

Unannounced Care Inspection Report 7 October 2018



Nazareth House Care Village

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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 28 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. The home shares the same site with a registered nursing home.

3.0 Service details

Registered Provider: Nazareth House Care Village Responsible Individual: Jenny Hall	Registered Manager: Siobhan Regan
Person in charge at the time of inspection: Louise Irvine, Deputy Manager	Date manager registered: 26 May 2010
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 28

4.0 Inspection summary

An unannounced care inspection took place on 7 October 2018 from 10.10 to 14.20 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 staff training, supervision and appraisal, adult safeguarding and care records. Good practices were also found in relation to the home's environment, governance, management of complaints and incidents and maintenance of good working relationships.

No areas requiring improvement were identified during this inspection.

Feedback from residents and four visiting relatives was all positive in respect of the provision of care, the kindness and support received from staff, the provision of meals, activities and events and the general atmosphere in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Louise Irvine, deputy 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 care inspection

No further actions were required to be taken following the most recent inspection on 21 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 18 residents, four visiting relatives, five members of staff and the deputy manager in charge.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements

- Programme of activities
- Policies and procedures

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 21 May 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 May 2018

There were no areas for improvements made 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 deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff are used in the home. The deputy manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. Staff advised that they felt that the design and layout of the new extension to the home made it easier to facilitate residents' needs. This was also observed to be the case. This is commendable.

An inspection of the duty rota confirmed that it accurately reflect the staff on duty within the home.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussions with an agency member of staff also confirmed that they had received an induction in the home and were satisfied with this.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of a staff competency and capability assessment was inspected and found to be satisfactory.

Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. As this inspection was undertaken out of hours, access to personnel records was not available and therefore not inspected on this occasion.

The deputy manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with staff, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The deputy manager advised there were no restrictive practices within the home and no obvious restrictive type practices were observed at the time of this inspection.

The home's infection prevention and control (IPC) policy and procedure were in line with regional guidelines. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was

available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Staff have had received mandatory training in IPC.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. These audits included areas of hand hygiene, PPE, environment and uniform. The last IPC audit was in 31 July 2018 and inspection of this audit identified no issues.

The deputy manager reported an outbreak of infection in March 2018. This outbreak was managed in accordance with the home's policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

The deputy manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

The home was found to be clean and tidy with a high standard of decor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items.

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

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

No malodours were detected in the home.

The deputy manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly.

A questionnaire was left for the manager to submit to RQIA the date of the last Legionella risk assessment and confirmation that all recommendations from it had been actioned.

It was established that no residents in the home smoked.

The deputy manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

A questionnaire was left for the manager to submit to RQIA the date of the last fire safety risk assessment and confirmation that all recommendations from it had been actioned.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning

outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Residents and staff spoken with during the inspection made the following comments:

- “We are very fortunate to be in such a good home as this. It is so well organised and everyone is cared for very well. you won’t find any problems here” (resident)
- “You couldn’t find anything wrong here. My family and I are very happy with the home” (resident)
- “The new extension has made the actual staffing in the home easier, with its layout. Staffing in the home is good”. (staff member)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding and infection prevention and control, risk management and the home’s environment.

Areas for improvement

There were no areas for improvement identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of a sample of three residents’ care records was undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff were able to describe individual preferences and choices for the residents, such as particular residents wishes in terms of privacy and support.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was appetising and nicely presented. Supervision and assistance for residents during the meal was organised, unhurried and in accordance with assessed needs. Tables were nicely set with choice of condiments. Residents commented positively on their provision of meals. Drinks and snacks were readily available for residents during the day.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians' and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The deputy manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, environment and medications were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The deputy manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were inspected during the inspection. These were maintained satisfactorily.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents and staff spoken with during the inspection made the following comments:

- "The meals are lovely. We always get a choice and the atmosphere in the dinner room is lovely" (resident)
- "The food is very good here." (staff member)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The deputy manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. Staff were vigilant in regard to communicating sensitive information about residents and spoke with residents in a kind and caring manner.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. At the time of this inspection Sunday Mass was just finishing which encouraged a lot of residents and their relatives to attend.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. An example of this was the complaints procedure, menus and activities programme which were available in an easy read format.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. The questionnaires for this current report were being collated. Perusal of some of these responses for this was found to be very positive.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were enjoying the company of one another, watching television, listening to music or relaxing.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with 18 residents during this inspection, from which comments included;

- “Everything is absolutely brilliant. The staff couldn’t do enough for you. They are all lovely and kind. Every one of them” (resident)
- “I love it here” (resident)
- “I love the atmosphere here. I am treated with respect and my choices and privacy are too also.” (resident)

The inspector also met with four visiting relatives who spoke with praise and gratitude on the provision of care and the kindness and support afforded by staff.

One staff member made comment which included;

- “It’ really is a wonderful, kind, caring place to work in.” (staff)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 deputy manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA’s complaint poster was available and displayed in the home.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Inspection of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. The last two months reports of 28 August and 20 September 2018 were inspected and found to be maintained in informative detail.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance were displayed.

The home had a whistleblowing policy and procedure in place. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)