



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 24 February 2020



Nazareth House Care Village

Type of Service: Nursing Home (NH)
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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.

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 60 patients.

3.0 Service details

Organisation/Registered Provider: Nazareth House Care Village Responsible Individual: John O'Mahoney	Registered Manager and date registered: Patricia McMullan 30 September 2008
Person in charge at the time of inspection: 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: 57

4.0 Inspection summary

An unannounced care inspection took place on 24 February 2020 from 10.00 hours to 17.35 hours.

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.

The following areas were examined during the inspection:

- staffing-including deployment
- training
- environment
- care records
- culture and ethos
- governance arrangements

Evidence of good practice was found in relation to staffing, maintaining good working relationships, the home's environment, the culture and ethos and listening to patients.

Areas requiring improvement were identified in relation to the system in place to monitor the NMC status of nursing staff, ensuring consistent use of terminology in care records, updating care plans to reflect the use of pressure mattresses as well as developing a system to monitor pressure mattresses in use and reviewing IPC audit forms in use.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	*1	3

*The total number of areas for improvement includes one under the regulations which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Patricia McMullan, 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 7 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 17 February to 1 March 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- staff training records
- incident and accident records
- six patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- a sample of monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (a) (5) Stated: First time	The registered person shall ensure an effective system is implemented and maintained for the purpose of monitoring the registration status of nursing staff with the NMC.	Partially met
	Action taken as confirmed during the inspection: Review of records evidenced that NMC checks had been completed for all staff in December 2019. However, the system in place for monitoring NMC checks was not clearly defined. This area for improvement was partially met and has been stated for the second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure items are appropriately stored in all storage areas in keeping with IPC best practice standards.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that items were stored appropriately throughout the home.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure wound care plans are regularly reviewed and the recommended frequency of dressing change is accurately recorded in accordance with NMC guidelines.	Met
	Action taken as confirmed during the inspection: Review of wound care records evidenced that care plans had been regularly reviewed and the frequency of dressing change was accurately recorded and carried out as recommended in the care plan.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure recording on repositioning charts is kept up to date and is reflective of the care directed on patients' care plans in accordance with NMC guidelines.	Met
	Action taken as confirmed during the inspection: Recording on repositioning charts reviewed was up to date and reflective of the repositioning schedule directed on patient's care plans.	
Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure thickening agents are stored safely and securely at all times when not in use.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that thickening agents were safely and securely stored.	

Area for improvement 5 Ref: Standard 41 Stated: First time	The registered person shall ensure that the registered manager's hours and the capacity in which these are worked is included on the duty rota.	Met
	Action taken as confirmed during the inspection: Review of the duty rota evidenced that the manager's hours and the capacity in which these were worked was clearly recorded.	

6.2 Inspection findings

Staffing

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with told us that they were satisfied with staffing levels and working relationships; comments included:

- "Teamwork is great."
- "I love it here."
- "Teamwork is good."
- "No complaints at all."
- "We work well as teams across the units and help out where needed."
- "It's a very well run place."

We also sought staff opinion on staffing via the online survey; no responses were received.

The majority of patients spoken with told us that they were satisfied with staffing levels in the home. We observed that patients who were in their rooms had call bells within reach and these were answered promptly. Patients commented:

- "It's very good here."
- "They are really quite good."
- "I'm fairly content here."
- "Oh, it's great here."
- "Very happy with the care."
- "In general it's pretty good here, agency staff at weekends, not used to them."
- "Staff are lovely, could not be more helpful."
- "Ring the bell and wait 30 minutes, sometimes staff turn the bell off and don't come back".

Comments made by patients were brought to the attention of the manager for attention and action as required.

Patients' visitors also told us that they were satisfied with staffing levels and the care provided; comments included:

- "No complaints at all."
- "... always looks well."
- "Excellent home, always willing, the atmosphere is very positive and friendly."

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires. One response was received which indicated that the respondent was satisfied/very satisfied that the care provided was safe, effective, compassionate and well led.

Training

Staff told us that they were aware of the need to complete training in deprivation of liberty safeguards (DoLS) and that they were reminded when training was due. However, not all staff had completed mandatory training in this area. Staff spoken with demonstrated varying levels of awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them. The manager assured us that she was monitoring training uptake and would ensure staff received the appropriate level of training in DoLS. A policy regarding the Mental Capacity Act (Northern Ireland) 2016 had been developed and was available in the home.

The environment

We looked at the home's environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluice rooms, dining rooms and lounges. The home was found to be warm, well decorated, clean and fresh smelling throughout. Patients' bedrooms were personalised and attractively decorated. Fire exits and corridors were observed to be clear of clutter and obstruction. Communal areas were attractively decorated; we observed that patients and their visitors had access to a range of comfortable lounges and seating areas throughout the home.

Items were appropriately stored throughout the home, storage areas were neat and tidy; this area for improvement had been met.

Thickening agents were not left sitting out and had been safely and securely stored; this area for improvement had been met.

Care records

We reviewed the care records for six patients and found that these contained a range of validated risk assessments which informed care planning for the individual patients. Daily records were up to date.

Review of wound care records evidenced that care plans had been regularly reviewed and the frequency of dressing change was accurately recorded and carried out as recommended in the care plan; this area for improvement had been met.

Recording on repositioning charts reviewed was up to date and reflective of the care directed on patient's care plans; this area for improvement had been met.

There was evidence of referral to and recommendations from relevant health care professionals, such as the speech and language therapist (SALT), where required. However, we observed that inconsistent terminology had been used in care records regarding the type of diet individual patients required, for example, 'regular diet and thin fluids' rather than the levels recommended by SALT. International dysphasia diet standardisation initiative (IDDSI) terminology, levels 0 to 7, should be used. The relevant care plans and risk assessments should be reflective of the current SALT recommendations and should use the correct terminology; an area for improvement was made.

The care records reviewed contained assessments and care plans relating to pressure relief. However, we observed that where a pressure relieving mattress was in use to reduce the risk of a patient developing pressure damage this information was not included in the care plan in all cases. Nor was there a system in place to monitor the settings of pressure relieving mattresses in use in the home. An area for improvement was made.

Culture and ethos

We observed that there was a calm and relaxed atmosphere throughout the home; staff were seen to be helpful and responsive to patients' needs and to provide them with privacy and dignity.

Patients had ready access to drinks and snacks; they spoke positively about the food on offer; comments included:

- "The food is good but not exotic."
- "The food is nice, plain and wholesome."
- "Good choice on the menu."
- "Food is excellent."

Patients also spoke positively about the variety and type of activities and events on offer. The home has two health and wellbeing therapists who consult with patients regarding their preferences and interests in order to provide a meaningful programme of events. The weekly programme was attractively displayed in both a written and pictorial format. A visitor told us that "the activities are fabulous".

Patients told us that they felt well looked after and listened to; comments included:

- "I take part in most of the activities."
- "Manageress is so caring, I would approach her anytime."
- "Could not praise them (staff) enough."
- "Everybody is very pleasant."

Governance arrangements

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. However, when we reviewed infection prevention and control (IPC) audits it was unclear how outcomes were scored or what the score should be for individual areas examined during the audit. The IPC audit form in use required to be reviewed so that and the scoring system was clear and outcomes were reflective of the areas examined in order that effective action plans could be developed; an area for improvement was made.

Review of records evidenced that NMC checks had been completed for all nursing staff in December 2019. NMC checks had also been completed in January 2020 for new members of nursing staff recruited to the home. However, a clear and effective system for monitoring NMC checks had not yet been implemented; there was no schedule in place to indicate how often checks should be completed or to detail the registration status of staff and if any actions required. This area for improvement was partially met and has been stated for the second time.

We reviewed the duty rota, the manager's hours and the capacity in which these were worked was clearly recorded; this area for improvement had been met.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff spoken with told us that they felt well supported in their role and that the manager was approachable.

Areas for improvement

Additional areas for improvement were identified in relation to ensuring consistent use of IDDSI terminology in care records, updating care plans to reflect use of pressure mattresses as well as developing a system to monitor pressure mattresses in use and reviewing IPC audit forms in use.

	Regulations	Standards
Total number of areas for improvement	0	3

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, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (a) (5) Stated: Second time To be completed by: 9 March 2020	<p>The registered person shall ensure an effective system is implemented and maintained for the purpose of monitoring the registration status of nursing staff with the NMC.</p> <p>Ref: 6.1 & 6.2</p> <p>Response by registered person detailing the actions taken: The registered manager has developed a new policy and procedure for monitoring the registration of nursing staff with the NMC. The procedure has been fully implemented on the 01st March 2020.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 31 March 2020	<p>The registered person shall ensure that assessments and care plans relating to patients' nutritional needs are updated using the correct IDDSI terminology in order to be consistent and reflective of the current SALT recommendations.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The registered manager has commenced a review of all assessments and care plans to ensure the correct ISSSI descriptors are in place. Where any record requires amendment, then this will be completed. This review will be completed by the 31st of March 2020.</p>
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 31 March 2020	<p>The registered person shall ensure that where a pressure relieving mattress is in use this is recorded in the individual patient's care plans, the recommended setting should also be included. An effective system should be developed to monitor settings on pressure mattresses in use in the home.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The registered manager will review the care plans of all residents who require a pressure relieving mattress to ensure that all relevant information is detailed. A new monthly audit has been developed so that all settings on pressure mattresses are monitored. This will be implemented before the 31st March 2020.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2020</p>	<p>The registered person shall ensure that the IPC audit form is reviewed so that and the scoring system in use is clear and outcomes are reflective of the areas examined in order that effective action plans can be developed.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has reviewed the existing monthly IPC audit form and amended the form to reflect the inspectors suggestions. This was completed on the 20th of March 2020.</p>

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



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