

# Unannounced Care Inspection Report

## 22 August 2017



## Nazareth House Care Village

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

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 48 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Poor Sisters of Nazareth  <b>Responsible Individual:</b> Ms Jenny Hall	<b>Registered Manager:</b> Mrs Patricia McMullan
<b>Person in charge at the time of inspection:</b> Mrs Patricia McMullan	<b>Date manager registered:</b> 30 September 2008
<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 registered places:</b> 48

### 4.0 Inspection summary

An unannounced inspection took place on 22 August 2017 from 09.30 to 17.30 hours.

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.

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

Evidence of good practice was found in relation to staff recruitment practices; staff induction, training and development; adult safeguarding arrangements; infection prevention and control practices; risk management; the care records and care delivery and effective communication systems. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home. The environment of the home was conducive to the needs of the patients and was attractive and comfortable.

An area identified for improvement was in relation to ensuring care records reflects patients' current needs. This refers to both permanent and respite patients.

Patients' comments included:

"They (staff) are as good as you can get."  
 "Excellent home, couldn't get better."  
 "Staff are lovely to everyone."

Refer to section 6.6 for further comments.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Patricia McMullan, Registered 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 28 February 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 February 2017.

There were no further actions required to be taken following the most recent inspection.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 patients, nine staff and one patient's visitor/representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution. The following records were examined during the inspection:

- duty rota for all staff from 14 to 27 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 28 February 2017**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 2 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of three patient care records evidenced that registered nurses were diligently completing an assessment of patient needs. There was evidenced that the information from the assessment of need and/or risk assessments were informing the planning of care.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 14 August to 27 August 2017 evidenced that the planned staffing levels were adhered to. The review of the staffing rosters evidenced that there were ancillary staff on duty throughout the seven day period. Observation of the delivery of care and discussion with staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; seven were returned prior to the issue of this report. All of the respondents answered 'yes' to the question "are there sufficient staff to meet the needs of the patients?". Four patients and three relatives also responded via questionnaire and confirmed their satisfaction with the staffing arrangements.

A nurse was identified on the staffing rota to take charge of the home when the registered manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

Discussion with the registered manager and a review of two staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

The registered manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe. We spoke with two staff who confirmed that they were provided with a period of induction during which they were supernumerary. Both staff commented positively on the induction they had received.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager and reviewed. The review of the records evidenced that a robust system was in place to monitor the registration status of nursing and care staff.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed training modules on for example; basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that the registered manager had a system in place to ensure staff met their mandatory training requirements.

A review of the supervision and appraisal schedule confirmed that there were systems in place to ensure that staff received supervision and appraisal. In discussion with staff they confirmed they were in receipt of regular supervision and an annual staff appraisal.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that they had attended training which included the role of the safeguarding champion and there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The adult safeguarding policy reflected the new regional operational procedures.

Review of three 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. Care records are further discussed in section 6.5.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed.

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. Building works were on-going in respect of additional bedroom facilities. The building works were organised and managed to ensure minimal disruption and noise levels for the existing patients.

Infection prevention and control measures were adhered to. We observed the housekeepers equipment trolley and equipment was in accordance with the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

Fire exits and corridors were observed to be clear of clutter and obstruction. The annual fire risk assessment of the home was undertaken on 30 August 2016. Discussion with the registered manager and a review of documentation evidenced that the recommendations of the report had been addressed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management and provision of staffing, recruitment and selection procedures, staff training and development, adult safeguarding, infection prevention and control and fire safety.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of three 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.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the care plan. Wound care records were in accordance with the National Institute of Clinical Excellence (NICE) guidelines.

Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. The patients' weights were audited by the registered manager on a monthly basis. Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored.

Patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

Evidence was present that registered nurses regularly reviewed and updated patient care records on a monthly basis, as previously detailed. However, and as discussed with the registered manager, when a patient is readmitted back to the home, care records must reflect the patients' current needs. This was identified as an area for improvement under the care standards. The registered manager confirmed, by telephone, following the inspection that the issue regarding the patient's care records had been addressed.

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans, the frequency of repositioning was recorded on the repositioning record and staff were reporting on the condition of the patient's skin.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. Staff meetings are held in the designated streets, for example streets 3 and 4 and streets 5 and 6. The most recent staff meeting was 8 August 2017. Staff stated that there was effective teamwork with each staff member knew their role, function and responsibilities.

The serving of the midday meal was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed in the dining room. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake. Registered nurses assisted patients with their meals who were assessed as being at risk of choking.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; wound care management and oversight of weight loss; audits and reviews; and communication between residents, staff and patient representatives.

### Areas for improvement

An area identified for improvement under the care standards, was in relation to ensuring care records reflect patients' current needs. This refers to both permanent and respite patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:30. There was a calm atmosphere and staff were busy attending to the needs of the patients. 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. Staff were knowledgeable of patients' non-verbal cues and what they were trying to communicate; the positive non-verbal responses by patients confirmed staffs understanding was correct.

There is a varied and interesting activities programme in place. On the day of the inspection a social activity of music and dance had been arranged in the main hall and this appeared to be enjoyed by the patients who attended.

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 fund raising summer ball was held in June 2017 which was extremely successful.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

"You are a remarkable group of individuals who work as a team to ensure that those in your care are protected and loved at a critical time in their lives....you are simply exceptional."

"As a family member I feel safe and secure in the knowledge that my (relative) was receiving excellent care."

"There was a constant flow of communication with myself and I feel the unit went beyond what was expected....it was exceptional."

We spoke with 15 patients who commented:

"They (staff) are as good as you can get."

"Staff are very good, I couldn't complain and I'm very comfortable."

"I feel very privileged to have a place here."

"Everything is 100 percent."

"I'm very comfortable here and staff are very attentive."

"Excellent home, couldn't get better and staff are lovely to everyone."

We spoke with staff who commented:

"Great home and good teamwork."

"I love it here, wish I started in here years ago."

"Managers are very approachable."

## 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, four patients, seven staff and three relatives returned their questionnaires within the specified timeframe.

## Patients

Three patients indicated that they were very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led. One patient indicated that they were satisfied across the four domains.

Additional comments included:

“I feel every aspect of safety is provided both in-doors and outdoors.”

“I feel the standard of care here is to be admired, for example; training of staff and a good knowledge of the essential needs of the resident.”

“I have observed from time to time that the standards and the essence of management and leadership is clearly reflected on staffs care and sensitivity of each individual.”

“If I need to see the manager she listens to what I have to say in a gracious and helpful manner, the care assistants are most helpful also.”

“The two busiest times are mornings and bedtime and staff can be stretched.”

## Relatives

All three relatives who responded indicated that they were very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led.

Additional comments included:

“I feel my (relative) is quite safe in Nazareth at all times.”

“I feel that the nursing staff listen to me and I am kept up to date with my (relative's) care.”

“I am always made to feel welcome when I visit my (relative). My (relative) and I have privacy in the home.”

“The manager is visible and approachable and acts quickly on anything I ask.”

“I am not fully informed of my (relative's) medical condition and the medication/treatment he/she is receiving unless I specifically ask.”

## Staff

Seven staff indicated that they were very satisfied that the delivery of care was safe, effective and compassionate and six that the service was well led. One staff member indicated that they were satisfied that the service was well led. The registered manager was made aware of additional comments made in the questionnaires, by telephone, prior to the report being issued.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of the patients 'and the provision of activities.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

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

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the management would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager.

Discussion with the registered 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 Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with and who responded via questionnaire that that were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the registered manager 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, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. 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, 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.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was 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 Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed. 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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships within the home.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia McMullan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be completed by:</b> 2 October 2017	<p>The registered person shall ensure that patient care records evidence that care plans, reflective of current assessed need, are available at all times.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            It is confirmed that the one Care Plan was updated as required, further to the Re-admission of a Resident for a second period of Respite within a Calendar month. This will be highlighted to the Nursing Team at a forthcoming meeting.</p>

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





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