

# Unannounced Care Inspection Report

## 2 August 2016



## Nazareth House Care Village

Type of Service: Nursing Home  
Address: 516 Ravenhill Road, Belfast, BT6 0BW  
Tel No: 028 9069 0600  
Inspector: Heather Sleator

## 1.0 Summary

An unannounced inspection of Nazareth House Care Village took place on 2 August 2016 from 09.30 to 17.45 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There was evidence of competent and safe delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. Staff confirmed that communication in the home was good with regular staff meetings and annual staff appraisal and supervision systems were in place.

The environment of the home is exemplary and affords patients choice regarding their daily lives, for example; using the café with their families and visitors, availing of the shop and being able to fulfil their spiritual needs and faith on a daily basis in the chapel.

There were no requirements or recommendations made.

### Is care effective?

There was evidence, over time, of positive outcomes for patients. All staff demonstrated an outstanding level of commitment to ensuring patients received the right care at the right time. Catering arrangements are regularly reviewed with patients and the menu is varied with many meal choices available for patients.

One recommendation was made regarding care records.

### Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

The level of engagement in activities from both patients and staff was evidently having a positive impact on the patients' experience in the home with patients and relatives expressing their satisfaction with all aspects of the care afforded and the daily life of the home.

There were no requirements or recommendations made.

## Is the service well led?

Discussion with the deputy manager, general manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussion with the management and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Governance arrangements which were patient focused, impacted positively of the patient experience and involved and encouraged staff to participate in the life of the home. Management were available to patients and their relatives and operated an 'open door' policy.

There were no requirements or recommendations made.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Margaret Devine, deputy manager, and Jenny Hall, general manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced finance inspection undertaken on 19 January 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. Refer to section 4.3 for further information.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Poor Sisters of Nazareth Jenny Hall	<b>Registered manager:</b> Patricia McMullan
<b>Person in charge of the home at the time of inspection:</b> Margaret Devine, deputy manager	<b>Date manager registered:</b> 30 September 2008
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 48

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 15 patients, six staff and two registered nurses.

Questionnaires for patients (8), relatives (10) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings
- patient care records

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 18 January 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next finance inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 24 August 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15  <b>Stated:</b> First time	The registered persons must ensure that the identified care records are updated in relation to palliative care and nutritional care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four patient care records and discussion with staff evidenced that the identified care records had been updated regarding palliative and nutritional care.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time	The registered persons shall ensure that training in communication is provided for all staff in the home in keeping with their roles and responsibilities. Records should be maintained of any training received by staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of staff training information confirmed that training in respect of communication/communicating effectively had been completed by staff in January 2016.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered persons shall monitor the nurse call system and staffing levels in the home to ensure they were in sufficient numbers to meet the needs of the patients.  <b>Action taken as confirmed during the inspection:</b> The general manager had established a system to monitor staffs' response to the 'nurse call' system. Staff were aware that their response was monitored by senior staff of the home. There were no issues raised by patients or staff regarding this area during the inspection.	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time	The registered persons shall ensure there are opportunities for staff to pay their respects following the death of a patient.  <b>Action taken as confirmed during the inspection:</b> Senior management stated staff may pay their respects to a patient who passed away when they are on duty. Patients may be buried from the home, if so wished by the family or the deceased, and staff can and do attend the service in the home's chapel.	

#### 4.3 Is care safe?

The deputy manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 23 July 2016 to 5 August 2016, evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse is designated as the person in charge of the home. There are two registered nurses on duty at night, one of whom is the designated nurse in charge. Competency and capability assessments for the nurse in charge of the home were current and reflected the responsibilities of the position. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records of three staff members were reviewed and found to be completed in full and dated and signed appropriately. The registered manager does not currently sign the induction records to validate the satisfactory completion of the induction for the staff members. This was discussed with the deputy manager and general manager who stated induction was deemed to be satisfactory if the training programme had been fully completed and signed by the staff member and mentor.

Discussion with staff and a review of records confirmed that an annual appraisal and individual supervision was on-going.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by a training organisation who come into the home. Training outcomes for 2016, so far, indicated that the registered manager was monitoring staff compliance with mandatory training requirements. When staff complete training, their attendance is inputted onto a computerised system. The system does not readily provide statistics as to the percentage of staff that had completed training. However, the general manager provided staff training information for the period April to June 2016 which confirmed that 99 percent of staff had completed training in respect of infection prevention and control procedures and 82 percent in moving and handling.

Training compliance is monitored on a monthly basis by the Human Resource (HR) Officer of Nazareth Care who provides a list of outstanding training for individual staff members to the registered manager. The registered manager then arranges training in the required areas. The registered manager had a system to alert the nurse in charge of each unit for staff who had not completed their training. Staff are given a timeframe to complete any outstanding training and if not done so the staff member responds directly to the registered manager. A number of staff are currently completing the Qualification and Credit Framework (QCF) Level 2 and L3 in Health and Social Care and Best Practice in Dementia Care, this is commendable.

Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice. The HR Officer confirmed that staff had also completed a range of other training areas provided by the local trust including; wound care management, diabetes management and training in respect of palliative and end of life care including the use of a syringe pump driver.

Discussion with the deputy manager, HR Officer and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The deputy manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and the review of staff training information confirmed training in respect of adult safeguarding procedures is considered mandatory and the attendance at training is monitored as per the process described in the preceding paragraph. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately. There had been a recent referral to the adult safeguarding team of Belfast Health and Social Care Trust. The referral had been generated by the general manager of the home. The safeguarding team completed an investigation and the referral was 'closed' by the Trust. There were no recommendations made as a result of the investigation.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that a quarterly thematic review of the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients bedrooms were ensuite and very spacious. There is a rolling refurbishment programme whereby 12 patients' bedrooms are redecorated annually. A café is available for patients and relatives/visitors to enjoy refreshments and patients have access to a shop which is open at varying times throughout the day. Patients and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care in accordance with NMC guidelines regarding records and record keeping, with one exception. We observed behavioural records were being maintained for two patients. The review of the identified patients care records did not evidence that a care plan in respect of the management of the behaviours had been written nor was there evidence in the patients daily progress notes detailing the behaviour and/or how the behaviour was diffused. Care records should reflect all identified patient need and a recommendation has been made.

Recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians were actioned appropriately.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Care records were computerised documents and staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to access of the records.

Whilst there was evidence of regular communication with representatives within the care records, the process of evidencing the involvement/consultation with patients and/or their representatives was not clear. The deputy manager stated that there was regular communication with representatives and patients had an annual care review chaired by a representative of the local health and social care trust. Patients and/or their representative attend the annual care review. Patients care needs and corresponding care plans were discussed at this time.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff also confirmed that staff meetings were held, that they could contribute to the agenda and the meeting and minutes were available. The review of the minutes of staff meetings evidenced that the frequency of planned staff meetings were regular and frequent. Staff also stated the registered manager was receptive and encouraged their ideas.

Staff stated they knew they worked together effectively as a team and had strong communication skills. Comments such as, 'we have a very supportive management team,' and 'staffing levels are good and we all work well together' were received. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management. A representative stated, 'everyone is very friendly from management down.'

There was information available to staff, patients and representatives in relation to the home's complaints procedure and the availability of the annual quality report and monthly quality monitoring reports. The activities programme was displayed throughout the home. The general manager supplied the following information, post inspection, to evidence the processes in place to seek the opinion of and communicate with, patients and representatives:

"An annual resident/family satisfaction survey is issued to everyone and the results are collated and feedback is publicised within the Home and considered at our monthly management meeting, with any necessary action agreed and undertaken by the management team.

The views and involvement of patients and their representatives are actively sought on a daily basis by the Nurse Manager who is supernumerary, and also during the monthly Regulation 29 monitoring visits carried out by the registered provider.

A suggestion box is also provided for anyone who wishes to make an anonymous comment for consideration.

An information notice board is used to advise patients/representatives of topical matters arising and a named senior contact within the Home is placed on such notices, welcoming feedback or comments from all concerned.

A review of all feedback and suggestions made by residents/representatives is undertaken prior to the compilation of the Annual Quality Review Report. This ensures that qualitative and quantitative measures of the involvement/consultation with patients and their representatives are carefully considered, which assists with forward planning in the Home."

Observation of the mid-day meal arrangements was reviewed. Dining tables were attractively set, a range of condiments were available and patients, including patients who required a therapeutic diet, were afforded a choice of meals at mealtimes. Meals were delivered on trays to patients who choose not come to the dining room, the meal was appropriately covered and condiments and the patients preferred choice of fluid, for example, juice or milk were on the tray. A catering survey was completed in Spring 2016 and as a result of the survey and due to the large range of personal preferences and in addition to the two choices at each meal a number of other choices were available to patients daily including for example; risotto, pasta, salmon, white fish, pork or lamb chops, toasties or salads. This provides for a very varied and interesting menu.

### Areas for improvement

Care records should reflect all care needs and interventions. Where a behavioural record is commenced evidence should be present of a corresponding plan of care and the patients' response to planned care should be detailed in the patients' progress record.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

On this occasion the arrangements for the provision of activities was not assessed and will be reviewed at the next inspection. However, staff were observed chatting to patients in the lounge and responding to the patients individually.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home, there is a daily service in the home which patients can attend in the home's chapel. As previously stated there is a café, a shop, library facilities (including audio tapes), a reminiscence room and a holistic therapy room. The services available within the home were varied and plentiful. There is a monthly newsletter produced to help keep patients and representatives informed of upcoming events and information. A garden party was held in June 2016 which was attended by, and greatly enjoyed by, patients and their families.

We spoke with 15 patients who commented:

'If I can't be at home, I'm in the best place.'

'Staff couldn't be any kinder.'

'This is my safe haven.'

'Staff are very caring.'

'Staff are very nice and very kind.'

'Staff are good enough.'

We met with one relative during the inspection and another relative telephoned to speak with the inspector. Relatives confirmed they were very happy with the care and attention afforded by staff in the home.

Comments received from relatives included:

‘All the staff are brilliant.’

‘Warm friendly and consistent approach by staff.’

‘Staff are very forthcoming and keep me informed.’

‘Very happy with the care given to my (relative).’

‘Staff are all very good.’

We spoke with eight staff who commented:

‘The manager is brilliant; you can go to her about anything.’

‘The quality and standard of care is very high.’

‘I have more time to spend with patients here.’

‘It’s wonderful here.’

‘Good communication in the home.’

## Questionnaires

In addition 10 relative/representatives; eight patient and 10 staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report, two patients, three staff and two relatives returned their questionnaires within the specified timeframe. The returned questionnaires were positive regarding the quality of nursing and other services provided by the home.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients knew the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the deputy manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the deputy manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home’s complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the deputy manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in August 2015 confirmed that these were managed appropriately.

Discussion with the deputy manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The organisations governance arrangements include a range of other audits to be completed as well as the audits listed above. For example, the deputy manager completes on a monthly basis, audits in relation to catering, wound care, mattresses and pressure relieving aids, activities and the monthly weights and healthcare observations of patients. This is good practice. A management report is prepared every quarter by the general manager. This report is sent to the Chief Executive of the organisation and provides detailed information as to the operation of the home within the given time period.

Discussion with the deputy manager and review of records for March, April and May 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised, as discussed in the previous sections).

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Devine, deputy manager, and Jenny Hall, general manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 4

**Stated:** First time

**To be completed by:**  
30 September 2016

The registered provider should ensure that the care planning process in operation meets the assessed needs of patients and is a clearly defined process for registered nurses to implement. Specific attention should be given to the management of behaviours.

**Ref: Section 4.4**

#### **Response by registered provider detailing the actions taken:**

The Home had recently received a new template from care management of the Belfast HSCT with regard to management of behaviours.

This was being used as a pilot scheme and was not yet fully implemented in the care plan in question at the time of inspection.

We would confirm that the necessary amendments as recommended above have now been implemented and incorporated in the relevant care plans with good effect for registered nurses and for the wellbeing of residents.

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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