

Inspection Report

16 & 17 January 2023



Nazareth House Care Village

Type of service: Nursing Home
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: Nazareth House Care Village Responsible Individual : Mr John O'Mahoney	Registered Manager: Mrs Patricia McMullan Date registered: 30 September 2008
Person in charge at the time of inspection: Mrs Patricia McMullan	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: 60
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 16 January 2023 from 9.30 am to 4.30 pm and on 17 January 2023 from 10.00 am to 3.50 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 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.

Staff were seen to treat the patients with respect and kindness and to be attentive to their needs.

Areas requiring improvement were identified regarding notifications to RQIA and management of medicines.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients said that they found life in the home to be a positive experience and that staff were helpful and friendly. Comments made by patients included that "there is always someone to help me", "the staff are lovely", "I am very happy here, they do so much for me", "they couldn't be better, nothing is too much trouble" and "they are spoiling me rotten".

Staff said that they enjoyed working in the home and that the manager was approachable. Some staff felt that weekend staffing levels could occasionally be improved but were satisfied with staffing levels otherwise. Comments made by staff included that "I love it here, it is really good", "teamwork is excellent" and "we all work really well together".

Relatives said that communication was good and they were satisfied with the care provided. One relative said that “I have no complaints at all about Nazareth House”.

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

Comments made by patients, staff and relatives were brought to the attention of the manager for information and action if required. The manager said that staff had previously brought their concerns regarding weekend staffing levels to her attention and this was kept under close review.

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 4 October 2022		
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: Second time	The registered person shall ensure that neurological observations are consistently completed and recorded when required in the event of a fall.	Met
	Action taken as confirmed during the inspection: Review of relevant care records evidenced that neurological observations were consistently reviewed and recorded in the event of a fall.	
Area for Improvement 2 Ref: Regulation 21 (4)(b) Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: Review of recruitment files evidenced that this area for improvement was not met; see section 5.2.1 for further details. This area for improvement has been 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 40 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the supervision schedule in place evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Standard 4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of relevant care records evidenced that this area for improvement was met.	
Area for improvement 3 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement was met.	
Area for improvement 4 Ref: Standard 35 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the relevant audits evidenced that this area for improvement was met.	

Area for improvement 5 Ref: Standard 16 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the complaints records evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was a system in place to manage recruitment of staff. However, in the recruitment files reviewed there was no evidence that registration status with the appropriate professional regulatory body had been checked; this information and other required details had to be verified during and after the inspection. This area for improvement was not met and has been stated for the second time.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) on a monthly basis.

There were systems in place to ensure staff were trained and supported to do their job. The manager maintained an overview of staff compliance with training and staff were reminded when training was due. It was positive to note that face to face training was provided within a flexible timeframe in order to accommodate all staff including those who worked evenings, weekends and night duty shifts.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. As previously mentioned staff said that occasionally at weekends staffing levels could be improved. The manager said that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and that bank or agency staff were used as needed to ensure that shifts were covered.

Staff said that teamwork was good and they felt well supported in their role. It was observed that there were sufficient numbers of staff on duty to attend to the needs of the patients in a timely manner.

Patients said they felt well looked after and that there were enough staff to help them. One patient said that staff sometimes took a while to get to them; this was brought to the attention of the manager for information.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were completed within the required timeframe following admission and were held confidentially.

Patients who are less able to mobilise were assisted by staff to change their position regularly. Care records included recommendations regarding pressure relieving equipment in use and the frequency of repositioning.

Review of wound care records evidenced that wounds were redressed as required with the recommended type and frequency of dressing. There was evidence that the Tissue Viability Nurse (TVN) had been appropriately consulted and that recommendations made by the TVN were followed.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall including carrying out neurological observations consistently. It was noted that a minority of falls risk assessments and/or care plans had not been reviewed in the event of a fall. Following the inspection the manager confirmed that staff had been reminded of their responsibilities regarding reviewing relevant care documentation.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, crash mats and alarm mats.

Review of care records evidenced that these were regularly reviewed and updated to ensure that they continued to meet the needs of the patients. Care plans were detailed and person centred. Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff ensured that patients were comfortably seated, either in the lounge, dining room or their own bedroom, as they preferred for their meal. Lunch was well organised, relaxed and unhurried. Staff were seen to assist patients with the level of support they required from

simple encouragement through to full assistance. An up to date menu was on display for patients' information.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal. Trays were delivered to patients who chose not to eat in the dining room. Dessert was served on the tray with the main course but it was observed that, where this was a hot dessert, there was no means of keeping it warm on the tray. This was brought to the attention of the manager for information and appropriate action.

Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician and that the correct terminology was used regarding levels of food and fluids. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

It was observed that a prescribed nutritional supplement dessert and a liquid medication had been left unattended in a patient's room without being administered. The supplement was noted to be out of date. A registered nurse was alerted to this and appropriate action was taken. An area for improvement was identified. Following the inspection the manager confirmed that relevant staff had been reminded of their responsibilities regarding checking expiry dates and administration of medications.

Patients said they enjoyed the food in the home. One patient said that "the food is good home cooking and I am always very happy with it".

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy, warm and fresh smelling. Patients' bedrooms were light, bright and personalised with items that were important to them. The main communal areas were attractively decorated and welcoming spaces with a wide variety of lounges, conservatories and quiet rooms available for patients to use. Fire exits and corridors were observed to be clear of clutter and obstruction.

Equipment and continence supplies were seen to be stored inappropriately in some of the ensuite bathrooms. This was brought to the attention of the manager for information and appropriate action.

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.

Staff use of personal protective equipment (PPE) and hand hygiene was regularly monitored and records were kept. Review of records and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times.

A minority of staff were seen to not be consistently adhering to the regional guidance regarding the use of masks. This was brought to the attention of the manager for information and appropriate action. Following the inspection the manager confirmed that staff had been

reminded of their responsibilities regarding the wearing of masks and this was being monitored on a daily basis.

Patients said that they were satisfied the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, whereabouts they preferred to spend their time, what they would like to eat and drink and the option to take part in activities or not.

The atmosphere throughout the home was calm, warm, welcoming and friendly. Patients looked well cared for. Staff were seen to be attentive to patients' needs and to provide assistance in a timely manner.

The home had two activity co-ordinators who consulted with the patients to determine their hobbies and interests in order to help plan a varied and meaningful activity programme.

The activity co-ordinator said that in addition to the weekly scheduled activities patients really enjoyed outside entertainers, singers and pet therapy and it was lovely to be able to invite these visitors from the community into the home again. The activity co-ordinator also recognised the importance of ensuring that relatives were informed about activities and provided with mementoes such as photographs as a record of enjoyable events.

The activity schedule was on display and included an art class, ball games, armchair exercises, crosswords and quizzes. Discussion with patients confirmed that they were able to choose how they spent their day; staff let them know what activities were planned and they decided whether or not to take part. One patient said they really enjoyed the art class while another said they preferred reading and going for a walk rather than taking part in the group activities.

Patients were assisted to attend services in the home's chapel or to have their religious needs met by other means where they preferred.

Patients said that they felt staff listened to them and would do their best to sort out any concerns or issues they might have. Comments made by patients included that "I am getting all the care I need in here, the staff are very good and take time to listen" and "they always listen if you have a problem".

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Patricia McMullan has been the manager in this home since 30 September 2008. 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 robust system of auditing was in place to monitor the quality of care and other services provided to patients.

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 and deputy manager were identified as the appointed safeguarding champions for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Relatives said that they knew how to report any concerns or complaints and that they were confident that these would be dealt with. Records of complaints reviewed were observed to include all the required information. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

A review of the records of accidents and incidents which had occurred in the home found that these had been reported appropriately to the Trust and the next of kin. However, RQIA had not been appropriately notified in all cases. Retrospective notifications were requested and an area for improvement was identified.

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 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*	1

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Patricia McMullan, Registered Manager, and, Margaret Devine, Deputy 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 2 Ref: Regulation 21 (4)(b) Stated: Second time To be completed by: With immediate effect	<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: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: This action has been completed. The recruitment files now contain all the required information including evidence that registration with the appropriate professional body has been checked.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that RQIA are appropriately notified of all relevant accidents/incidents.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: This action has been completed. The accident/incidents identified have been notified to RQIA. These events were already notified to BHSCT.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • there is a system in place to ensure that prescribed supplements are not dispensed past the date of expiry • medications and supplements are administered when dispensed and not left unattended. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: These actions have been completed. In addition to the actions required, supervision has taken place with the staff member involved.</p>

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