Checklist has been developed for completion by the Home's Management Team to monitor compliance.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 12.9 Stated: Second time To be completed by: 23 July 2026	The Registered Person shall ensure patients are assisted with meals as recommended by the speech and language therapist to prevent the risk of choking. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The Safety Pause Protocol is routinely implemented during mealtimes, with the designated Meal Champion taking the lead in ensuring that the required safety checks and procedures are followed consistently. A Safe Care Huddle is done to review any incidents or concerns relating to choking, identify emerging risks and share learning with the wider care team and is used to promote best practice and reinforce the importance of providing residents with a safe, dignified and positive dining experience. Random observational checks are carried out during mealtimes by the Home's Management Team to monitor compliance with the Safety Pause Protocol and ensure that residents are receiving appropriate support with their meals. These checks also assess whether staff are assisting residents in a manner that promotes dignity, choice, independence and respect, while ensuring that individual care plans and identified mealtime support needs are followed. This also includes staff sitting appropriately when assisting residents to eat and drink.

Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 31 August 2026	The Registered Person shall ensure staff receive training for their roles in a timely manner. This is in relation to moving and handling and safeguarding training. Ref: 3.3.1 Response by registered person detailing the actions taken: The training matrix has been updated and is reviewed regularly to identify staff whose Moving and Handling or Safeguarding training is overdue or approaching its renewal date. This ensures that staff remain appropriately trained and competent to safely carry out their duties and support residents effectively. The training matrix for all face-to-face training has is maintained to provide an accurate overview of staff training compliance. Records include training completion dates and renewal dates, enabling upcoming training requirements to be identified in advance and reducing the risk of training lapses. Trainers are required to review the training matrix monthly and promptly follow up with staff where mandatory training remains outstanding. Appropriate training sessions or refresher training are arranged without unnecessary delay to ensure compliance is maintained.
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: 23 July 2026	The Registered Person shall ensure that restrictive practices are as a last resort and the least restrictive. This is in relation to a locked door in an identified bedroom. Ref: 3.3.2 Response by registered person detailing the actions taken: This was addressed immediately and moving forward, an individualised risk assessment is undertaken for each resident where a restriction is being considered or implemented. The assessment identifies the specific risk the restriction is intended to manage and considers whether the restriction is necessary, proportionate and the least restrictive option available. The resident's care plan is regularly reviewed to ensure that any restriction remains appropriate and is clearly documented. Safe Care Huddles were done with staff, with a focus on restrictive practices, least-restrictive interventions and residents' rights to provide an opportunity to reinforce staff understanding, share learning and consider alternative approaches that promote residents' independence, dignity and choice. The Home's Management Team does regular reviews of restrictive practices, supported by a Restrictive Practice Audit, to ensure that restrictions remain necessary, proportionate and appropriately documented.

	Regular Quality Assurance checks done and management walkabouts are undertaken throughout the Home to identify and address environmental, safety and maintenance concerns. This provide an opportunity for the Management Team to observe practice, identify potential risks and ensure that agreed standards are consistently maintained
Area for improvement 4 Ref: Standard 11 Stated: First time To be completed by: 23 July 2026	The Registered Person shall ensure a regular, varied and meaningful programme of activities is provided for patients. Ref: 3.3.2
	Response by registered person detailing the actions taken: A new Activities Leader has been in post since 24 July 2026 and has responsibility for coordinating and developing the activity programme. The Activities Leader works with residents and the wider care team to identify individual interests and ensure that activities are inclusive, meaningful and accessible to residents with varying levels of ability .The activity programme is reviewed and monitored regularly by the Activities Leader and Home's Management Team. Feedback from residents, participation levels and observations of engagement are used to evaluate the effectiveness of activities and identify opportunities for improvement.
Area for improvement 5 Ref: Standard 23 Stated: First time To be completed by: 23 July 2026	The Registered Person shall ensure repositioning records are recorded accurately and are consistent with individual care records. Ref: 3.3.2
	Response by registered person detailing the actions taken: Review of residents who are in positioning schedules were done to ensure each resident's repositioning requirements are clearly documented within their individual care records, including the required frequency of repositioning, preferred or prescribed positioning, specific instructions and any identified risks or precautions. Responsibility for ongoing monitoring and follow-up is assigned to the trained staff , who will ensure that repositioning requirements remain current and are reflected accurately across all relevant records. At the end of each shift, the Nurse in Charge will review the repositioning records to ensure they have been completed accurately and contemporaneously. The records will be checked and signed off as part of the shift assurance process, with any discrepancies followed up without delay. The Daily Quality Assurance Checklist is used by Home's Management Team to support ongoing monitoring and identify any recurring issues or gaps in compliance.

	Safe Care Huddles maintained to provide staff with guidance and reinforcement regarding the importance of accurate, contemporaneous and complete recording of repositioning care.
Area for improvement 6 Ref: Standard 4 Stated: First time To be completed by: 23 July 2026	The Registered Person shall ensure care plans are accurate, consistent and in place for modified diets, nutrition and pressure relieving mattresses. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff are required to ensure that each resident's modified diet requirements are clearly and consistently documented in contemporaneous care records, handover sheets and the relevant bedroom notice board, where appropriate. A regular review of all residents' care plans is maintained to identify any missing, inaccurate or inconsistent information relating to modified diets, nutritional needs, preferences, risks and required support. A Monthly Modified Diet Audit is used to monitor compliance and ensure that dietary requirements remain accurately reflected within residents' care record Following each SLT assessment or visit, the resident's care plan and relevant dietary documentation are reviewed and updated where recommendations or requirements have changed.
Area for improvement 7 Ref: Standard 4 Stated: First time To be completed by: 23 July 2026	The Registered Person shall ensure evaluations of care plans are detailed and meaningful for nutrition, choking, mobility, communication and skin care. Ref: 3.3.3
	Response by registered person detailing the actions taken: Review of Residents' individual nutritional needs, dietary preferences, identified risks and required level of support done to ensure are clearly documented within their care plans. These records are cross-referenced against relevant nutritional assessments, Speech and Language Therapy (SLT) recommendations, professional guidance and other relevant documentation to ensure consistency. Care File Audits were undertaken to provide additional assurance that information is accurate and aligned across all records. The Monthly Modified Diet Audit is in place as ongoing management oversight, ensuring that identified discrepancies are addressed promptly and that residents receive safe, appropriate and person-centred nutritional support in line with their assessed needs and current professional recommendations.

Area for improvement 8 Ref: Standard 44 Stated: First time To be completed by: 31 July 2026	The Registered Person shall ensure the premises remain well maintained and suitable for their purpose. For example damaged walls, furniture, a pool table and an out of order toilet. Ref: 3.3.4 Response by registered person detailing the actions taken: The identified toilet needing repair has been fixed. The damaged wall has been repaired and repainted. The replacement pool table for one of the unit has also been requested. Home's Management team will continue to monitor all outstanding environmental and maintenance actions to ensure that identified issues are appropriately escalated, completed within agreed timescales and closed with evidence of completion. Where maintenance or estate issue that cannot be resolved at Home level, the matter is reported through to the Company's estates portal (E-logs) to ensure addressed.
Area for improvement 9 Ref: Standard 44.1 Stated: First time To be completed by: 31 July 2026	The Registered Person shall ensure the building is kept clean and hygienic at all times. This includes worn or cracked mattress surfaces, and unclean shower chair and a shower sign, which required laminated sinks and walls Ref 3.3.4 Response by registered person detailing the actions taken: A replacement mattress has been requested and the request has been progressed through the appropriate reporting process. Unlaminated signs identified within the environment have been removed to support appropriate infection prevention and environmental standards. The Home's Management Team will continue to monitor mattress condition, environmental cleanliness and decontamination standards through scheduled audits and daily assurance checks, ensuring that any identified issues are promptly reported, actioned and closed. Any shortfalls identified are documented within the relevant action plan and followed up to ensure that corrective action is completed. A new Daily Quality Assurance Checklist has been developed to provide an additional daily assurance mechanism for staff and the Management Team. The checklist will support consistent monitoring of key environmental, cleaning, infection prevention and safety standards, with any identified concerns escalated and addressed promptly.

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews