The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Nazareth House Care Village**

Provider: **Nazareth Care Ireland**

Date of Inspection: **10 June 2025**

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

1.0 Service information

Organisation/Registered Provider:	Nazareth Care Ireland
Responsible Individual:	Mrs Tania Spelman - acting
Registered Manager:	Mrs Carmel Blaney
Service Profile – This home is a registered nursing home which provides nursing care for up to 60 patients. The home provides general nursing care for patients under and over 65 years of age and care to patients over 65 with a physical disability or who are terminally ill. The home is divided into four streets. Within each street patients have access to communal lounges and dining rooms. Patients also have access to extensive communal gardens. There is a separate registered residential care home which occupies the same site/building; this service is managed by a different registered manager.	

2.0 Inspection summary

An unannounced inspection took place on 10 June 2025 from 9.15 am to 5.30 pm by care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment, medication management, management of risk, oversight of audits, record keeping and cleaning/storage of patient equipment.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. A further area for improvement was subsumed into a new area for improvement under the regulations. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Staff are looking after me very well", "I am very happy here", "It's very clean, no smell and the staff are very nice. The food is very nice", and "The activity girls are very good."

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Staff spoken with said that Nazareth House Care Village was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Staff comments included, "The teamwork is very good," and "The staff have a good work ethic."

We did not receive any responses from the staff online survey within the timescale specified.

We received one questionnaire response from a visitor who was very complimentary of the care provided to their relative. One of the comments included, "The care is exemplary, the team are guided by excellent leadership. The care provided exceeded our expectations and assured us of our relative's care and contentment."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

There was evidence of systems in place to manage most aspects of staffing, although review of staff recruitment records established that all pre-employment checks had not been completed prior to each staff member commencing in post. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

It was observed that medication had been administered to an identified patient that morning, although they had not taken it. Staff confirmed they had recorded that the patient had taken the medication. This was discussed with the deputy manager who gave assurances that medicine administration competencies would be addressed with the identified staff member. This information was shared with the aligned pharmacy inspector. An area for improvement was identified.

At times some patients may require the use of equipment that could be considered restrictive. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. However, nutritional care plans were not consistently in line with the recommendations of the speech and language therapists (SLT) and/or the dieticians. In addition, review of records held in dining areas evidenced that they did not consistently reflect the SLT recommendations or the current occupancy of the home. Some of the records had not been updated since March 2025. This was discussed with the deputy manager who reviewed the records immediately. An area for improvement was identified.

Discussion with the manager following the inspection confirmed they plan to review the mealtime experience with consideration given to the introduction of a “safety pause” in keeping with “mealtimes matter” regional guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients’ nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good. Plastic glasses provided to patients were visibly stained and worn. This was discussed with staff who arranged for these to be disposed of and new glassware was provided.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients’ social, religious and spiritual needs. Patients were observed enjoying arts and crafts in the afternoon.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

Care records, for the most part, were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, wound care documentation evidenced that multiple wounds had been incorporated into a single care plan and it was difficult to follow care plan actions. Areas for improvement were identified.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients daily fluid intake was recorded daily. However, concerns were identified regarding the management of a patient who had not achieved their 24-hour fluid target with care records not clear as to what actions were taken by registered nurses to monitor and address this. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was tidy and well-maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Inappropriate storage of patient equipment and toiletries was observed in identified communal bathrooms, and shortfalls were observed in the cleaning of some patient equipment, such as wheelchairs, standing aids and some armchairs. An area for improvement was identified.

Concerns about the management of risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. Food and fluid thickening agent, cleaning and pest control chemicals were accessible to patients in identified unlocked cupboards. This was discussed with staff who took immediate action. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Carmel Blaney has been the manager in this home since March 2023.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. While some improvements were noted following review of a sample of audits, improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and

driving the required improvements through clear action planning; particularly in relation to the home's environment. An area for improvement identified during an inspection on 20 May 2024 was subsumed into a new area for improvement under the regulations.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	4	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Carmel Blaney, registered manager, and Mrs Tania Spelman, acting responsible individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** 10 June 2025	The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records. Ref: 3.3.1 **Response by registered person detailing the actions taken:** A pre-employment check list is in place to ensure all appropriate documentation is accessed prior to commencement of employment. The registered person will audit this on a monthly basis and address any identified deficiencies to ensure compliance.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 10 June 2025	The registered person shall review the process for the administration of medicine and ensure that nurses remain with patients until medication has been administered. Ref: 3.3.2 **Response by registered person detailing the actions taken**: All nurses Medicines Management training is up to date.The individual concerned has had all medication competencies readdressed. The registered person is assured that in the future, this nurse, and all nurses will remain with residents until medication has been administered. Compliance will be monitored by management to promote shared responsibility and consistency.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 10 June 2025	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4 **Response by registered person detailing the actions taken:** A full environmental risk assessment across all resident-accessible areas carried out to identify actual and potential hazards.Daily visual environmental inspections and monthly audits will provide assurance for a safe and compliant environment.

Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 10 June 2025	The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person is assured that a robust system of governance is in place through our auditing processes.Shortfalls and improvement action planning have been reviewed and amended accordingly to ensure compliance and best practice.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time **To be completed by** 10 June 2025	The registered person shall ensure that accurate records are maintained for all patients who are on a modified diet. Ref: 3.3.2
	Response by registered person detailing the actions taken: All records for residents on a modified diet have been reviewed to ensure they are correct and up to date.The registered person will ensure that they remain accurate and up to date through a robust auditing process.
Area for improvement 2 **Ref**: Standard 37.4 **Stated:** First time **To be completed by** 10 June 2025	The registered person shall ensure that patients' fluid intake over a 24-hour period is reviewed by a registered nurse where appropriate and accurate records are maintained. Ref: 3.3.3
	Response by registered person detailing the actions taken: All nursing staff instructed to ensure that completed fluid balance charts are reviewed over a 24 hour period and actioned appropriately. Management to ensure compliance will be via regular inspection of daily progress notes.
Area for improvement 3 **Ref**: Standard 21.1 **Stated:** First time **To be completed by** 10 June 2025	The registered person shall ensure that patients receiving wound care have an individualised care plan for each wound. Ref: 3.3.3
	Response by registered person detailing the actions taken: Nursing staff instructed to create individualised care plan per wound for residents. The registered person will ensure compliance via the monthly wound audit process.

Area for improvement 4 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 10 June 2025	The registered person shall ensure that the environment in the home is managed to minimise the risk and spread of infection. This area for improvement specifically related to the cleaning and storage of patient equipment. Ref: 3.3.4
	Response by registered person detailing the actions taken: All staff instructed to ensure that all equipment is cleaned and stored according to Infection Prevention and Control Policy standards, thereby reducing the risk of infection transmission within the home.This will be monitored and audited through visual inspections and adherence to the daily cleaning schedule with allocated responsibilities, including signed checklists for each shift.

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

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