

Inspection Report

9 February 2023



Nazareth House Care Village

Type of Service: Residential Care Home
Address: 516 Ravenhill Road, Belfast, BT6 0BW
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Nazareth Care Ireland	Registered Manager: Carmel Blaney
Responsible Individual : Mr John O'Mahoney	Date registered: 12/06/2020
Person in charge at the time of inspection: Mrs Carmel Blaney 9.45 am -12.30 pm Mrs Mildred Dimitui, Deputy Manager 12.23 pm-5.15 pm	Number of registered places: 28 Maximum of 15 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.	Number of residents accommodated in the residential care home on the day of this inspection: 27
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 28 residents. The home is divided into two 'streets'; 1 st and 2 nd street. Within each street, residents have access to communal lounges and dining rooms. Residents also have access to extensive communal gardens. There is a Nursing Home which occupies the same building.	

2.0 Inspection summary

An unannounced inspection took place on 9 February 2023, from 9.45 am to 5.15 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents and their relatives are included in the main body of this report.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

The home was clean, tidy and warm and had a homely, inviting atmosphere.

One area for improvement was identified during this inspection with regards to the safe storage of cleaning liquids and materials. Addressing this area for improvement will further enhance the quality of care and services in Nazareth House.

RQIA were sufficiently assured that the delivery of care and service provided in Nazareth House was safe, effective and compassionate, and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Mildred Dimitui, deputy manager at the conclusion of the inspection and with Mrs Carmel Blaney, manager, via telephone on 10 February 2023.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "the staff are wonderful, this is a great place", "I have no complaints, this place has an excellent reputation" and "I am very happy here, could not ask for a better place to live".

We spoke with one residents' relative who told us they had no concerns about the home, commenting; "this place is the best, it has the human touch, the service delivered here is excellent."

Staff commented that the home was "had a great atmosphere about it." All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

No additional feedback was provided by residents, relatives or staff following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Nazareth House Care Village was undertaken on 18 January 2022 by a Care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated excellent knowledge of their roles and responsibilities regarding Adult Safeguarding and Dysphagia.

A review of the homes training matrix showed that some mandatory training was due for some staff; evidence was provided that this training had been arranged for February 2023.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day. For example, staff were observed supporting residents to attend the daily activity, responding to call bells promptly and spending time with residents chatting with them both in the lounge and in their bedrooms.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels, training arrangements and the level of communication between staff and management. Staff commented that the manager was “very supportive”.

Staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Residents’ commented, “the staff are so good, they always make time for you” and “if I ever feel unwell I just need to press the call bell and they come very quickly.”

Residents’ relatives said “the staff have taken the time to get to know me as well, they are professional and caring, they go that extra mile.” Relatives also commented that the communication in the home was excellent and that they were always made feel very welcome when visiting.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents’ needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells and requests for help throughout the day. Staff showed excellent communication skills when communicating with residents.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The menu for the day was on display outside both dining rooms and both residents and staff confirmed that choices for meals were always offered. One resident told us, “the selection of food is very good; I get what I ask for.”

The dining experience was an opportunity for residents to socialise and chat with each other. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

One resident indicated that he did not want the meal that had been served, he was offered the alternative meal but decided that he wanted something different. The staff contacted the kitchen and his chosen alternative was supplied to him. Residents told us “the food is the best here.”

Residents’ needs were assessed at the time of their admission to the home. Following the initial assessment, person centred care plans were developed to support staff to meet the individual needs of each resident. These care records were well maintained and regularly evaluated to ensure they continued to meet the residents’ needs.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents’ relatives, if this was appropriate. If required care staff consulted relevant professionals and followed any recommendations they made. All care records were held confidentially.

At times some residents may be required to use equipment that can be considered to be restrictive; for example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the deputy manager confirmed that the risk of falling and falls were well managed. There was evidence of updated falls risk assessments and appropriate onward referral as a result of the post falls review. There was evidence of a monthly falls audit being carried out by the manager.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain.

There was evidence that each resident had an annual review of their care.

One resident told us “the care provided by the staff is excellent, they are so attentive.”

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home’s environment evidenced that the home was clean, tidy and well maintained.

Residents’ bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. One resident told us “my room is cleaned every day, it is spotless.” Residents’ relatives said “this place is always clean, the domestic staff are great.”

Corridors were clean and free from clutter or hazards and fire doors were unobstructed. Two cupboards containing items with potential to cause harm such as a cleaning cupboard in one of the dining rooms and sluice room were found to be unlocked, this was discussed with the manager for immediate action, and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was carried out on 12 April 2022, this resulted in no actions. Staff were aware of their training in this area and how to respond to any concerns or risks. Some staff fire training was noted to be due and this has been arranged for end of February 2023.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, there was ample supply of Personal Protective Equipment (PPE) within the home.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

There was ample communal and private space for the residents in the home. This included a library, reminiscence room, a café, a small shop, a chapel and well maintained grounds.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. There was a relaxed, homely atmosphere in the home throughout the inspection. Several residents were enjoying each other's company in the communal lounges. Other residents were attending the morning activity or spending time with their visitors, enjoying a cup of tea or coffee in the café.

There was a range of activities provided for residents by the activities co-ordinators. The range of activities included social, community, cultural, religious, spiritual and creative events. One resident's relative told us, "this place is wonderful, the atmosphere is so calm and relaxed, and the activities they put on are marvellous." On the morning of the inspection a crossword activity was taking place, one resident told us, "the activities co-ordinators here are very good, we do everything from crosswords to exercises."

Residents were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home, such as activities and menu choices. A suggestion box was provided for residents to make suggestions with regards to the home.

Residents' relatives told us that they always felt very welcome when they visited the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Carmel Blaney has been the manager of this home since 12 June 2020. Residents, staff and relatives described the manager as being, excellent, approachable and a good listener.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would take these concerns seriously and deal with them appropriately.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. All staff spoken to had an excellent knowledge of the safeguarding processes within the home.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Carmel Blaney, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 3 Ref: Regulation 14 (2)(a) Stated: First time	<p>The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety. This is in relation to the storage of cleaning chemicals.</p> <p>Ref 5.2.3</p> <p>Action taken as confirmed during the inspection: This action has been completed on the day of the inspection. The registered Person ensures that all parts of the residential care home to which residents have access are free from hazards to their safety. Following the inspection, a number of measures were implemented to embed the learning from this inspection:</p> <ul style="list-style-type: none"> * At each handover report it was requested of all staff present to ensure the cupboards containing cleaning products in the dining rooms are locked after use; * The Head Housekeeper will complete daily checks to check that the cupboards in the dining rooms are locked when not in use; and * The senior management team will check that the cupboards in the dining rooms are locked when not in use when completing their daily walkabouts of the residential care home.

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