



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 6 March 2020



Nazareth House Care Village

Type of Service: Residential Care Home
Address: 516 Ravenhill Road, Belfast, BT6 0BW
Tel no: 028 9069 0600
Inspector: Heather Sleator

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 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. The home provides care and support for older people and for persons living with dementia. The home shares the same site as the registered nursing home.

3.0 Service details

Organisation/Registered Provider: Poor Sisters of Nazareth Responsible Individual: Mr John O'Mahoney	Registered Manager and date registered: Carmel Blaney – Registration Pending
Person in charge at the time of inspection: Carmel Blaney	Number of registered places: 28 Maximum of 13 residents in DE category of care (mild to moderate dementia)
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 27

4.0 Inspection summary

An unannounced inspection took place on 6 March 2020 from 09:45 hours to 15:45 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic and informed of the planned activities. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care the residents required. The environment was homely and comfortable. Effective systems were in place to provide the manager with oversight of the services delivered.

One area for improvement was identified regarding ensuring that evidence was present that residents and/or their representative had been consulted in respect of the care planning process.

Residents described living in the home as being a good experience and in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Carmel Blaney, 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 15 September 2019

No further actions were required to be taken following the most recent inspection on 15 September 2019.

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 including estates and pharmacy, registration information, and any other written or verbal information received.

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 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.

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

The following records were examined during the inspection:

- duty rota for all staff from 15 February to 6 March 2020
- two resident care records
- supplementary care records including food and fluid intake recording
- a sample of governance audits/records
- reports of the monthly quality monitoring reports from December 2019 to February 2020
- complaints record

- accident and incident records
- compliments received
- RQIA registration certificate
- selected policy documentation

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 15 September 2019

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

6.2 Inspection findings

6.2.1 Staffing arrangements and care practice

A system was in place to identify staffing levels to meet the residents needs. A review of the staff rotas for the period 15 February to 6 March 2020 confirmed that the staffing numbers identified by the manager were consistently provided. Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the residents. One staff member commented; "Love it here; you get time to spend with the residents." We spoke with residents who were very positive regarding staff and the care afforded to them, one resident commented; "Staff are very kind, it's just in their nature.

Staff confirmed that they received a report when commencing duty and had a clear plan for the day's activity. Staff also confirmed that they were supported by management through the process of regular individual supervision and staff annual appraisal. We reviewed the minutes of staff and residents meetings and this confirmed that there was a planned approach to the frequency of staff meetings and residents meetings.

We discussed the arrangements for the nominated person in charge of the home in the absence of the manager. The manager stated that the senior member of staff on duty was the person in charge in her absence and this person was identified on the duty rota. A review of the duty rota and the completed competency assessments confirmed a robust system was in place.

In discussion with the manager and staff it was confirmed that arrangements were in place for the completion of the Mental Capacity Act/Deprivation of Liberty Standards training for staff. Care staff are completing level 2 training and senior staff, as directed by the organisation, will be completing levels 3 and 4.

We were advised that the use of potential restrictive practices was very limited, for example, the use of bedrails or alarm/pressure mats when and where there is assessed need. Care records also confirmed that staff had diligently assessed, planned and consulted with other professionals, where applicable, regarding the management of weight loss and associated nutritional needs. Care records were found to be comprehensive, organised and written in a person centred manner. However; the review of care records did not evidence consultation with the resident and/or their representative in respect of the care planning process. This was discussed with the manager and has been identified as an area for improvement.

The care records reviewed for persons living with dementia evidenced that staff have implemented a person centred approach to care planning with the assistance of life story work. The aim of this being to assist staff in supporting resident in a meaningful and personal manner. The information was completed initially on admission by staff, and then added to as more information was gained, and was retained in the residents care records.

6.2.2 Environment

The home had a high standard of décor and furnishings. 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 attractively 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.

The home was clean and fresh smelling. The manager confirmed that the cleaning routines in the home have recently been reviewed and schedules put in place to ensure that all areas of the home are regularly attended to.

We saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe. No issues were observed with fire safety. The access to fire escapes was clear.

6.2.3 Residents' and relatives views.

We arrived in the home at 09:45 hours and were met immediately by staff who offered assistance. Residents were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that residents were relating positively to staff and to each other

Activities are planned by the activities coordinators for the home however this may change occasionally depending on what residents' state they would prefer. The home has a large social/recreational room where residents and patients from the nursing home join together for any planned activity. There was a wide range of activities available for residents including crafts, board games, quizzes, intergenerational activities from local schools and nurseries and musical entertainers coming into the home. There is a daily service in the home to facilitate the spiritual needs of the residents.

We discussed resident involvement in the decision making processes and daily life of the home. Residents meetings occur at least twice a year and a satisfaction survey is undertaken annually with residents and/or their representative. Whilst the manager collates the information from the returned questionnaires a summary report is not made available to the residents. This can take the form of a "You said, we did" leaflet. It is important that residents see that their opinions and/or suggestions regarding the home are listened to and this is a mechanism to evidence this. The manager was receptive to this and agreed to do this and that it would be useful.

We viewed a number of thank you cards received from residents and or their representatives. The comments written were very complimentary and included:

- "Thank you and all your amazing staff for the care you took with our XXX.....we know that you all worked hard meeting XXX needs and as a family we always felt supported by you all." Relative December 2019.

We spoke with residents during the inspection. Comments included:

- "Very good, very pleasant here, everything works well."
- "There are no hard and fast rules here."
- "Generally speaking staff are very good."
- "There's flexibility here, staff work with me, for example; if I want to go out they will keep my lunch until I come back."
- "I can go and make myself a cup of tea anytime I want and I have a fridge in my room to store milk and things."
- Carmel (manager) is excellent, great personality."
- "Think they choose their staff very carefully as they're all wonderful and have a great personality."

One questionnaire was returned from a resident's representative. The respondent indicated that they were very satisfied that care was safe, effective and compassionate and that the service was well led.

No issues were raised by staff. Staff felt the staffing arrangements were generally satisfactory and that there was good teamwork in the home. Staff commented; "Staffing is good, some days are busier than others, you can't predict that, it's just one of those things." There were no questionnaires completed and returned to RQIA from staff.

6.2.3 Serving of lunch

We observed the serving of lunch in the dining room. Residents were assisted to the table in timely manner before the serving of lunch. The menu was displayed for residents' information. Staff were present throughout the meal to provide assistance and reassurance as required. Whilst there were no residents who required assistance with their meal, staff remained in the dining room to serve the main course and dessert. Even though residents had decided their meal choice previously, staff still offered residents a choice prior to serving their meal. Meals were plated individually and served directly to the residents. Staff told us that as they plate the meals they can adjust meals and portion sizes in response to residents' preferences and individual need

6.2.4 Management and governance arrangements

The manager, Carmel Blaney was appointed as manager in January 2020 and an application for registration with RQIA has been submitted. The manager facilitated the inspection and demonstrated a good understanding of the relevant regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, monitoring reports, audit records, residents care records and staffing information. Feedback and discussion took place at the conclusion of the inspection with the manager and areas of good practice and area/s for improvement were identified.

The manager has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. The manager was knowledgeable of the auditing process and explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. Areas audited included for example; the environment, accidents, incidents, complaints and care records.

A monthly quality monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were reviewed. The reports included the views of residents, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care residents' required. The environment was homely and comfortable.

Effective systems were in place to provide the manager with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Carmel Blaney, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: 6 April 2020</p>	<p>The registered person shall ensure that residents care records evidence that the resident and/or their representative have been consulted regarding the care planning process.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: All residents and or representatives have been consulted regarding the care planning process and signatures secured to evidence same.</p>

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



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