

Nazareth Care Charitable Trust

Nazareth House - Crosby

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 4 April, 2018 and was unannounced.

Nazareth House is a large 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation with personal care for up to 66 older people. At the time of the inspection there were 39 people living in the home. Accommodation is located over three floors and facilities include four lounges, three dining rooms, 64 single bedrooms, 24 bedrooms with en-suite facilities, one large function room and a large garden area. A car park is available to the front of the building.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During the inspection we found the registered manager to be open and transparent and receptive to the feedback provided.

At the last inspection which took place in August, 2017 we identified breaches of Regulations 9, 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we issued a warning notice regarding Regulation 12 and 17 and asked the registered provider to complete an action plan to tell us what changes they would make and by when. During this inspection, we looked to see if the registered provider had made the necessary improvements.

At the last inspection we found that the registered provider was in breach of regulations in relation to safe care and treatment people were receiving. We found that medicine processes and systems were unsafe and information regarding people's medication support needs was inconsistent and conflicting. We also identified that people's health and well-being was not safely being supported and areas of risk were not being safely managed. During this inspection we found that the registered provider was no longer in breach of regulation in relation to 'safe care and treatment'.

We have made a recommendation that the registered provider consults best practice in relation to improved medicine management systems.

At the last inspection we found that systems to monitor and assess the quality, standard and safety of the service were not effective. During this inspection we looked at the audits completed and found that improvements had been made. Audits were routinely completed, the quality and standard of the care being provided was being assessed and improvement action plans were in place. The registered provider was no longer in breach of regulation in relation to 'good governance' although further improvements are required.

At the last inspection, we found that care plans were not person centred and did not always provide sufficient information to ensure staff could meet people's needs. During this inspection we found that care plans were detailed, reflected people's individual needs and preferences and were reviewed regularly. We found that improvements had been made and the registered provider was no longer in breach of this regulation regarding 'person centred care'.

At the last inspection, we found that staff were not receiving adequate supervision or being supported with training which would enhance their skills and knowledge. During this inspection we found staff received regular supervisions and annual appraisals. The registered provider was no longer in breach of this regulation regarding 'staffing'.

At the last inspection, we found that the registered provider did not have effective systems in place to ensure 'fit and proper persons' were employed to support people who were living at the home. During this inspection we identified that safe recruitment practices were in place, prospective employees had undergone the necessary Disclosure Barring System checks (DBS) and appropriate references were being sought. The registered provider was no longer in breach of this regulation.

Records showed that applications to deprive people of their liberty had appropriately been made. Consent to care and treatment was reviewed to ensure the registered provider was complying with the principles of the Mental Capacity Act 2005, (MCA) including best interest decision making when people lacked the capacity to provide consent. We identified one example where the information around this was unclear.

People told us they felt safe living in Nazareth House. Staff were knowledgeable about safeguarding and whistleblowing procedures and knew how to report any concerns.

We found that there was sufficient numbers of staff on duty to meet the needs of people in a timely way. We received positive feedback from people, relatives and staff about the staffing levels at the home.

We reviewed health and safety audit tools which were in place to monitor and assess the quality and standards of the home. There was a variety of different audits/checks being conducted which meant that people were living in a safe, clean, well maintained and hygienic environment.

Accidents and incidents were routinely recorded and analysed although it was not always clear how trends were being managed. The registered manager also ensured that any significant events were also discussed as part of the daily handover.

The home appeared to be clean, well maintained and odour free. Infection prevention control (IPC) measures were in place and staff understood the importance of complying with IPC policies and procedures.

People's nutrition and hydration support needs were regularly assessed and measures were in place to monitor and mitigate risk. We found that appropriate referrals were being made to external healthcare professionals when risk was identified.

People's health and well-being was routinely supported. Care files showed that advice was sought from professionals and their advice was followed and incorporated within care plans.

Adaptations had been made to the environment to support people living with dementia. The environment had been adapted and reasonably adjusted to support people's needs, promote independence and

minimise risk.

People living in Nazareth House and relatives we spoke with told us that staff were kind, caring and friendly. Interactions we observed between staff and people living in the home were warm, sincere and familiar and it was clear that staff knew the people they were caring for well.

A complaints procedure was in place that provided clear information on how to raise concerns and included contact details for the local authority and the ombudsman. People told us they knew how to raise any concerns they had and felt that they would be listened to

There was a range of different activities taking place at the home. People told us they enjoyed the activities available and were able to choose whether or not they wanted to join in. There was a schedule of different activities advertised around the home.

Systems were in place to gather feedback regarding the provision of care. The registered manager ensured they had oversight of the quality and standard of care being provided. These included staff and 'resident and relative' meetings.

Following the last inspection the registered provider created an action plan to address the areas of concern we raised. The registered provider submitted a number of different action plans to evidence how they were progressing with their improvement. During the inspection we identified that actions were being completed and the quality and standard of care being provided had improved

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory requirements.

Ratings from the last inspection were displayed within the home and on the registered provider's website as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

A recommendation has been made in relation to medicine management and best practice guidelines.

Risk assessments were in place and were routinely reviewed and updated.

Staff were recruited following safe recruitment procedures and there were sufficient staff on duty to meet people's needs.

Staff were aware of safeguarding and whistleblowing procedures.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act, 2005 were generally being followed; a further review of assessments and records were discussed with the registered manager.

Staff were receiving regular supervisions and were being supported with training, learning and development.

People's nutritional needs had been assessed and staff were aware of people's dietary needs and preferences.

Requires Improvement ●

Is the service caring?

The service was caring.

People and relatives told us that staff were kind, friendly and caring.

Interactions we observed between staff and people living in the home were warm and familiar.

Confidential information was securely stored and protected.

For people that did not have any friends or family to represent

Good ●

them, details of local advocacy services were available.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed, reflected people's individual needs and preferences and were reviewed regularly.

There was a complaints process in place. People and their relatives knew how to raise concerns and complaints. A complaints log was in place.

People enjoyed the activities available and were able to choose whether or not they wanted to join in.

End of Life Care was being supported and staff were enrolled on the necessary training.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems in place to monitor the quality and safety of the service were not always effective.

Feedback regarding the management of the service was positive. Actions had been taken to improve areas of concern identified at the last inspection.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home.

A range of different policies and procedures were in place and staff knew how to access them.

Nazareth House - Crosby

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 April, 2018 and was unannounced.

The inspection team included two adult social care inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and a specialist advisor is a person who has professional experience and knowledge of the care which is being provided.

Prior to the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

We used this information to plan how the inspection should be conducted.

During the inspection we also spoke with the registered manager, six members of staff, six people who lived in the home, four relatives and an external healthcare professional.

We looked at the care files of four people receiving support from Nazareth House, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

At the last inspection which took place in August 2017, we found that the registered provider was in breach of regulations and the safe domain was rated as 'inadequate'. The breaches were in relation to safe care and treatment and the recruitment of staff. During this inspection we looked to see if improvements had been made. Although we found that improvements had been made and the registered provider was no longer in breach of regulation 12 or 19, further improvements were required.

During this inspection we reviewed risk assessments within people's care files and saw that risks had been assessed in areas such as falls, oral health, mental health, nutrition, weight management, moving and handling, mobility and skin integrity. Assessments were detailed and provided staff with guidance on how risks should be managed and if they had been reviewed regularly.

We saw that risk assessments contained information for staff to follow in order to keep people safe. For example, we reviewed a mobility risk assessment for one person who had recently suffered a number of falls. We found that the falls risk assessment had been updated, the necessary referrals had been made to the falls prevention team, there was regular correspondence with the GP, hourly observations were being conducted and a sensor mat had been provided to mitigate risk. This meant that people's health and well-being was being monitored, assessed and information being recorded was up to date and relevant.

The registered manager had implemented new weight monitoring analysis to monitor and assess the nutrition and hydration support needs of people who were living in the home. People were regularly weighed in accordance with their care plan requirements and reviews were taking place to identify any significant weight increase/decrease which needed to be monitored. For example, one nutrition risk assessment we reviewed indicated that a person had lost a significant amount of weight over a period of time. A referral was made to the dietician, nutritional guidance was being followed and weekly weight monitoring was being completed by staff. This meant that people were receiving the required amount of safe care and support and the necessary referrals were being made.

We reviewed several medication administration records (MARs) and identified that the majority of prescribed medications were being administered at the required time. Although we did identify a number of missing entries on the MARs with no explanation as to why the medication had not been administered or applied. For example, one person was prescribed lactulose solution twice per day. Upon review we found that a night time dose had not been given and there was no record or explanation as to why. Another example included medicated cream which one person needed to have applied three times daily. We found on one particular day the cream had only been applied once. We discussed our concerns with the registered manager who confirmed that there was a system in place to manage and monitor MARs on a daily basis. However, we found that records were not being updated accordingly.

Medication audits were routinely taking place and had identified the majority of areas which needed to be addressed. For instance one monthly audit which had been completed identified that the correct MAR codes needed to be used by staff. This meant that staff needed to record why medication had not been offered

and accepted by the use of a code. However, there was no indication as to how the areas of improvement were being addressed with staff. We discussed our concerns with the registered manager who was responsive to our feedback and agreed to identify areas of improvement immediately.

We reviewed how medicines that were prescribed 'as and when' needed, also known as 'PRN', were managed. PRN protocols were in place to inform staff when to administer these medicines. For example, one PRN protocol stated that the medication could be administered to the person when they were feeling nauseous. The side effects of taking this medication were clearly documented and staff recorded when the medication was requested and how this helped the person. This meant that people were receiving the medication that was prescribed and when they needed it.

There was a medicine policy available which included information on how medicines were ordered, stored, administered and disposed of. Medicines were stored securely in locked trolleys in a locked room and the temperature of medicine areas were monitored and recorded. If medicines are not stored at the right temperature, it can affect how they work. Allergies people had were clearly recorded on medication administration charts; this meant that staff were aware of the risks associated with medications people were allergic to.

All staff who were administering medication had received the necessary training and had their competency assessed in this area.

The registered provider was no longer in breach of regulation regarding 'safe care and treatment' although we did discuss with the registered manager at the time of the inspection that further improvements were required.

We have recommended that the registered provider consults best practice policy and guidance in relation to medicine management and the management of records.

At the previous inspection we found that safe staff recruitment procedures were not always followed. During this inspection we reviewed the recruitment processes to ensure the registered provider was compliant with regulations. All staff files we reviewed contained two references, photographic identification, detailed employment history and evidence of Disclosure and Barring Service (DBS) checks. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. Safe recruitment procedures had been followed and appropriate employment checks were being completed.

The registered provider was no longer in breach of regulation regarding 'fit and proper persons.'

Accidents and incidents were reviewed during the inspection and although they were generally being reviewed in line with policy and guidance we did identify that a further review of the accident/incident processes was required. For example, the trend analysis for the month of January 2018 identified that incidents were occurring during the night. However, we could not find evidence of any support measures which were put in place to try and mitigate risks. We discussed our findings with the registered manager who was able to explain the different safety measures which had been implemented, such as sensor mats. We found that incidents had gradually begun to decrease in the last few months.

We reviewed staffing levels during the inspection to ensure people were receiving safe level of care in comparison to their support needs. People told us there were sufficient numbers of staff on duty to meet their needs in a timely way, we found that rotas were fully covered with regular staff, no agency staff were

being used at the home and support was provided by consistent and regular staff. One healthcare professional expressed "You can always see a member of staff, there's always someone to speak to when you come."

People we spoke with told us they felt safe living in Nazareth House. Their comments included, "Yes I'm very safe here" and "Safer than when I was at home". Relatives also said "I do feel [person] is very safe here", "They're [staff] excellent and do a very good job" and "I've been very impressed, they're [staff] are all aware of [persons] risks."

Staff were knowledgeable about safeguarding and whistleblowing procedures. They were able to clearly explain how they would report any concerns they had and who they would report them to. A safeguarding and whistleblowing policy was available to guide staff in their practice and contact details for local safeguarding teams were available. This meant that people were protected from harm and staff were familiar with the necessary reporting procedures.

Health and safety processes and systems were reviewed to ensure the home remained safe. Repairs and maintenance were carried out in a timely way, and there were regular checks on equipment such as the lifts, portable appliance testing (PAT) electric and gas. Fire procedures (in the event of an emergency evacuation) were in place and equipment for safely evacuating people was stored securely and safely in the home. Personal Emergency Evacuation Plans (PEEPs) were in place for each person who lived at the home. These are personalised plans which staff need to consult in the event of an emergency situation. PEEPS contained the relevant and most up to date information about each person's level of mobility support needs.

The home appeared to be clean and well maintained and was free from odours. Personal protective equipment (PPE) was available for all staff, such as gloves and aprons. There was also hand sanitizers fitted to the walls in various areas of the home, which were accessible to people, staff and visitors. People living in the home told us they had no concerns about the environment and felt it was always clean and tidy.

Is the service effective?

Our findings

At the last inspection we found the registered provider was in breach of regulation and the effective domain was rated as 'requires improvement'. The breach was in relation to 'staffing' and the lack of support, learning and development which was being provided.

In August 2017 we found that staff were not being supported with adequate training, learning or development and supervisions and annual appraisals were not taking place. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

During this inspection we found that staff were being provided with training, learning and development opportunities as well as receiving the necessary supervision and appraisals. The registered provider had registered with an on-line training provider, all staff were encouraged to complete a mixture of both mandatory and non-mandatory training and the registered manager had oversight of what training had been completed and where training improvements were needed. Training which had been completed included health and safety, food hygiene, infection control, safeguarding, fire safety and dementia awareness. Staff were also supported with medication training by the local pharmacy and further training was also provided by the local authority.

All staff who did not have the necessary qualifications were expected to complete on-line modules which were in line with 'The Care Certificate'. The 'care certificate' was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. Staff expressed "There's been a lot of improvements, training especially. [Manager] is doing a brilliant job, the training has come so far" and "There's been lots of training, we've all really enjoyed it."

During this inspection we looked to see if the registered provider was complying with the principles of the Mental Capacity Act (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that the relevant DoLS applications had been submitted to the local authority. Information re DoLS was also clearly recorded within the necessary care plans. People told us that staff always asked them for their consent before providing support and we observed this during the inspection. Care files contained records of people's consent in relation to photographs, care and treatment and when people were unable to provide consent, decisions were made in people's best interest in line with the principles of

the MCA.

We did identify one care record that contained some conflicting information in relation to the person's level of capacity. Care plans indicated that the person had capacity to consent and needed to be involved in all decisions which were being made in relation to the care being provided. However, the mental capacity assessment did not reflect the care plans we reviewed. It stated that the person had 'no capacity' and 'could not communicate decisions'. The capacity assessment had recently been completed and reviewed. This meant that we could not ascertain whether the person had capacity or not. We raised our concern with the registered manager who was responsive to the feedback we provided and agreed to review the necessary records.

The environment was found to be suitable and supported people who were living with dementia. People living with dementia perceive their surroundings differently. People should be able to interpret their surroundings and have the ability to navigate independently around the home safely. The garden area was easily accessible, the interior had been decorated and designed with the support needs of people in mind and there was clear signage throughout the home to help people independently navigate themselves around the home.

People were supported by staff and external healthcare professionals in order to maintain their health and wellbeing. Care files showed that advice was sought from professionals such as the district nurses, GP, dietician, speech and language therapist, and opticians. Advice and guidance provided from these professionals was incorporated within the care plans and staff were familiar with guidance which had been provided.

People's nutritional support needs had been assessed and were routinely monitored. The necessary referrals to the dietician or speech and language therapist were taking place when required. Advice from these professionals had been included within care plans to ensure staff were aware of any further support which was required. Weekly and monthly weight charts were in place and completed accordingly as well as food and fluid intake charts. These are completed when there is a concern regarding people's intake, the charts monitor how much people were eating and drinking.

During the inspection we observed the quality and standard of food people received. We observed well-presented and appetising meals being offered and people had a choice of what they food they wished to eat. When people were asked about the quality of food, they told us "It's very nice indeed" and "It's excellent with a different choice everyday."

Is the service caring?

Our findings

People living in Nazareth House told us that staff were kind, caring and they were treated with dignity and respect by staff. Their comments included, "They're [staff] very good", "They're very nice to me", "They're extremely caring" and "They make it home for me." We also received positive comments from relatives we spoke with during the inspection. Comments we received included "There wonderful, they're 100 % perfect", "I've been very impressed with the care here" and "I couldn't fault it, I wouldn't dream of taking [person] out of here, I would recommend it to others."

During the inspection a SOFI tool was completed to observe interactions between staff and people who were living at Nazareth House. Interactions between staff and people were warm and familiar. For example, we observed one member of staff sitting and reading a newspaper with one person, they were both engaged in meaningful conversation. Additionally, we observed another member of staff asking each person sitting in the lounge if they would like to read any newspapers or magazines.

We heard staff speaking to people in a friendly, dignified and respectful way. People were addressed by their preferred names, staff knocked on people's bedroom doors before entering and staff were observed discreetly asking if people needed support with any personal care. One person was asked if they were treated with dignity and they replied "Marvellously" and another person said "They always knock on my door and wait for me to say come in."

It was clear that staff knew the people they were caring for well. Staff could explain and describe people's needs as well as their likes, dislikes and preferences. Care plans we reviewed also reflected people's preferences with regards to food, activities, hobbies and times they liked to get up or go to bed. This enabled people to be supported by staff that knew them well and provide care based on their individual needs and preferences.

Care files showed that people were encouraged to remain as independent as possible, whilst remaining safe. For example, one person's care record stated '[Person] likes to remain as independent as possible and only needs assistance to dress.' However, the person's mobility care plan showed that a sensor mat and personal alarm was being used to alert staff when they mobilised during the night, as they were at high risk of falling. This enabled the person to continue mobilising when they wanted to, but for staff to support them to remain safe. One relative also said "They [staff] try very hard and do encourage and support residents; they go out of their way to do that."

There was a large chapel which was adjoined to the home. This was open to members of the public as well as people living at Nazareth House. People who wished to attend the services were always supported by the staff team. Relatives expressed "Religion is very important to [person], [person] goes all the time" and "[Person] loves having the chapel so close."

Equality and diversity support needs were established for each person who lived at Nazareth House. For example, one person had a spirituality care plan in place. The care plan highlighted that the person's

religious wishes were to be respected, that the person was to be assisted to mass at all times but if the person could not attend mass then plans would be made for Holy Communion to be offered to them within the home. This meant that people's equality and diversity support needs were taken into account and respected.

We reviewed the 'Service user guide' which was provided to people and relatives from the outset. This contained important information about Nazareth House such as the management team, staffing structure, accommodation and facilities and what could be expected when a person moved in.

We reviewed how confidential information was stored and protected. All sensitive information was safely stored in a locked office, confidential information was not unnecessarily being shared and staff were aware of the importance of protecting confidential information.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. The registered manager told us they would support people to access these services should it be required.

Is the service responsive?

Our findings

At the last inspection, we found that care plans did not always provide sufficient or up to date information and care was not being provided in a person centred way. The registered provider was found to be in breach of regulation regarding this and the responsive domain was rated as 'requires improvement'.

During this inspection we looked to see if any improvements had been made. We found that the registered provider was no longer in breach of regulation in relation to 'person centred care'.

Care plans were detailed, reflected people's individual needs and preferences and were regularly reviewed. For example, one mobility care plan indicated that the person was at risk of falls. We identified that there had been change to the level of risk and support measures had been implemented. An appropriate referral to the falls prevention team had taken place, relevant consultations with the GP had occurred and the appropriate sensor mat was put in place to mitigate risk. All relevant details had been updated in the person's care plan as well as risk assessments. This meant that staff could familiarise themselves with the most relevant and up to date information.

Care plans were tailored to the individual and reflected each person's needs and preferences. A 'one page profile' and social history template was available in most care files and included personalised information regarding people's life, education and employment, family members, place of birth and other significant details to enable staff to get to know people as individuals.

There was numerous examples in care plans that the home was supporting people in a way which was person centred. Person centred means care support which is delivered in line with people's individual needs, and not the needs of the home. For example, one person's care plan stated, '[Person] has asked for their food to be served on smaller plates, because their appetite has decreased. Another example was, '[Person] does not like the TV, likes to read and write poetry'.

The registered provider ensured that people were protected from discrimination, there was equality of opportunity and everyone was treated fairly regardless of age, gender, disability, religion/belief or race. The pre-admission assessment explored different protected characteristics and there was an up to date equality and diversity policy in place.

A complaints policy and procedure had been developed and people and relatives knew how to make a complaint if they needed to. The complaints procedure was on display within the home and one relative said "The complaints process is up; they're [staff] very transparent like that." Another relative said "The manager is most approachable and accommodating if I needed to raise any concerns." At the time of the inspection there were no complaints being investigated.

We looked at the range of different activities which were available to people living at the home. The registered manager ensured that photographs were visible around the home of the different activities which had been arranged. We saw photographs of the recent 'egg hatching' project which had taken place over the

Easter period to celebrate Easter.

On the day of the inspection a singer was performing for people at the home. The singer told us that they enjoyed coming to the home and had become very familiar with preferences of songs for certain people. People who attended the performance were seen to be smiling and singing along with the entertainment.

We asked the registered manager if 'End of life' care was provided to people who needed specific support at the end stages of their life. We found that people were being supported with end of life care and a number of staff had been enrolled on to a 'Six Steps' training course. This is a locally recognised training course that aims to provide staff with the tools and knowledge to plan and provide the best possible person centred care to people at the end of their lives. Care plans showed that staff had discussed end of life care with people and their wishes were appropriately and sensitively recorded.

Is the service well-led?

Our findings

At the last inspection, we found that the registered provider was in breach of regulation in relation to 'good governance' as systems to monitor the quality and safety of the service were not effective. The well-led domain was rated as 'inadequate'.

At the time of the inspection there was a registered manager in post. They had been registered with CQC since July, 2017. The registered manager was aware of their responsibilities and it was evident from this inspection visit that improvements had been made. Records, audits and action plans we reviewed demonstrated how the registered provider had implemented new systems and processes to improve the standard and quality of care being provided. Although the registered provider is no longer in breach of regulation, further improvements are required.

During this inspection we looked at the audits and checks which were being completed by the management team. Audits and checks were completed in areas such as medication, health and safety, infection control and care planning, weight management and accident and incidents. We found however, that these were not always effective. For example, the medication audits did not identify some of the areas which were identified during the inspection and the accident/incident analysis needed to be reviewed to identify how trends were being managed. We discussed the areas of improvement which were required with the registered manager who was responsive to the feedback.

We looked to see how the registered manager maintained oversight of the quality and standard of care provided. We saw evidence of staff meetings, head of department meetings, resident/relative meetings and management meetings. There was a range of different topics being discussed such as accidents/incidents, medication, staff training, governance, menus, communication and recruitment. This meant that people, staff and relatives were all involved and encouraged to share their thoughts and opinions about the provision of care people were receiving.

Communication processes were reviewed during the inspection. Communication books and daily contact notes were regularly being updated and there was an introduction of a daily morning meeting whereby specific staff were requested to attend to discuss any significant events, concerns and daily activities which were taking place. Staff we spoke with expressed that the level of communication had significantly improved and staff felt involved in the care being provided.

People told us they felt the home was well managed and feedback regarding the registered manager was positive. Staff described the registered manager as friendly, approachable and responsive. One staff member said "[Manager] encourages all staff; we all feel we can come and talk to her, [Manager] has made a big difference." One person expressed "In my opinion [Manager] does a very good job" and a relative said "I have the utmost confidence, [Manager] outlined to us how things were going to turn around, I've been very impressed. [Manager] has been outstanding, most approachable and very accommodating." During the inspection we found the registered manager to be open, transparent and receptive of the feedback we provided throughout the course of the inspection.

Following the last inspection the registered provider created an action plan to address the areas of concern we raised. During this inspection we saw that the registered manager had worked through the action plan and clearly recorded what actions had been taken to ensure improvements had been made in the areas of concern. We found that necessary measures had been taken and most actions had been fully completed.

We reviewed the range of different policies and procedures the registered provider had in place. All policies contained the relevant guidance and information and staff knew where to access them. Staff were familiar with different policies such as medication administration, infection prevention control, complaints and concerns, confidentiality, equal opportunities, safeguarding and whistleblowing.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC were able to accurately monitor information and risks regarding Nazareth House.

Ratings from the last inspection were displayed throughout the home as well as being available on the registered provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.