

Unannounced Care Inspection Report

26 January 2021



Nazareth House Care Village

Type of Service: Nursing Home
Address: 516 Ravenhill Road, Belfast, BT6 0BW
Tel no: 028 9069 0600
Inspector: Julie Palmer

www.rqia.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.

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: 59

4.0 Inspection summary

An unannounced care inspection took place on 26 January 2021 from 09.05 to 17.25 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “I would definitely recommend it here. ”
- “The staff are very good here. ”
- “It’s great here. ”

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	*1

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Patricia McMullan, manager, and Margaret Devine, deputy 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 13 patients, three patients’ relatives and nine staff. Questionnaires were left in the home to obtain feedback from patients and patients’ relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with ‘Tell us’ cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 18 to 31 January 2021
- staff training records
- staff supervision schedule
- two staff recruitment files

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- four patients' care records including food and fluid intake charts
- care partner policy
- NMC registration policy
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 24 February 2020.

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: Second 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.	Met
	Action taken as confirmed during the inspection: The policy for NMC registration checks and maintaining NMC registration was updated following the most recent inspection. A monthly check of NMC registration of all nurses employed in the home is undertaken. Review of these records and the policy in place confirmed that an effective system has been implemented and is maintained to monitor the registration status of nursing staff.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of a sample of relevant risk assessments and care plans evidenced that IDDSI terminology, which is reflective of the individual patient's SALT recommendations, is used.	
Area for improvement 2 Ref: Standard 23 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: Review of a sample of care plans relating to pressure relief/risk of pressure sores evidenced that these did reflect the use of a pressure relieving mattress where this was recommended. However, there was no system in place to record recommended settings or to monitor settings of pressure relieving mattresses in use. This area for improvement was partially met and will be stated for a second time.	
Area for improvement 3 Ref: Standard 35 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of a sample of IPC audits evidenced that the scoring system in use was clear and an action plan was developed where deficits were identified.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. The atmosphere in the home was calm and unhurried. Patients and staff spoken with indicated that they were satisfied with staffing levels in the home. We received one response to the online survey from a staff member; the respondent indicated that they were very satisfied that the care provided was safe, compassionate and effective.

There was a system in place to monitor compliance with mandatory training and remind staff when training was due. Training was mainly completed on-line due to COVID-19 restrictions but the manager told us that some face to face training, for example, fire safety and moving and handling training, had taken place with appropriate social distancing guidelines followed.

Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor that care staff were registered with the NISCC as required. As previously discussed in section 6.1 an effective system had been introduced to monitor that nursing staff were registered with the NMC.

Staff spoken with commented positively about working in the home, they told us that teamwork was good and they felt well supported in their role even with the additional challenges that have arisen from the COVID-19 pandemic; comments included:

- "It's been hard but we have got through it. "
- "We have moulded ourselves to provide a safe environment. "
- "I really enjoy my role here. "
- "Teamwork is really good. "
- "Some days are really busy but we get there. "
- "Margaret (deputy manager) and Patricia (manager) are really supportive; they have strict measures in place to maintain standards. "
- "It's like a wee family here. "
- "We all support each other, teamwork is good. "

The manager said that she recognised the stresses on staff and complimented them on all their hard work during the pandemic; she told us that:

- "The staff have been brilliant. "
- "Staff have been anxious but testing has been reassuring and we provide as much support as possible. "

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home. The manager and staff confirmed that all staff and patients had a twice daily temperature check recorded.

Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance.

The manager told us that staffs' use of PPE and hand hygiene was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE.

6.2.3 The environment

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, the conservatory, dining rooms, treatment rooms, sluices and storage areas. The home was found to be well decorated, clean, tidy, warm and fresh smelling throughout. Patients' bedrooms were attractively decorated and personalised. Corridors and fire exits were clear of clutter and obstruction.

The housekeeper told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period and deep cleaning was completed as required in addition to the regular cleaning schedule. Additional domestic staff had been employed in order to manage the enhanced cleaning measures required as a result of the COVID-19 pandemic. Domestic staff told us:

- "We clean a lot, door handles, light switches, all the time. "
- "Teamwork is excellent in the housekeeping team, we all work together. "

The manager told us that there was a system in place to ensure repairs/redecoration were carried out in a timely manner.

Patients spoken with told us that the home was kept clean and tidy at all times, one patient commented that "it's nicely done, the rooms are lovely".

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly. We saw that staff spoke to patients kindly and with respect.

In order to manage the current visiting guidelines and restrictions the manager told us that the health and wellbeing therapists had been tasked with additional duties in this area and this had been working well. The health and wellbeing therapists take bookings from relatives, meet

them on arrival, assist with PPE and IPC measures and take them to the allocated visiting area. They also assist patients with window visits, virtual visiting and telephone calls.

Staff discussed the importance of effective communication and told us that every effort had been made during the COVID-19 pandemic to ensure that families were kept informed and up to date. A weekly newsletter is sent to families with up to date relevant information regarding life in the home and COVID-19.

The health and wellbeing therapists also continue to provide an activity programme for patients. A lot of the activities provided are on a one to one basis, for example, manicures and hairdressing. Small group, socially distanced activities are also provided, for example, movies and bingo in the communal hall, afternoon tea in the conservatory and outside entertainment, weather permitting, which patients could watch from the comfort of bedrooms and lounges.

We discussed the care partner initiative with the manager who told us that a care partner policy had been introduced following the regional guidance in this area. The home had welcomed this initiative as staff recognised that patients required additional support at times; all relatives had been informed about the care partner role and a large number of care partners are now providing additional and appropriate support to patients. Additionally, a care partner champion has been appointed with responsibility for co-ordinating the care partner role in the home. The care partner champion liaises with patients and relatives, provides advice and training around responsibilities of the care partner role, PPE and IPC measures, frequency and times of sessions and COVID-19 testing for those undertaking the role. Care partner risk assessments, care plans and agreements are in place.

We spoke to three relatives, who happen to be care partners, about the initiative and also about the care provided in the home; all three commented very positively:

- “This (care partner role) has been a wonderful initiative and has made all the difference. ”
- “My ... has really benefitted from my being able to come in more frequently to provide emotional and psychological support. ”
- “The care partner role is working really well. Great holistic, person centred care. ”
- “This service is amazing, very accommodating and understanding, great consistency of staff, good communication, outstanding. ”
- “It is just so calm here, really wonderful. ”
- “The staff have been tremendous. Consistency is the key, staff don’t change. ”

One questionnaire was returned following the inspection; this had been completed by a relative and indicated their satisfaction with the care provided in the home.

Patients spoken with told us that they felt well cared for in the home; comments included:

- “The staff never make me feel like a nuisance, they are so helpful whenever I use the bell. ”
- “I’m happy here. ”
- “Oh it’s fine here, they look after me well. ”
- “The staff are marvellous. ”
- “My family can visit at the window; it’s great to see them. ”
- “The food is very good but I don’t have a big appetite. ”
- “Food’s lovely, very tasty. ”
- “The food is good but could be a bit warmer. ”

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

6.2.5 Care records

We reviewed four patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example, prescribed supplements, were recorded. Food and fluid records reviewed were up to date.

Wound care recording was up to date and reflective of the recommendations in the individual patient's care plan.

As discussed in section 6.1 care plans relating to pressure relief/risk of pressure sores reflected the use of a pressure relieving mattress where this was recommended. Repositioning charts reviewed were up to date and reflective of the frequency recommended. However, there was no system in place to record recommended settings or to monitor settings of pressure relieving mattresses in use. As a result this area for improvement was partially met and will be stated for a second time.

Records reviewed relating to care provided in the event of a fall evidenced that, whilst staff did carry out neurological observations, these were not consistently recorded for the 24 hour period of time following the fall; an area for improvement was identified.

6.2.6 Governance and management arrangements

The manager and deputy manager told us that they felt well supported in their roles by their organisation, their staff and the Belfast Health Trust (BHSCT). The manager said that during the COVID-19 pandemic:

- "Patients have been really resilient and have accepted things really well. "
- "We really try to facilitate and reassure patients, their families and staff. "

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home.

Staff were kept up to date with guidance relating to COVID-19; information regarding this was readily available in the home.

A sample of governance audits reviewed evidenced that management maintained effective oversight of the care and services provided in the home and had systems in place to identify deficits and the actions required to carry out improvements.

The manager discussed the importance of effective communication; a record of information sent to relatives and compliments received was maintained.

Areas of good practice

Areas of good practice were identified regarding teamwork, support for staff, use of PPE, the environment and IPC measures. Additional areas of good practice were identified regarding the care provided, managing visiting and the care partner initiative, communication and management arrangements.

Areas for improvement

A new area for improvement was identified regarding consistent completion of neurological observations in the event of a fall.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Patients in the home looked well cared for and were seen to be content and settled. Patients and relatives spoken with expressed their satisfaction with the care provided. Staff were seen to treat patients with kindness and respect. There was a calm and welcoming atmosphere throughout the home.

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, and Margaret Devine, deputy 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 Ref: Regulation 13 (1)(a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that neurological observations are consistently completed and recorded when required in the event of a fall.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The frequency of neurological observations will depend on the Residents presenting condition, medical diagnosis and underlying pathology and the possible consequences. The local procedure that will be adapted for a Resident following a fall, will be 15 minute observations for the first few hours and then every 1-2 hours for a further period determined by the Nurse in Charge. This directive follows the guidance contained within the Royal Marsden Manual of Clinical Nursing Procedures (10th Edition). All Nurses will receive supervision on the findings of this inspection and the action plan developed.</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 23 Stated: Second time To be completed by: 9 February 2021	<p>The registered person shall ensure that an effective system should be developed to monitor settings on pressure mattresses in use in the home.</p> <p>Ref: 6.1 & 6.2.5</p> <p>Response by registered person detailing the actions taken: This recommendation has been actioned following the inspection and the care plan for each Resident who has a pressure relieving mattress now contains a contemporaneous record of the mattress setting. All staff will receive supervision on the findings of this inspection and the action plan developed.</p>

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



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