

# Inspection Report

## 25 & 26 January 2024



## Nazareth House Care Village

**Type of Service: Nursing Home**  
**Address: 516 Ravenhill Road, Belfast BT6 0BW**  
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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> Mrs 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> 60
<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 25 January 2024 from 9.10 am to 5.00 pm and on 26 January 2023 from 10.00 am to 4.10 pm by a care inspector. 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 by staff that knew and understood the needs of the patients.

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, "We are getting well looked after. The staff are brilliant. Carmel is a good manager and there is always something to do", while another patient said, "The home is comfortable and the staff are very nice and pleasant." A further patient said, "I am better than I was when I came in. The staff are so good to me. I am very fortunate."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "The care is excellent, we have no concerns", while another relative said, "I am 100% happy with the care. The staff are wonderful and look after my relative very well. The communication is great."

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. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

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 16 & 17 January 2023		
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> Second 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.	Partially met
	<b>Action taken as confirmed during the inspection:</b> This area for improvement is partially met and is stated for a third time. This is discussed further in section 5.2.1.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that RQIA are appropriately notified of all relevant accidents/incidents.	Not met
	<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 5.2.5.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• there is a system in place to ensure that prescribed supplements are not dispensed past the date of expiry</li> <li>• medications and supplements are administered when dispensed and not left unattended.</li> </ul>	<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 a recruitment checklist had been put in place to assist with the managerial oversight of recruitment records including staff registration with the appropriate professional regulatory body. However, while some improvements were noted, not all pre-employment checks had been completed prior to each staff member commencing in post. An area for improvement identified at the previous two care inspections was stated for a third time. A further area for improvement has been made regarding the managerial oversight of recruitment records to ensure that the necessary improvements are made.

Staff members 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). These checks were completed by the human resources manager; there was no evidence that the manager had oversight of these records. This was identified as an area for improvement.

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.

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 first aid, infection prevention and control (IPC) and fire safety.

Gaps were identified in the provision of some mandatory training topics. Following the inspection confirmation was provided by the manager that these trainings had either been delivered or dates had been arranged. This will be reviewed at a future care inspection.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

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.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also 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 observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. 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. Examination of the recording of repositioning evidenced these were generally well completed: minor gaps with repositioning were discussed with the manager who agreed to provide feedback to all staff and monitor through their audit processes.

Management of wound care was examined. Care records confirmed that wound care was managed in keeping with best practice guidance.

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 not consistently managed in keeping with best practice guidance. For example, care plans and risk assessments were not consistently updated following a fall. In addition, medical advice was not consistently sought from the patient's general practitioner (GP) when required. This was discussed with the manager who agreed to speak with staff and monitor the management of falls through the development of a new audit. Consideration should also be given to reviewing the current falls policy to ensure it is in keeping with best practice guidance. Areas for improvement was identified.



At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. The manager confirmed they would review current systems to ensure they reflect best interest meeting with patients key worker and family where required.

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. Minor shortfalls in record keeping were discussed with the manager who agreed to monitor this through a care record audit.

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. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

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.

Review of patients care records evidenced that a number of care plans and risk assessments had not been reviewed in over three months which resulted in care plans not being updated to reflect changes to patients' needs during this time; this was identified as an area for improvement. This was discussed with the manager who provided assurances following the inspection that all care files were being reviewed to ensure they accurately reflect the assessed needs of the residents.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them. This is good practice.

### **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 the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Cleaning chemicals were found to be inappropriately stored and/or left on the domestic trolley unsupervised by staff on a number of occasions. This was discussed with staff who took immediate action. An area for improvement was identified. Assurances were provided by the manager that further action would be taken to reduce risks to residents in the home.

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. A fire risk assessment had been completed on 1 August 2023; all actions identified by the fire risk assessor had been addressed in a timely manner.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home. It was observed that some PPE was not stored appropriately or readily available. This was discussed with the manager who provided assurances that this would be reviewed without delay.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of 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 staff members were not familiar with the correct procedure for the donning and doffing of PPE while others were not bare below the elbow. This was discussed with the manager and an area for improvement was identified.

#### **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.

Patients were observed enjoying listening to music, playing the piano, singing, reading and watching TV, while others enjoyed a visit from relatives. Patients faith needs were met by attending mass in the chapel within the home or by watching mass on their TV. Photos were on display in the foyer of the home of patients enjoying many of the varied activities provided.

There was evidence that planned activities were being delivered within the home. An activity planner displayed in the home included upcoming activities such as one to one exercise, arts and crafts, board games, crosswords, bingo. Plans were also in place to celebrate Australia day with patients. The activity therapists said they did a variety of one to one and group activities to ensure all patients availed of meaningful engagement with staff.

It was pleasing to note that a monthly newsletter is printed for patients and staff which highlights events in the home; this included patient's birthdays. Patients and their relatives commented positively on this.

#### **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 a change in the management of the home since the last inspection; RQIA were notified appropriately. 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 appraisal. Systems were in place for staff supervision although not all staff had completed supervision. This was discussed with the manager who advised they had plans to develop a new matrix to monitor supervision and appraisal of all staff. This will be reviewed at a future care inspection.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were analysed on a monthly basis. However, discussion with the manager and review of records evidenced that not all complaints had been recorded appropriately. The manager agreed to review how complaints were recorded.

Review of accidents and incidents records found that a number of notifications had not been submitted to RQIA in keeping with the regulations. This was discussed with the manager who agreed to audit the accident and incidents and submit any retrospective notifications to RQIA. This was identified as an area for improvement at the previous care inspection and is now stated for a second time.

The manager advised that they have plans to improve the governance arrangements in the home. Review of a sample of audits and discussion with the manager confirmed that improvements were required regarding the auditing of accidents and incidents, complaints, care records and infection prevention and control practices. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed a period of time to address this area of work. This will be reviewed at a future care inspection.

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>	*8	1

\*The total number of areas for improvement includes one that has been stated for a second time and one that has been stated for a third 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 21 (4) (b)  <b>Stated:</b> Third time  <b>To be completed by:</b> 26 January 2024	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.  Ref: 5.1 & 5.2.1
	<b>Response by registered person detailing the actions taken:</b> A robust monthly auditing tool, which will be completed by the Manager/Deputy has been implemented to ensure that recruitment files contain all the required information, including evidence that registration with the appropriate professional regulatory body has been checked.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 26 January 2024	The registered person shall ensure that RQIA are appropriately notified of all relevant accidents/incidents.  Ref: 5.1 & 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Nurses staff meeting held by the Registered Manager on 02/02/2024. Clear instructions given regarding ensuring that RQIA are appropriately notified of all relevant accidents/incidents. The post falls checklist and monthly auditing process will ensure compliance.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (6)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 January 2024	The registered person shall ensure that a system is implemented to evidence oversight of all pre-employment checks by the registered manager.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> A robust auditing tool which will be carried out by the Registered Manager and HR Manager has been implemented. This system will provide evidence of oversight of all pre-employment checks by the Registered Manager.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 January 2024</p>	<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>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A post falls checklist and monthly audit tool are in place to ensure that relevant care plans and risk assessments are reviewed and updated as required following a fall.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 January 2024</p>	<p>The registered person shall ensure that appropriate medical advice is sought for patients on anticoagulant therapy following a fall.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff nurses meeting held 02/02/24 by Registered Manager reinforcing their requirement regarding ensuring appropriate medical advice is sought for patients on anticoagulant therapy following a fall. Compliance will be monitored by the Manager/Deputy Manager through the monthly auditing process.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 January 2024</p>	<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>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Moving forward, staff nurses on a monthly basis will sign off that they have updated their designated patient care plans. Compliance will be monitored by the Manager/Deputy Manager sampling 10% of care plans in each street on a monthly basis, to ensure they are current and reflective of resident needs. Any deficits identified will be immediately addressed and rectified.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<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>Ref: 5.2.3</p>

<b>To be completed by:</b> 26 January 2024	<b>Response by registered person detailing the actions taken:</b> An immediate discussion was held with House Keeping staff and the Housekeeping Manager to reinforce their responsibility regarding safe storage of cleaning chemicals. Compliance will be ensured through daily observational checks and the monthly auditing process.
<b>Area for improvement 8</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 January 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: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All staff reminded to strictly follow the guidance displayed in the posters throughout the home regarding donning and doffing and appropriate use of personal protective equipment. New Dani centres have been fitted so that PPE is stored appropriately and readily available. Hand washing and appropriate use of PPE audits are being completed weekly. This is in addition to daily observations by Manager/Deputy Manager.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 26 January 2024	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.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Currently the Registered Manager completes the Nursing and Midwifery checks, this will continue. A robust auditing tool is in place which will ensure staff registration with the Nursing and Midwifery Council and the Northern Ireland Social Council is maintained and monitored.

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



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