

Inspection Report

5 & 6 October 2021



Nazareth House Care Village

Type of service: Nursing
Address: 516 Ravenhill Road, Belfast, BT6 0BW
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Nazareth House Care Village Responsible Individual: Mr John O'Mahoney	Registered Manager: Mrs Margaret Devine – Acting Manager no application required
Person in charge at the time of inspection: Mrs Margaret Devine	Number of registered places: 60
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 56
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 60 patients. The home is divided into four streets; 3 rd , 4 th , 5 th and 6 th Streets. Within each street patients have access to communal lounges and dining rooms. Patients also have access to extensive communal gardens.	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2021 from 9.25 am to 4.30 pm and on 6 October 2021 from 10.00 am to 2.40 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients spoke positively about living in the home and said they felt well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was observed that staff provided care in a compassionate manner and treated the patients with courtesy and respect.

Areas requiring improvement which were identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in Nazareth House Care Village was safe, effective, compassionate and that the home was well led.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 and how staff went about their work was observed.

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 Margaret Devine, Acting Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 15 patients, and 10 staff. We also spoke to two relatives who are Care Partners.

Patients said they felt well looked after in the home and that staff were responsive when they needed assistance.

Relatives spoke positively about the home; they said that the "care is very good and staff are kind".

Staff said that they enjoyed their work and felt well supported by the management team.

A record of thank you cards, emails and letters was maintained and shared with the staff team. These included many compliments about the care provided by staff and the kindness shown to patients. A relative had complimented the staff team for “going over and above what is expected” while another said that “we are eternally grateful for the help and the kindness”.

Following the inspection RQIA received nine completed questionnaires from patients and relatives. All the respondents indicated that they were satisfied/very satisfied with all aspects of care in the home. One patient commented that the carers are kind and helpful. Another patient commented that the home needs more staff although staff are good and work hard.

Comments made by patients, staff and relatives were brought to the attention of the manager for information and action if required.

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 26 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that neurological observations are consistently completed and recorded when required in the event of a fall.	Not met
	Action taken as confirmed during the inspection: Review of records of neurological observations evidenced that there were inconsistencies regarding the frequency and duration of these observations. This area for improvement has not been met and will be stated for the second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 23 Stated: Second time	The registered person shall ensure that an effective system should be developed to monitor settings on pressure mattresses in use in the home.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with staff evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. The recruitment file for a nurse lacked evidence of their registration status with the Nursing and Midwifery Council (NMC) having been checked. Review of records confirmed that the nurse was appropriately registered and the manager assured us NMC registration status would be included in the pre-employment check. However, this was not evident in the recruitment file; an area for improvement was identified. There was a system in place to monitor the registration status of nurses with the NMC and care staff with the Northern Ireland Social Care Council (NISCC) on a monthly basis. Staff confirmed they were provided with an induction programme on commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with a range of mandatory training to enable them to carry out their roles effectively. Staff said that they were satisfied that their training needs were met. Review of training records evidenced that mandatory training was provided in an online format but also face to face when required, for example, in fire safety awareness, moving and handling and infection prevention and control training. A training matrix and record of staffs' compliance was maintained and staff were reminded when training was due.

The manager said that the number of staff on duty was reviewed on at least a monthly basis to ensure that the needs of the patients were met. The manager also said that agency staff were rarely required as the home's own staff were very helpful at covering shifts when necessary. Staff said that they were satisfied with staffing levels in the home and confirmed that efforts were made to cover unavoidable issues such as short notice sick leave.

The staff duty rota reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Review of the duty rota identified that it needed to be amended to reflect the capacity in which the manager's hours were worked and also to include the first name as well as the surname of staff. This was brought to the attention of the manager for information and action.

Staff said that teamwork was very good and that they all "rally around to help out". Staff also said that the management team was approachable and that they felt well supported in their role.

Review of records confirmed that a supervision schedule was in place but that staff were only scheduled for one period of supervision annually; staff should be provided with formal supervision no less than every six months. An area for improvement was identified.

The manager confirmed that all nurses who took charge in the home in the absence of the manager had completed the relevant competency assessments. The most recently completed nurse in charge assessments were available to review.

Patients we spoke to during the inspection did not raise any concerns about staffing levels in the home; they commented positively about staff responsiveness and said that when assistance was needed “they come quickly, in no time at all”.

Patients’ relatives did not have any concerns about staffing levels and felt that staff were responsive.

Staff discussed the importance of maintaining a positive outlook and providing colleagues with positive feedback. They said that working “through the Covid time has been hard, tricky and anxious” but that “they all pull together” and promote a supportive and enthusiastic approach within the team.

5.2.2 Care Delivery and Record Keeping

Patients’ needs were assessed at the time of admission to the home. However, the records reviewed for a patient who had recently been admitted evidenced that not all the required risk assessments and care plans had been completed within five days of admission; an area for improvement was identified.

Staff said that they received a handover at the start of each shift to ensure that they were aware of any changes in the needs of the patients. Patients’ care records were held confidentially.

Discussion with staff confirmed that the correct procedures were followed if restrictive practices and equipment, for example, bed rails, were required. It was observed that one patient did not have a bed rail risk assessment but did have a care plan that indicated bed rails were in use. This was brought to the attention of the manager for information and action. Following the inspection the manager confirmed that this issue had been resolved.

Those patients who required assistance to change their position had this recorded in their care records. Care records accurately reflected the patients’ needs and repositioning records reviewed were maintained contemporaneously. It was confirmed that there was a system in place to identify and monitor settings on pressure mattresses.

Wound care records reviewed were reflective of the recommendations in the patient’s care plan. A gap was noted on recording on the wound chart however the dressing change was reflected in the patient’s daily evaluation of care. This was brought to the attention of the manager for information and action.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, aids such as bed rails were in use if required. Staff displayed their knowledge of the home’s post fall protocol and the frequency and duration of neurological observations if required. However, review of records of neurological observations evidenced a lack of consistency in the frequency and duration of these in the event of a fall; this area for improvement has not been met and will be stated for the second time.

Staff were observed to be prompt in recognising patients’ needs, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were seen to be respectful and understanding. Staff were knowledgeable about individual patients’ needs, daily routine and preferences.

There was evidence that care records were regularly reviewed to ensure they continued to meet the patients' needs. There was evidence of consultation with patients and their relatives regarding their care needs. Care plans were generally detailed and contained specific information on each patients' care needs. It was observed that the care plan for breathing for an identified patient required more detail; this was brought to the attention of the manager for information and action. Patients' individual likes and preferences were reflected throughout the records, for example, preferred mattress type and dietary likes and dislikes.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was seen to be an opportunity for patients to socialise in the dining room if they wished or to eat in their own room or the lounge if that was their preference. During lunch it was observed that patients were provided with the range of support they required from simple encouragement through to full assistance.

There was a choice of meals on offer and the food was attractively presented and smelled appetising. Staff offered patients a choice of drinks during the meal. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of diet. Staff maintained up to date records of what patients had to eat and drink daily.

Patients' weights were checked at least monthly to monitor weight loss or gain. Care records contained recommendations from the Dietician and the Speech and Language Therapist (SALT). However, it was observed that terminology regarding patients' diet and fluid recommendations was not consistent within care records and did not always reference the level of diet and fluid required; an area for improvement was identified.

Patients said that the food was very good and that factors such as gluten free diets were well catered for.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised with items that were important to them such as family photographs, paintings and ornaments.

Communal lounges, dining rooms and the conservatory were inviting spaces for patients; they were clean, tidy and tastefully decorated.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for patients, staff and care partners.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. It was confirmed that staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Fire exits and corridors were free from any obstructions. An up to date fire risk assessment was available for review; the manager confirmed that all required actions had been completed. The manager also said that routine maintenance checks were carried out as required.

Patients and relatives commented positively about the home's environment and cleanliness; they said the home was kept very clean and tidy.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how to spend their day. It was observed that staff offered patients choices about whereabouts they wanted to spend their time and take their meals.

A monthly newsletter was sent to patients and this provided information about, for example, events and activities in the home, visiting arrangements and hairdressing services which had recently recommenced.

Activities were provided in small groups or on a one to one basis. Planned activities included chair exercises, arts and crafts, ball games and painting. One to one activities included nail care and completing crossword puzzles. Patients can attend mass in the chapel which sits at the centre of the home.

The majority of patients said that they had enough to do and that staff were helpful if they wanted to join in activities. One patient said that COVID had changed things for them and now they preferred to stay in their own room but they were aware activities were offered and would join in if they were especially interested in something. Patients who were in their rooms had TV's or radios on as they preferred. Patients also had call bells within reach so they could summon staff for assistance; it was observed that call bells were answered promptly.

The manager said that patient opinion had been sought about meetings and they had indicated they were not currently interested in these. Patients' views on, for example, the food were sought and used to inform menu planning in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff said they assist patients to make telephone or video calls to their families and facilitate booked visits within the patients' bedrooms. Visiting and Care Partner arrangements were in place and managed according to the current Department of Health (DoH) guidance. One patient said they had had quite a few visitors again which had been very nice.

The manager said that relatives' meetings have been suspended due to social distancing restrictions but a weekly letter is sent to relatives with updates on the current situation and any changes.

The atmosphere in the home was warm and welcoming. Staff were seen to treat the patients with kindness and respect, to offer them choices and assist them as necessary.

Patients said they felt well looked after and were comfortable in the home.

Relatives said that communication was good and they had been kept well informed about visiting and care partner arrangements.

5.2.5 Management and Governance Arrangements

There has been a temporary change in the management of the home since the last inspection. Mrs Margaret Devine has been the Acting Manager since 27 September 2021; this is a short term arrangement until the Registered Manager returns to their role. 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.

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. However, it was observed that recent audits of the kitchen and laundry had not been undertaken due to the absence of the supervisors in both areas. Also, environmental audits include sections regarding the kitchen and laundry which are actually audited separately; as a result the audits looked incomplete. An area for improvement was identified regarding environmental audits.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champions for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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

Patients and their relatives said that they knew who to approach if they had a concern or complaint and had confidence that this would be well managed. The manager said that the outcome of complaints would be used as a learning opportunity for staff to help prevent a recurrence. However, review of the home's record of complaints evidenced that while communication regarding complaints was available not all the required information was recorded; an area for improvement was identified.

Staff commented positively about the management team and described them as supportive and approachable.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients looked well cared for and spoke positively about their experience of living in the home. Patients who were less well able to communicate were seen to be content and settled.

Staff were helpful and friendly and were seen to treat the patients with kindness, respect and patience.

The home was clean, tidy, warm and well decorated throughout.

As a result of this inspection areas for improvement were identified regarding information required in recruitment files, supervision for staff, completion of care records within five days of admission, use of consistent terminology in relation to food and fluids, environmental audits and records of complaints. An area for improvement regarding completion of neurological observations was not met and will be stated for the second time.

Based on the inspection and discussions held we are satisfied that this service is providing safe, effective and compassionate care and that the service is well led. Addressing the areas for improvement will further enhance the quality of care and services provided in the home.

7.0 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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2*	5

*The total numbers of area for improvement includes one under the regulations which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Margaret Devine, Acting 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 13 (1) (a) Stated: Second time	The registered person shall ensure that neurological observations are consistently completed and recorded when required in the event of a fall. Ref: 5.1 & 5.2.2
To be completed by: Ongoing from the date of the inspection	Response by registered person detailing the actions taken: The Registered Person intends to complete the following actions following the inspection: All Nurses will receive supervision on neurological observations

	<p>to be recorded when required in the event of a fall; Records maintained in the event of a fall will be audited monthly; and Training is to be provided to all Nurses on the Management of Falls. These actions are to be completed by the 31/12/2021.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that recruitment files contain all the required information including evidence that registration with the appropriate professional regulatory body has been checked.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person will arrange for an audit to be completed on all HR files to ensure that registration with the appropriate professional regulatory body has been obtained on appointment. This audit will be completed by the 15/11/2021.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that staff are provided with formal supervision no less than every six months and that the supervision schedule in place reflects planned and completed supervision dates.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person will ensure that staff are provided with supervision no less than every six months and that a planned supervision schedule is in place, which is completed once the supervision session has taken place.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that the required risk assessments and detailed care plans are completed for patients within five days of admission to the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Person will monitor all new admission records to ensure that care plans and required risk assessments are completed within five days of admission.</p>

<p>Area for improvement 3</p> <p>Ref: Standard xx</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that care records relating to patients' diet and fluid recommendations consistently use the correct terminology to reflect the level of food and fluids required.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Person will audit all care records to ensure that records which relate to the patients diet and fluid recommendations consistently use the correct terminology.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that environmental audits are amended in order that they are reflective of the areas actually examined. In the absence of kitchen and laundry supervisors planned audits should be completed by a designated person.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Person has amended the environmental audits to ensure they are reflective of the area examined. When the head of a department is absent, the Registered Person will appoint a designated person to complete the audit.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that, in addition to details of communications with complainants, records of complaints include when received, who made the complaint, actions taken, the result of any investigations and if the complainant was satisfied or, if not, what additional actions were required.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Registered Person has installed a new complaints record to verify all aspects of the complaints process, including the complainants satisfaction with the outcome of the complaint.</p>

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