



# Unannounced Care Inspection Report 15 September 2019



## Nazareth House

**Type of Service: Residential Care Home**  
**Address: 516 Ravenhill Road, Belfast, BT6 0BW**  
**Tel No: 028 9069 0600**  
**Inspector: John McAuley**

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 28 residents within the categories of care detailed in its certificate of registration and 3.0 of this report. The home shares the same site as a registered nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Poor Sisters of Nazareth  <b>Responsible Individual:</b> John O'Mahoney	<b>Registered Manager and date registered:</b> Siobhan Regan 26 May 2010
<b>Person in charge at the time of inspection:</b> Siobhan Regan	<b>Number of registered places:</b> 28  Maximum of 13 residents in DE category of care ( mild to moderate dementia )
<b>Categories of care:</b> Residential Care: I – Old age not falling within any other category. DE – Dementia.	<b>Total number of residents in the residential care home on the day of this inspection:</b> 27 plus one resident on leave

### 4.0 Inspection summary

This unannounced inspection took place on 15 September 2019 from 09.50 to 14.00 hours.

The inspection sought 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 the nice relaxed ambience in the home with residents clearly fulfilled with provision of care, choice, social activity and the layout and upkeep of the environment.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made included statements such as; "They are very good to me" and "I am very happy here. I couldn't pick a single fault".

Comments received from residents, people who visit them and staff during 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 residents' experience.

## 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Siobhan Regan, registered manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent inspection dated 7 October 2018

No further actions were required to be taken following the most recent inspection on 7 October 2018.

## 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, such as notification reports.

During our inspection we:

- where possible, speak with residents, 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 and 'Have We Missed You' cards were provided to give residents 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.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- staff induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident / incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- fire safety risk assessment
- RQIA registration certificate

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 last care inspection dated 7 October 2018

There were no areas for improvements made as a result of this inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

Residents advised that they felt safe in the home and well cared for. Residents further advised that if they required assistance, all they have to do is ask and it would be provided in a timely manner, day or night.

## Staffing

The manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs. However staff did advised that they found the evening periods exceptionally busy at times. This was raised this with the manager who confirmed that this is currently under review.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the registered manager. A sample of one of these assessments was inspected and found to be appropriately in place.

The staff advised that when they came on duty each day, time was allocated to allow for a handover of information which included how residents were and any changes or issues arising. Staff also discussed and agreed their duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day.

Inspection of the duty rota found it accurately reflected all of the staff working within the home.

## **Staff training**

An inspection of staff training records confirmed that a programme of mandatory training was in place. Additional training was provided to support staff in their roles and duties.

## **Supervision and appraisal**

A schedule in place which confirmed that staff supervision was provided on a regular and up-to-date basis. Annual appraisals for staff were also in place. Staff spoke on a positive basis about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

## **Safeguarding**

Staff training in adult safeguarding was included within mandatory training records. Discussions with staff confirmed that they were able to correctly describe what action they would take if they suspected or witnessed any form of abuse. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. A list of contact numbers was displayed to support staff in this regard.

## **Environment**

The home was clean and tidy with a high standard of décor and furnishings being maintained. There was good provision of spacious communal areas for residents to relax, enjoy the company of one another or to watch television. The seating was comfortable and positioned in such a manner to facilitate sociability, rest and comfort. Residents' bedrooms were nicely furnished and personalised. Bathrooms and toilets were clean and hygienic.

The grounds of the home were very well maintained and had good accessibility for residents to avail of.

## **Fire safety**

The home's most recent fire safety risk assessment was dated 26 October 2018. There were eight recommendations made as a result of this assessment. These recommendations had corresponding evidence recorded of actions taken.

A date was scheduled for staff to receive their update training in fire safety and fire safety drills. The previous date had to be cancelled due to unforeseen circumstances which left some staff outstanding in receipt of up-to-date training in this area.

An inspection of fire safety records confirmed that fire safety checks were maintained on a regular and up-to-date basis.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision, appraisal and the home's environment.

## Areas for improvement

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

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

### 6.4 Is care effective?

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

Discussions with the manager confirmed that she had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

### Care records

An inspection of a sample of three residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Records inspected had evidence of resident/representative consultation in the care planning and review process, by signatures of participation.

### Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility.

Residents were dressed well in matching clean attire. Glasses and walking aids were clean and appeared in good working order.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance of care records and general observations of care practices.

### Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

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

#### 6.5 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.**

Staff interactions with residents were found to be friendly, polite and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

### Residents' Views

Discussions were undertaken with 20 the residents in the home at the time of this inspection. In accordance with their capabilities, residents confirmed that they were happy with the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments included statements such as;

- "I'm fine. They are very good to me"
- "They are very kind here. Every one of them.... The meals are delicious. I love the breakfast most of all"
- "I am very happy here. I couldn't pick a single fault"
- "I am looked after very well and thankful for the nice staff"
- "The food is tremendous. We are all spoilt here"
- "No worries at all here. You'd be hard push to do so".

### Relatives' views

Discussions were also undertaken with three visiting relatives at the time of this inspection. All voiced praise and gratitude for the provision of care and the kindness and support received from staff. One of the comments made included statement such as;

- "It's marvellous in every way. My .... Has improved greatly since coming here. Siobhan (the registered manager) and all the staff are brilliant, so wonderful and kind"



## Dining experience

The dining rooms were suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents' needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

## Care practices

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. Care duties and tasks were organised in an unhurried manner, and staff interactions were polite and friendly.

Sunday Mass was available at an on-site Chapel for those residents who wished to attend.

## Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

## Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain

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

### 6.6 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 manager was on duty at the time of this out of hours inspection. She advised that the management of the home work weekends on a rotational basis. This is good practice.

## Monitoring visits

The last two months' (1 July 2019 and 5 August 2019) monitoring reports were inspected. These were recorded in good detail with an action plan put in place for any issues identified. Corresponding evidence was recorded on any agreed actions taken.

## Complaints

Discussions with the registered manager confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The record of complaint contained details of the complaints, action taken, resolution and confirmation on whether the complainant was satisfied with the outcome.

## Accidents and Incidents

An inspection of accidents and incidents reports for the last three months confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

## Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

## Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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