

Inspection Report

18 January 2022



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

<p>Organisation/Registered Provider: Poor Sisters of Nazareth</p> <p>Responsible Individual Mr John O'Mahoney</p>	<p>Registered Manager: Mrs Carmel Blaney</p> <p>Date registered: 12 June 2020</p>
<p>Person in charge at the time of inspection: Mrs Carmel Blaney</p>	<p>Number of registered places: 28</p> <p>Maximum of 15 residents in DE category of care (mild to moderate dementia)</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 27</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>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'; 1st and 2nd street. Within each street, residents have access to communal lounges and dining rooms. Residents also have access to extensive communal gardens.</p> <p>There is a Nursing Home which occupies the same building.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 January 2022, from 9.35am to 3.55pm 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 told us they felt safe and well cared for in the home. Residents' relatives told us they "had good peace of mind" about their relative being cared for in the home. It was evident that staff were knowledgeable and well trained to deliver safe and effective care. Staff provided care in a compassionate manner which promoted the dignity and well-being of residents. Care was provided in a timely, organised and efficient manner.

The manager was visible and approachable to staff, residents and their relatives throughout the inspection, and there was clear evidence of good working relationships.

RQIA was assured that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

The findings of this report will provide the management team with the necessary information to further 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 and 'Tell Us' cards 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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 18 residents both individually and in small groups. Residents told us they liked the staff, the company and the freedom and choice they were offered in the home. Residents who were unable to clearly express their opinions verbally looked relaxed and indicated through non-verbal cues that they were comfortable and content. Specific comments from residents included "I couldn't ask for a better home or better care...the staff are first class."

We spoke with two relatives who told us they felt fortunate and grateful that their loved ones were living in the home as they had no concerns about their care or treatment. Specific comments included, "(my relative) thinks the home is a 5 star hotel. We can't believe the dignity, respect, care and spiritual support she and the family receive" and "Every single

member of staff take the time to stop and chat with (my relative) and are on a first name terms. I'm here every day and I know that the staff always treat the residents well."

We met with six staff who spoke positively about the care provided to residents in the home. Staff demonstrated a good knowledge and understanding of resident's needs, and were able to describe how they ensure residents are provided with choice, dignity and respect at all times.

A record of compliments received about the home was kept and shared with the staff team. This is good practice. Compliments received thanked staff for their "hard work...kinship...(and) sacrifice" in keeping residents safe and healthy during the pandemic.

No additional feedback was received by residents, their 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 15 April 2021 by a pharmacy inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

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, a small number of residents enjoyed a late breakfast, as they had not wanted to get up early. Other residents were able to move their in house hair appointments, as they had visitors, or wanted to go for walk first.

Residents said staff knew them well and knew how best to help them. Specific comments from residents included, "I know all the staff by name, including the maintenance manager. And they know me. The staffing is very consistent" and "The girls are great. I couldn't say a bad word about them!"

Residents' relatives told us; "The staff go over and above. Nothing is too much trouble. Staff tell us they feel lucky to work here! And they always make time for the residents."

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff told us, "Some days are very busy. But we always manage."

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.

There were systems in place to ensure staff were trained and supported to do their job. It was positive to note that the home was supporting care staff's professional development. For instance, one senior care assistant was completing the 'My Home Life' programme. Another staff member told us they had requested additional dementia training and this had been facilitated by the home.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. 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.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. One resident's relative praised how the home maintained their relative's comfort, dignity and confidence following a fall; "They encourage independence and (my relative) has thrived and seems 10 years younger!"

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

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 dining experience was an opportunity of residents to socialise, music was playing, and 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. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. Residents were complimentary about the quality and choice of meals in the home.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. There were some inconsistencies in the eating and drinking care plan for one resident. The manager advised that the home were currently transitioning to a new electronic care recording system. There had been some minor issues with this, and the manager was working closely with the organisation's I.T. department to refine the system. The manager confirmed this issue had been fully addressed following the inspection.

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. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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.

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. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

There was a relaxed, homely and peaceful atmosphere in the home throughout the inspection. Several residents were enjoying each other's company in the lounges. Other residents were

seeing visitors, getting their hair done, going for a walk, reading their daily newspaper or enjoying a leisurely breakfast.

Observation of practice confirmed that residents were able to choose how they spent their day. One resident's relative told us, "(my relative) has settled so well, made friends and has developed their own routine." Residents told us that staff offered and respected their choices, and supported them to maintain their independence as much as possible. This included preferences for getting up, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time. There was ample communal and private space in the home. This included a library, reminiscence room, a café, a small shop, a chapel and well maintained grounds.

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. Residents' feedback was then used to change or improve the care being provided in the home. For instance, some resident's requested smaller portion sizes at meal times.

There was a range of activities provided for residents by staff and by visiting musicians.... to the home. The range of activities included social, community, cultural, religious, spiritual and creative events. Staff told us, "The activities here are good, just difficult with COVID restrictions. So we try and get small groups together, for example for afternoon tea. One resident has suggested a Scrabble group, so we're trying to get that sorted."

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents. Residents' relatives' were very positive about how the home ensured relatives were included and involved in this process, especially over the Christmas period. One resident's relative commented, "Being a care partner has been a massive help. I was able to get (my relative's) room set up the way they like and it eased the transition for them."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff, residents and relatives commented positively about the manager, describing them as supportive, approachable and responsive.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the any issues would be fully and promptly addressed.

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.

Each service is required to have a person, known as the adult safeguarding (ASG) champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Review of governance records established that ASG champion training was being arranged and that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 and their care manager. Advice was provided on how to improve the robustness and traceability of these records, including clarification on events which are notifiable to RQIA. As previously discussed in section 5.2.2, the home is transitioning to a new electronic care recording system and it was agreed that the new system may be more robust. Therefore an area for improvement was not required on this occasion.

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 and/or the Residential Care Homes' Minimum Standards (August 2021)**.

	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 Mrs Carmel Blaney, registered manager, as part of the inspection process and can be found in the main body of the report.



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