

Inspection Report

5 September 2024



Nazareth House Care Village

Type of service: Residential Care Home
Address: 516 Ravenhill Road, Belfast, BT6 0BW
Telephone number: 028 9069 0600

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/Registered Provider: Nazareth House Care Village	Registered Manager: Miss Ashley Currie
Responsible Individual: Mr John Thornton	Date registered: 9 October 2023
Person in charge at the time of inspection: Miss Ashley Currie	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: 28
Brief description of the accommodation/how the service operates: <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 separately registered nursing home which occupies the same building.</p>	

2.0 Inspection summary

An unannounced inspection took place on 5 September 2024, from 10.35 am to 4.30 pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and to sought determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was bright and welcoming, the atmosphere was warm and residents were observed to be seated comfortably in the communal areas across the home, or in their bedrooms based on their individual preference.

It was evident that staff promoted the dignity and well-being of residents, this was observed through staff's interactions with residents and also in the feedback provided regarding care delivery. Staff provided care in a compassionate manner.

Residents said that they were happy in the home and the staff helped them when they needed help. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One new area for improvement was identified and will be managed through the home's QIP details of which are in Section 6.0.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Nazareth House Care Village.

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 Miss Ashley Currie, manager at the conclusion of the inspection

4.0 What people told us about the service

Residents said that they were happy in Nazareth House Care Village and described the staff as “very good” and “great.” Residents’ comments included, “staff are great, they could not do enough for you,” and “staff are very kind and caring.”

Staff spoke positively in terms of the provision of care in the home. All staff spoken to highlighted the importance of taking a person centred approach when working alongside the residents.

No questionnaires were received from relatives or visitors. No responses were received from the staff online survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments included, “thank-you for the good care,” and “thank you for the safe, kind and stimulating environment.”

5.0 The inspection

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

Areas for improvement from the last inspection on 30 October 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	

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. Review of records evidenced that inductions were completed for all staff working in the home.

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

There were systems in place to ensure staff were trained and supported to do their job

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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 spending time with residents, supporting them to make choices as where to sit and what activities to take part in.

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.

Residents and staff spoken to expressed no concerns regarding the staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Detailed handover sheets were made available to all staff at each shift changeover.

Staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

Residents who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

A choice of meal was offered and the food was attractively presented and smelled appetising. Meals were appropriately covered on transfer whilst being taken to residents' rooms. There was a variety of drinks available.

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 to ensure they continued to meet the residents' needs. However; not all care plans were person centred. For example, the care plans viewed lacked detail with regards to resident's likes and dislikes. There were no care plans in place for those residents' who were able to administer their own medication and in a further care plan there was no reference to the residents' deprivation of liberty safeguards, (DoLs). This was discussed with the manager for action and an area for improvement was identified.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

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 residents said, "The staff keep my room very clean."

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning stores and sluice rooms were appropriately secured.

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 the correct systems and processes were in place to ensure the management of risks associated with infections.

For example, a 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 Personal Protective Equipment (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.

5.2.4 Quality of Life for Residents

There was a range of activities provided for residents by staff including; social, community, religious and creative events. The activity schedule was on display for residents to observe and each resident had a copy in their bedrooms. There was evidence of activities taking place on the day of inspection, including games and one to one activities. Some residents told us they preferred to be private and remain in their rooms, but felt supported by staff to have these wishes maintained. Residents had access to books and television. One resident told us, "there is something on every day."

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents' commented positively about the two activity co-ordinators, describing them as "very good."

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Ashley Currie has been the registered manager in this home since 9 October 2023.

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 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.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would deal with any concerns appropriately. One resident said, "I do like Ashley, she solves problems." Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve the quality of services provided by the home. This is good practice.

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. 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; 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' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ashley Currie, 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 Minimum Standards (December 2022) (Version 1:2)	
<p>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2024</p>	<p>The registered person shall ensure that care plans are person centred and reflect the outcomes of the assessment of need of the assessment process.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All current residents care plans have been re-written to ensure they are person centred; new residents care plans will be written with a hollistic approach to ensure they are also person centred. Outcomes of the assessment are identified in the care plans; and they will be kept under review monthly as the risk assessments are updated.</p>

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