

# Inspection Report

20 May 2024



## Nazareth House Care Village

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Nazareth Care Ireland  <b>Responsible Individual:</b> Mr John Thornton	<b>Registered Manager:</b> Mrs Carmel Blaney  <b>Date registered:</b> 25 September 2023
<b>Person in charge at the time of inspection:</b> Carmel Blaney – Registered Manager	<b>Number of registered places:</b> 60
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 59
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 60 patients. The home is divided into four 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 20 May 2024 from 9.20 am to 5.40 pm by two care inspectors. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Nazareth House Care Village was provided in a compassionate manner.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

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 patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Nazareth House Care Village. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "This is a great place", while another patient said, "The staff are excellent and the place is spotless. You just press that wee buzzer and someone is here." A further patient said, "The staff are great and the food is lovely, you get a choice."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "I have to say they (the staff) are absolutely fantastic."

Staff spoken with said that Nazareth House Care Village was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. The manager confirmed that there were good working relationships between staff and management. The manager was very complementary of all the staff who work in the home.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

## 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 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 21 (4) (b) <b>Stated:</b> Third 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> Second time	The registered person shall ensure that RQIA are appropriately notified of all relevant accidents/incidents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 19 (2) Schedule 4 (6) <b>Stated:</b> First time	The registered person shall ensure that a system is implemented to evidence oversight of all pre-employment checks by the registered manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure that the relevant care plans and risk assessments are reviewed and updated as required following a fall.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure that appropriate medical advice is sought for patients on anticoagulant therapy following a fall.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure that care plans are regularly reviewed and updated to reflect any changes to the patients' assessed needs.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 7</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	<p>The registered person shall ensure that all staff are made aware of their responsibility to ensure that cleaning chemicals are stored securely to reduce any risk to patients.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	

<b>Area for improvement 8</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	<p>The registered person shall ensure that the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul>	<b>Partially met</b>
<b>Action taken as confirmed during the inspection:</b> This area for improvement has not been met and is stated for a second time. This is discussed further in 5.2.3.	<b>Validation of compliance</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	<p>The registered person shall ensure that a robust system is implemented and maintained in regard to monitoring staff registration with the Nursing and Midwifery Council and the Northern Ireland Social Care Council.</p>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of a selection of recruitment records confirmed that pre-employment checks had been completed prior to each staff member commencing in post. Staff members including agency staff were provided with a comprehensive induction programme to prepare them for providing care to patients.

Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

It was noted that correction fluid was used on some of the rotas. This was discussed with the manager who agreed to cease this practice.

Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as manual handling, infection prevention and control (IPC) and fire safety.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels. Review of staff meeting minutes confirmed that staff meetings were held on at least a quarterly basis.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; relatives said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

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

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. However, examination of the recording of repositioning evidenced patients were not consistently repositioned in keeping with their assessed needs. This was discussed with the manager and an area for improvement was identified.

Management of wound care was examined. Review of a selection of care records confirmed that wound care was provided in keeping with care plan directions.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. Examination of records regarding the management of falls evidenced that these were managed in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Bedrail risk assessments clearly identified if bedrails were a suitable intervention.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Records of patients' intake and outputs were recorded where this was required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Examination of a selection of modified diet records confirmed these contained conflicting information regarding the levels of food and fluid recommended for at least one identified patient. Some menu choice records reviewed only contained the patient's first name. This had the potential to cause confusion in relation to the delivery of patient care. Patients were supervised during mealtimes although there were a small number of occasions when patients were not appropriately supervised in the dining room. This was discussed with the manager who agreed to amend records relating to the management of patients on modified diets and review the mealtime experience with consideration given to the introduction of a "safety pause" at mealtimes. This will be reviewed at a future care inspection.

Patients' needs were assessed 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 and included any advice or recommendations made by other healthcare professionals. Review of a selection of care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs. It was pleasing to note that nursing staff had updated care plans to reflect the changing needs of patients, although this was not on a consistent basis.

There was evidence that a number of care plans for an identified patient had not been reviewed following readmission to the home after a period of time in hospital. For example, the patient was prescribed a food supplement while in hospital although this information had not been included in the patients eating and drinking care plan. This was discussed with staff who ensured the patients care plans were reviewed and updated as required before the end of the inspection. An area for improvement was identified.

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 also recorded.

It was noted that records from the residential care home in the same building were available to staff in the nursing home following transfer of patients from one service to the other. Although risk assessments and care plans had been updated to accurately reflect the patients assessed needs, some of the patients care records related to residential care home which is a separate registered service. This was discussed with the manager who agreed to address this with registered nursing staff and monitor compliance through an admission tracker. This will be reviewed at a future care inspection.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were tastefully decorated and suitably furnished.

Inappropriate storage of patient equipment was observed in identified communal bathrooms and further attention was required in the cleaning of some of these pieces of equipment. In addition, hand sanitisers were observed in need of a better clean and the hot water dispensers required descaling. Two identified storage areas were also found to be cluttered and a small number of areas in the home required painting and decorating.

The above observations were discussed with the manager who agreed to address the matters raised and review their environmental cleaning and refurbishment plans. Given these assurances and to provide the manager with sufficient time to fully address the works required, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks.

There were laminated posters displayed at hand washing points to remind staff of good hand washing procedures. Hand sanitisers were available throughout the home although not always readily available at personal protective equipment (PPE) stations. Posters to prompt staff regarding the correct method for applying and removing of PPE were not always displayed at PPE stations. This was discussed with the manager who agreed to review this.

Discussion with staff confirmed that training on IPC measures and the use of personal protective equipment (PPE) had been provided, although shortfalls in staff practice were noted. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some improvements were noted since the previous care inspection although not all staff were observed to be bare below the elbow. An area for improvement was stated for a second time.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals or to the lounge to socialise.

Patients were observed reading, listening to music and watching TV in their bedrooms, while others enjoyed a visit from relatives. Patients and relatives were very complimentary of the activity co-ordinators. Comments received included, "Fiona and Antoinette (activity co-ordinators) are two gems. You couldn't get it anywhere else" and "Antoinette and Fiona are angels."

An activity planner displayed in the home confirmed varied activities were delivered which included exercises, one to one activities, art, music, puzzles and games and quizzes. A monthly newsletter highlighted ongoing events.

### 5.2.5 Management and Governance Arrangements

Staff members 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.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There has been no change in the management of the home since the last inspection. Mrs Carmel Blaney has been the manager since March 2023 and registered with RQIA from 25 September 2023.

Review of records confirmed that systems were in place for staff supervision and appraisal.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis.

A review of the records of accidents and incidents which had occurred in the home found that these were well managed and reported appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Review of a sample of audits confirmed that improvements were required regarding the auditing of wound care, hand hygiene and the home environment. Governance oversight was discussed at the previous care inspection. In order to drive the necessary improvement, 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. 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 (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	2

\*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 Mrs Carmel Blaney, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 20 May 2024	The registered person shall ensure that the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  This area for improvement relates to the following: <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> Ref: 5.1 and 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All staff reminded to adhere strictly to the correct donning and doffing technique of personal protective equipment. Additional posters on display to reinforce same. Additional wall mounted hand sanitizers in place. Regular audits completed to ensure compliance.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 20 May 2024	The registered person shall ensure risk assessments and care plans are reviewed and updated following patient's admission to hospital.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All staff have been reminded regarding the importance of reviewing and updating risk assessments and careplans following admission to hospital. The Registered manager will ensure adherence, via oversight of the audit tool which is in place.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 20 May 2024	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All staff have been reminded of the importance of documenting evidence of repositioning residents.

	The Registered Manager will ensure that the audit tool in place is robustly adhered to, thus ensuring compliance.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 20 May 2024	The registered person shall review the home's current audit processes to ensure they are effective and evidence oversight from the registered manager.  This area for improvement is made with specific reference to auditing of wound care, hand hygiene and the home environment.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The registered person will robustly review the home's audit processes to ensure they are effective, with specific reference to auditing of wound care, hand hygiene and the home environment.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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