



# Unannounced Care Inspection Report 21 November 2018



## Nazareth House Care Village

**Type of Service: Nursing Home (NH)**  
**Address: 516 Ravenhill Road, Belfast, BT6 0BW**  
**Tel No: 02890690600**  
**Inspector: Heather Sleator**

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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.

## 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 60 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Nazareth House Care Village  <b>Responsible Individual:</b> Jenny Hall	<b>Registered Manager:</b> Patricia McMullan
<b>Person in charge at the time of inspection:</b> 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> 60

### 4.0 Inspection summary

An unannounced inspection took place on 21 November 2018 from 09.15 to 18.15 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 staffing and staff development, infection prevention and control, and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls, the management of nutrition and weight loss and the delivery of wound care. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under the care standards and were in relation to the complaints record and training for the nominated adult safeguarding champion.

Patients described living in the home in positive terms; refer to section 6.6 for further information. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	2

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 16 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 October 2018.

There were no further actions required to be taken following the most recent 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, four patients' relatives and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 1 November 2018 to 21 November 2018
- 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 files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 16 October 2018**

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 5 March 2018**

There were no areas for improvement identified as a result of the last care inspection.

## 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 these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 to 21 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Nazareth House Care Village. Comments received from patients included; "I feel safe here" and "it's been a positive experience for me".

We met with the relatives of four patients and sought their opinion on the provision of care in the home. Relatives expressed their satisfaction with all aspects of care afforded by staff and commented "staff are marvellous." We also sought relatives' opinion on staffing via questionnaires and five questionnaires completed and returned by relatives. Refer to 6.6. for further detail.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. A record is maintained of staffs' compliance with mandatory training however the system in use could be enhanced to more readily identify where potential shortfalls are and provide the information to the registered manager to action. This was discussed with the registered manager who agreed to review and revise the current recording system. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.



Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report. There had been a recent change to the nominated safeguarding champion in the home. The registered manager was advised to ensure whoever became the nominated person undertakes the required training. This has been identified as an area for improvement under the care standards.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period August to October 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the registered manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices evidenced that infection prevention and control (IPC) measures were adhered to. Personal protective equipment (PPE) units were satisfactorily stocked and staff were observed using the equipment appropriately.

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 and clean throughout. Patient accommodation was spacious and furnishings were attractive. The home was well maintained.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager stated the most recent fire risk assessment had been completed on 26 October 2018 and any actions identified had been addressed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal, infection prevention and control, risk management and the home's environment.

### **Areas for improvement**

Areas for improvement were identified under the care standards regarding ensuring the adult safeguarding champion completes the required training.

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

## 6.5 Is care effective?

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the patient's General Practitioners (GPs) and to the dietician. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for one patient. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records generally reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care assistants were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed. Information for visitors and relatives was readily available in the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.



## Areas for improvement

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

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

### 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 09:15. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 15 patients individually and with others in smaller groups, confirmed that patients were generally satisfied with the care afforded by staff. Comments were received from patients regarding the staffing arrangements and one patient stated that staff were 'overworked'. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. We observed that call bells were placed within easy reach for patients who were on bedrest.

Patients said that they were generally happy living in the home, comments are detailed below. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

We observed the approach of staff and interaction and engagement with patients during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

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. There was also 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.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Words cannot express the gratitude we feel for all the love, care and attention given to my (relative)."

“Thank you all for the great help you gave me and your pleasant company; you made it so much easier.”

“Thank you so much for the care you gave (relative).....it was tough on all of us but knowing our (relative) was in good hands day and night took some pressure off of us....you all work so hard and we will always be grateful.”

We spoke with patients and comments included:

“It’s been a positive experience for me.”

“I’m quite comfortable.”

“Staff couldn’t be more helpful.”

“I feel I have something to live for.”

“I know this is the best place for me.”

“I’m happy as Larry.”

“We’ve classes to go to and I’m learning new things, the children (nursery) were in yesterday and they were wonderful.”

“To me everything is wonderful.”

“The only problem I have is poor Wi-Fi connection.”

“Staff are very caring, this is the best home in Belfast, and you’ll not get better.”

“I don’t have many complaints and if I do I get them sorted.”

Staff commented positively about the home and stated:

“This is a great home.”

“I would go to the manager if I had any issues.”

“Nice homely atmosphere.”

“Good teamwork.”

Relative questionnaires were also provided. We received four completed questionnaires within the timescale specified. All respondents were satisfied that the care afforded was safe, effective and compassionate and that the service was well led. Additional comments included:

“We are very satisfied with the care given to our relative, the home is very comfortable and the staff are pleasant.”

We spoke with four relatives and the relatives were satisfied with the care afforded by staff. Comments included:

“Staff are marvellous.”

“I would recommend this home to anyone.”

“My (relative) is very well looked after here.”

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, mealtimes and the provision of activities.

## Areas for improvement

No areas for improvement were identified 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records did not evidence that the system in place to log and monitor complaints was in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints record should clearly identify the name of the complainant, nature of the concern, investigation undertaken and the outcome and if the complainant was satisfied with the outcome. This has been identified as an area for improvement under the care standards.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

The following area was identified for improvement under the care standards and was in relation to ensuring the complaints record accurately and clearly reflects the information as required by regulation and the care standards.

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

## 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.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2019</p>	<p>The registered person shall ensure that a staff member is nominated to be the home's adult safeguarding champion and that this person completes the required training.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will be taking on the role of Adult Safeguarding Champion with immediate effect. The Registered Manager has applied to receive the accredited training and is awaiting confirmation of the date allocated.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 January 2019</p>	<p>The registered person shall ensure that the complaints record is maintained in accordance with the care standards.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> A new complaints record has been implemented from the 02<sup>nd</sup> January 2019 that meets the requirements of the care standards.</p>

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





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