



The Regulation and
Quality Improvement
Authority

Nazareth House Care Village
RQIA ID: 1809
516 Ravenhill Road
Belfast
BT6 0BW

Inspector: John Mc Auley
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**Unannounced Care Inspection
of
Nazareth House Care Village**

17 December 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 17 December 2015 from 11am to 3.15pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. One area of improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This is in relation to a recommendation to review staffing levels, as detailed later in this report.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Jill McWhinney the Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Jenny Hall	Registered Manager: Siobhan Regan
Person in charge of the home at the time of inspection: Jill McWhinney Deputy Manager	Date manager registered: 26/05/2010
Categories of care: RC-DE, RC-I	Number of registered places: 22
Number of residents accommodated on day of inspection: 21 however many of the residents were out on a bus trip for a large part of the inspection.	Weekly tariff at time of inspection: £620

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes.

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with ten residents, three members of staff, and the registered provider.

We inspected the following records: two residents' care records, accident/ incident reports, the record of complaints and monitoring visit reports.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 9 April 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last Care inspection

No requirements or recommendations resulted from this inspection.

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The deputy manager and staff confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. Several residents gave particular examples such as choice of meals and activities.

Residents' meetings were held on a quarterly basis. Their views and wishes were actively sought and recorded. The records of these meetings were not available for inspection as it was reported that the registered manager is working on these records to help formulate the annual quality assurance report.

Inspection of the record of complaints found that such expressions were taken seriously and managed appropriately.

Care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, a suggestion box, and the registered provider monthly visits. Staff confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

The record of registered provider visits was inspected for the last three months. These records were maintained in informative detail with good account of governance.

Copies of review forms were present within each care record. Residents and their representatives attended and participated in their care management review. Evidence was in place that any agreed actions at these meetings were acted upon.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

In our observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met with ten residents. In accordance with their capabilities, residents expressed and indicated that they were happy and content with their life in the home.

Some of the comments made included statements such as;

- "They look after me very well here. No problems"
- "I love it here"
- "It couldn't be any better"
- "The staff are absolutely wonderful"
- "There is a marvellous atmosphere here".

5.4.2 Staff views

We spoke with three care staff members. Staff advised us that they felt supported in their respective roles.

Two staff related that they had been provided with the relevant resources to undertake their duties. One staff member informed that they felt an added care assistant was needed on day duty to cover the layout of the home, as oppose to a care assistant floating between the two specific areas of the home.

Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

5.4.3 General environment

We found that the home presented as clean, tidy and adequately heated. Décor and furnishings were found to be of a good standard.

Residents' facilities were comfortable and accessible to avail of.

5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Care duties and tasks were organised in an unhurried manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. A planned programme of activities was in place with those residents who wished to partake benefitting from same.

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. A nice homely atmosphere was in place.

5.4.5 Accident / incident reports

We reviewed the accident/incident reports from 9 April 2015 until the date of this inspection. These were found to be appropriately managed and reported.

5.4.6 Staffing

The staffing levels at the time of this inspection consisted of:

- 1 x deputy manager
- 2 x senior care assistants
- 1 x care assistant covering the two specific areas of the home, known as streets one and two
- 1 x domestic
- Catering, laundry and administrative staff covering both registered units of the entire home. i.e. residential and nursing units.

From general observations of care practices and discussions with staff, these levels were considered to be in need of review particularly to take account of the size and layout of the home. A recommendation was made in this regard.

Areas for Improvement

There was one issue of improvement identified with this standard. This was a recommendation to implement a review of staffing levels, taking account of residents' assessed needs, the size and layout of the home and fire safety.

Number of requirements:	0	Number of recommendations:	1
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jill McWhinney the Deputy Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 25.1 Stated: First time To be completed by: 22 March 2016	A review of care staffing levels should be implemented to take account of residents' dependencies, the size and layout of the home and fire safety. Following this review, subsequent appropriate action should be put in place.		
Response by Registered Person(s) detailing the actions taken: <i>RESIDENT DEPENDENCY LEVELS HAVE BEEN REVIEWED AND STAFF BREAK TIMES HAVE BEEN REVISED TO ENSURE OPTIMUM STAFF PRESENCE AT MEAL TIMES, AS DISCUSSED WITH THE INSPECTOR.</i>			
Registered Manager completing QIP	<i>Sinobon Regan</i>	Date completed	21.1.16
Registered Person approving QIP	<i>Jenny Hall</i>	Date approved	21.1.16
RQIA Inspector assessing response	<i>Wm Murphy</i>	Date approved	25/1/16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address

