

Nazareth Care Charitable Trust

Nazareth House - East

Finchley

Inspection report

162 East End Road
East Finchley
London
N2 0RU

Tel: 02088831104

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 and 10 January 2017 and was unannounced.

Nazareth House - East Finchley is a care home providing personal care to a maximum of 84 older people. At the time of our visit 67 older people lived at the service.

People, relatives and staff spoke positively about the registered manager. 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.

At our last inspection in November 2015 we found two breaches of regulations. The service had not consistently provided staff with supervision and training to equip them to undertake their role. In addition the service had not ensured that care plans were up to date and had not captured changes in people's care delivery.

During our inspection in January 2017 we found four breaches of the regulations these included that the service again had not always updated people's care plans. We found some care plan documents and risk assessments contained discrepancies, in particular the moving and handling and mobility guidance for staff. Further more accidents and incidents were not always recorded in a way that allowed for an overview of the actions taken and the outcome for the person.

We found that the service medicines administration policy was not being followed, in particular the storage of controlled drugs. In addition we found that health monitoring documents were not completed in robust manner leaving gaps in the recording. These concerns had not been identified and addressed by the management team in an effective manner.

People had person centred care plans that contained a pen profile and contact details. Guidance for staff was specific and stated what people wanted however there was little or no evidence of people and family involvement in reviews.

The service undertook Deprivation of Liberty (DoLS) applications appropriately and we saw a number were authorised by the statutory body. Staff could tell us how they got people's consent before offering care and

support and people spoken with confirmed they were supported as they wanted to be. There was no evidence that the Mental Capacity Act 2005 (MCA) was being considered in written documents as there was a lack of written evidence that people's consent had been sought. We were told records of consent were archived. This meant staff did not have access to people's decisions and we saw no evidence of mental capacity assessments or best interest meetings in people's records. The registered manager told us records were being placed on the electronic system for staff reference.

People, relatives and staff had mixed views about the staffing levels but we found the management team requested agency staff to cover staff absence. There was a robust recruitment procedure to ensure staff were safe to work with vulnerable adults.

People told us they felt safe in the service, there were posters displayed to support people to raise concerns and staff could tell us they would report any concerns to their senior staff.

Staff had received training to assist them in their role and confirmed they received regular supervision sessions. People were supported to eat and drink well and there was a good variety of nutritious meal choice. People who required support to eat were given the support they required.

The service had been refurbished and was fully accessible, well maintained and clean. Staff could tell us the measures they took to avoid cross infection this included the use of personal protective equipment and colour coded equipment.

People and their relatives told us staff were caring and kind. We saw sensitive and gentle interactions between staff and people. Staff could tell us how they maintained people's privacy and dignity and people confirmed staff were respectful.

There was a good variety of activities for people to attend if they wished to. People's diversity support needs were identified and met.

People and relatives told us they felt able to complain to the registered manager who was visible in the service and would respond by addressing the issue.

The service sought the views of people, relatives and staff and there were good lines of communication. The service undertook audits to assure the quality of the service but these had not always captured the concerns raised in this report.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 Safe Care and Treatment, Regulation 17 Good Governance, Regulation 9 Person Centred Care and Regulation 11 Need for Consent.

You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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. Staff did not always follow the medicines administration procedure.

Accidents and incidents were not always recorded in a way that allowed for an overview of the actions taken and the outcome for the person. Some care plan documents and risk assessments contained discrepancies in particular the moving and handling and mobility guidance for staff.

Some people, relatives and staff told us there were times in the service when there was a low staffing. However we found the management team did obtain agency staff to cover staff absence. There were safe recruitment practices in place to safeguard vulnerable people from harm.

The service used effective infection control methods to ensure a safe environment.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's health care monitoring documents were not always kept in a robust manner.

The service applied for DoLS appropriately and staff could tell us how they gained people's consent before they offered care. However there was no evidence of written consent in people's records and no mental capacity assessments and best interest meetings.

Staff told us they received supervision and support from the management team. Most staff had received an induction to the service and training to support them to undertake their role.

People were supported to eat a nutritious diet and remain hydrated.

Requires Improvement ●

Is the service caring?

The service was caring. People told us staff were kind and

Good ●

respectful.

Staff respected people's privacy and supported people to maintain their dignity.

The service was part of a Catholic organisation and ensured all people's diversity needs were met including people who were not of the catholic faith.

Some people's care plans contained their end of life wishes and in some instances a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) was in place following discussion with the person and their GP

Is the service responsive?

The service was not always responsive. People had person centred plans however these were not always accurate and the service had not involved people and their relatives in their care planning.

People were supported to attend a variety of relevant activities these included physical, mental and artistic and musical activities.

People and relatives told us they could complain and that complaints were responded to by the registered manager.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Although auditing took place not all the issues found during our inspection were identified through the auditing process.

There was an experienced registered manager who was well supported by the management team.

People, relatives and staff all found the registered manager and senior staff approachable and responsive if there was a concern.

Requires Improvement ●

Nazareth House - East Finchley

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 checked 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 5 and 10 January 2017 and was unannounced.

The team consisted of two adult social care inspectors on the first day and one adult social care inspector on the second day.

Prior to our inspection we also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people who lived at the service and three visiting relatives. We reviewed eight people's care records this included their care plans, risk assessments, daily records and monitoring documents. In addition we observed six people's medicines administration and reviewed their medicines administration records. We also checked the storage and administration of controlled drugs.

We reviewed six staff personnel files this included recruitment, supervision and training documents. We spoke with two senior staff and two care staff. We also spoke with the registered manager, the deputy manager, the regional manager and the sister superior. We spoke with a volunteer and a health and social care professional who were visiting the home.

Following the inspection we spoke with the commissioning body.

Is the service safe?

Our findings

People had risk assessments that included mobility, falls, pain, medicines, bed rails and nutrition. The electronic record system recorded and flagged up in red when risk assessments required a review and staff told us they reviewed when there was a change of circumstances.

However we found that risk assessments were brief and there was a lack of clarity and discrepancies in some people's records between the individual care plan documents and their risk assessments. People's mobility and falls risk assessment in particular contained unclear information. For example one person's care plan indicated that they used a wheelchair and also that they were bed bound. However it was also stated that they mobilised with a Zimmer frame. We found that the person was bed bound but there was no mention of this in their last assessment which had taken place two days prior to our visit.

Another person's care plan was confusing due to a number of conflicting statements about moving and handling when they returned from hospital following a fall that resulted in a hip fracture. In the monthly review under the 'Mobility' section of their care plan written on 17 December 2017 it stated "Staff have to use a full body hoist due to hip operation". However on the front page of the 'Mobility' care plan it stated, again dated 17 December 2017 "[X] is no longer able to walk but [X] can stand using a Zimmer frame for a short period of time with assistance of one member of staff". It continued to state "If [X] is in pain then to use two members of staff to assist [X] using a standing hoist". The next sentence read "[X] had a fall recently and broken [X] hip which [X] is now using a full body hoist". Their risk assessment for mobility was dated July 2016 and had not been updated following the fall therefore addressed risks around [X] using a Zimmer frame but not a standing or full hoist. It was not clear what method of moving and handling should be used, and if a full hoist was the correct method to use what sized sling should be used. In addition it was not stated how the decision with regard to moving and handling was made. This put both the person and staff at risk of injury.

Incidents and accidents were recorded in people's electronic care records. However we noted one instance where an accident had been recorded as 'minor' when it occurred as it became apparent only later the person had sustained a hip fracture and it was in fact a serious injury. However this was not clear from the incident record that contained no information as to the follow up actions and outcome for the person. Only by looking at diary entries were we able to identify what action had been taken when the person was showing signs of pain the following day. We raised this with the registered manager who explained that once completed to avoid records being altered the electronic incident report could not be updated. This however resulted in the incident record not being a true record of the severity of the incident and therefore did not flag to staff or the management the true extent of the incident. There was not sufficient over view to ensure risks were being addressed in a robust manner with measures to minimise the risk of harm.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12.

A fire safety risk assessment had been carried out by the regional property manager. Some areas of high risk were identified and there was an action plan in place to address the concerns with a time scale. The registered manager confirmed these risks had been addressed following our inspection. There were clear signs to exits in the service and there were two fire drills a year and the fire alarms were tested on a weekly basis. Equipment such as fire extinguishers and 'ski pads' for use on stairs were in place and had a yearly service and a visual check each month. False fire alarms were recorded for learning and each person had an individual personal evacuation plan. These were kept in their care records and in a central file for easy access in the event of an emergency. Staff received face to face fire awareness training as well as some e-learning and also first aid training in order to manage in an emergency situation. Portable electric devices were tested yearly and were due to be tested again in February 2017. Gas appliances were tested in October 2016. Hoisting equipment was serviced twice a year to ensure hoists were fit for purpose. The five year electrical installation check was due in March 2017.

We found that there were some errors in the administration of medicines and that the procedure for administering controlled drugs was not always followed. Prior to observing the administration of medicines we saw one person tell the senior staff member that they had not received their night time medicine from the night staff. The senior staff member checked and found it had not been given to the person because the medicine had run out. This had been indicated clearly on the medicines administration records (MAR) by the night staff. However the senior staff member on duty was unaware of the need to chase up the prescription for medicine to ensure it was in place for the following night time. We spoke with the registered manager who explained that the person was having a respite stay at the service after being in hospital and the medicine was not in their discharge summary as the medicine had been prescribed previously by their own GP. As such although the medicines had been requested there had been a delay in obtaining the medicines because they needed to check out if the medicine was still required by speaking to their GP. We were however concerned that the fact the medicine was running out had not been identified and addressed in sufficient time to avoid the person missing their night time medicine. The registered manager ensured the medicine was obtained the day of inspection before the night time dose was due again.

We checked the controlled drug administration records and counted tablets to ensure that the correct amount had been administered and that amounts tallied with the controlled drug log and people's MAR. We found that there was one extra tablet loose in a medicines box and although it was noted in the controlled drug log that there had been a counting error it was not clear why there was an extra tablet and the tablet had not been disposed of or returned safely. A visit from the local authority over a month later identified that this concern had not been addressed.

We observed that during medicines administration ear drops were administered to one person without the senior staff member washing their hands before and after the drops were administered and protective gloves were not worn. Therefore the administration procedure was not followed and this compromised infection control.

We observed that the senior staff member administering medicines was interrupted on a number of occasions by both staff, people and visitors whilst they were in the process of administering medicines and signing MAR. On these occasions the senior staff member sometimes left the medicines administration and dealt with the staff or visitor enquiry before returning again to the medicines administration. These interruptions meant they could not focus fully on the task in hand and heightened the risk of making a medicines error. We brought this to the attention of the registered manager who told us there was a 'Do not disturb' tabard to be worn when administering medicines but this was not being worn on this occasion.

The above concerns are a further breach of the Health and Social Care Act 2008 (Regulated Activities)

People had however mixed views about if there were enough staff. One person told us for example "Yes there are enough staff; I get what I want most of the time when I want it" another told us "I feel they could do with more staff it makes it difficult for the ones who are here". One relative said "They are often short staffed – they're often rushed and don't have time to speak to the residents. It's not their fault they have too much to do". However another relative who said they visited almost every day felt there had been "a huge change in the service" and that "a year ago they felt there was not enough staff, but now they have more staff on duty ... much better".

Staff told us sometimes there were not enough staff however confirmed the management team called in agency staff when permanent staff were absent. Staff described that "You still have to take your time and do things the proper way." Although we saw good examples of staff taking time to interact with people in communal areas we saw also that some staff were task orientated and did not always take time to talk with people who were in their bedrooms. We asked the registered manager how staffing numbers were determined. The registered manager explained they had a ratio of seven care staff and two senior staff on duty upstairs during the morning and this decreased to six staff and two senior staff in the afternoon. The lower ground floor where less people lived there were five staff all day with one senior staff. Staff on the upper floor were also supported by a supernumerary sister who was trained to undertake care and support duties. The registered manager confirmed staffing was increased if people's support needs were higher or if more people were placed in the service.

One person said "They don't always answer the call bell quickly enough." Whilst we were visiting we found calls answered in a timely manner. The registered manager told us they monitor call bells as the system will print out a log of calls made and response times. They clarified at busy times such as breakfast time when people are getting up and supported with personal care response times can be longer than at quieter times in the day. On average they found the response at busy times was between five and seven minutes. The registered manager confirmed if a response time was longer than average they would speak with staff to determine the cause and address the matter to avoid a reoccurrence.

We found that the service had robust procedures for the recruitment of staff. Prospective staff completed an application form and attended an interview to establish suitability for the role of care staff. Prior to commencing their role staff completed Disclosure and Barring Service (DBS) checks and the service obtained references and requested proof of identity and address and established that staff had the right to work.

People told us "Yes I do feel safe here I can leave my door open if I want to." There was a safeguarding adult's policy and procedure and there was poster information to inform both staff and people how to report suspected abuse. Senior staff spoken with said all staff received regular training in safeguarding adults during induction and in refresher courses and some had also attended training with the local authority. We saw that the safeguarding adults policy was read and staff signed they understood during induction. Safeguarding adults was an agenda item and discussed at a staff meeting in December 2016. Most staff spoken with could tell us how they would recognise signs of abuse and said how they would report concerns to their senior staff and the local authority. One staff member however was unable to provide definitions of abuse and did not recognise the word 'abuse' although could tell us how they would report any concern to senior staff but did not know abuse must be reported to the local authority and CQC. They did not recall safeguarding adults training at induction or since their induction period. We brought this

to the registered manager's attention who said they would check to ensure all staff had received sufficient training to ensure they were competent.

We found that the service was well maintained and was clean. The laundry and domestic staff were able to tell us how they maintained a good level of hygiene for example by keeping soiled linen separate and washing it at an appropriate high temperature. Colour coded floor mops were used to ensure there was no danger of cross contamination. Staff wore protective disposable equipment when offering care to maintain effective infection control. People's care plans stated wheelchairs and zimmer frames must be cleaned at night time to ensure they remained safe to use

Is the service effective?

Our findings

Staff were knowledgeable about people's health support needs. We saw that people were supported by staff to have access to health and social care professionals for example the GP, district nurse, phlebotomist and dietitian. There was a clinical room for the district nurse and phlebotomist to use where supplies were kept. We saw for example that when someone became ill the senior staff contacted the rapid response team for advice. (A rapid response team that can help prevent avoidable admissions and readmissions by providing support in the community). Senior staff took appropriate actions in a timely manner.

We found that whilst people were supported to their health appointments and to have health care professional visits the records of health monitoring was not always robust. Records were not always consistent or up to date and some people who were at risk of malnutrition had not been monitored properly as required. Food and fluid intake had not been clearly or consistently recorded and weekly weighing had not been recorded. It was a concern that the failure to maintain clear monitoring records had not been identified or addressed in the monthly assessments completed by senior carers.

Three people had lost weight and the assessment section of their records indicated the need for weekly weight monitoring. However there was no reference to this in the care plan even though one person was reviewed the day before our visit. There were no records to demonstrate that weekly weighing had been carried out either in their electronic records or the hard copy monitoring folder. One person's last weight record was recorded in November 2016 in the Malnutrition Universal Screening Tool (MUST) record. Two other people records showed weekly weighing had not taken place since the 20 December 2016 and the 22 December 2016.

Two people required regular repositioning to prevent pressure ulcers occurring. For one person this was not referenced in their care plan or the daily notes and neither person had regular recording in the monitoring folder as there were no records for one person and the other person's monitoring records were incomplete, not dated or missing.

One person's food and fluid intake required monitoring however there were significant gaps in the daily monitoring prior to the inspection. There had been monitoring recorded on the 31 December 2016 and on 1, 2 and 4 January 2017 but prior to that one monitoring sheet on the 1 November 2016.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17.□

The Mental Capacity Act 2005 (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 take 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that Nazareth House – East Finchley as the managing authority had applied for a number of DoLS authorisations from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment. DoLS records were completed appropriately and kept in a separate file for reference we were told a copy was given to the person and their representative. The registered manager gave us examples to describe in what circumstances the service would apply for a DoLS authorisation appropriately.

However we saw no evidence of written consent in people's care records. The registered manager told us consent had been obtained from people for example to take photos, for the flu vaccine and the use of bedrails. However these documents had been archived and as such we were unable to check they had been undertaken appropriately and reviewed. We were concerned that the consent forms and where appropriate mental capacity assessments and best interest meetings including the DoLS authorisations were not on the electronic system. Therefore they were not readily available for staff reference. The registered manager explained they were reviewing all consent documents and were in the process of putting them onto the electronic system.

All senior staff were able to tell us about MCA and DoLS. One care staff member told us "You can encourage people but you cannot force them" and had a good understanding of the MCA and DoLS. However some care staff did not have a clear understanding of the MCA and had no knowledge of DoLS. We saw staff actively ask people's permission before supporting them and people confirmed staff asked them how they wanted to be supported and were respectful of their choices.

Whilst the service was working to DoLS and people were asked their consent and choice before care was offered there was further work to be undertaken to show that people's written consent was up to date. The general section of people's care plans did not show important decisions such as DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) and therefore were not readily available for quick reference. We found DNACPR forms in different places in the paper record. It is important these are at the front of the record for quick reference in emergency. Decisions with regard to MCA and DoLS were not available in people's electronic records for staff reference. In addition not all staff had a working knowledge of the MCA and DoLS.

The above concerns are a further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11.

Staff told us they received supervision on a regular basis and felt well supported by the management team. We saw that staff had received regular supervision sessions. Most staff told us they received an induction on their arrival at the service. We saw evidence in staff personnel files of most staff having a detailed and planned induction. Once completed each section was signed by the staff member and the registered manager. However one newer staff said they had not had a formal induction process and were just shown around the building and asked to complete e- learning modules in their own time. We brought this to the registered manager attention who agreed to address this and ensure induction was maintained at a high standard for all staff members.

We saw staff had received lifting and handling, health and safety, food safety, first aid, fire safety and safeguarding adults training. Staff confirmed they had health and safety, lifting and handling and safeguarding refresher training every year. Some staff had undertaken dementia training and staff that

administered medicines had completed medicine administration training. The deputy manager was attending a dementia 'train the trainer' course whilst we were conducting our inspection with the aim that they would then be able to train staff in various aspects of their caring role. The senior staff were encouraged to obtain the National Vocational Qualification level 5 to assist them in their management role.

We saw there was a menu displayed and people had a choice of three dishes with two vegetables and both boiled and creamed potatoes, the choice included a meat, fish and vegetarian option. Prior to the main course there was soup and afterwards a choice of dessert such as fresh fruit salad or ice-cream and a diabetic option was provided. There was a supper menu with a choice of light meal options. The chef told us they made sandwiches for the night time in case people were hungry and requested a snack from the care staff. One person we spoke with confirmed they liked sandwiches being available as they liked a snack during the night.

Most people spoke favourably about the food telling us for example "Yes dinner is always nice here, most people like it" and "the food is good". One person who wished to remain in their room to eat told us "the food is terrible." We saw however that the staff brought the person several different meals when they were not happy with their first choice and made suggestions of alternatives when the person did not like anything offered to them. The staff were patient and listened to the person's requests before going back to the kitchen to ask for alternatives which were provided. The registered manager told us there was a 'meal group' made up of people who liaised with the chef about changes to the menu and raised people's suggestions.

We observed that people were supported at lunch times by both care and domestic staff and the registered manager oversaw meal time on the lower floor. Kitchen staff showed us the guidance for people's dietary requirements and could tell us about people's dietary needs. This included pureed diets and people's specific regular choices for example one person always ate meat on a Friday when others had a fish or egg or vegetarian option. Kitchen and care staff were aware of people's eating support needs and we saw they directed the agency staff to ensure people had their required support.

One person told us if they wanted a cup of tea they would get it however, sometimes there was a 'little wait but not for long'. There was a water dispenser in the main lounge area for people to help themselves and tea and coffee were served throughout the day and evening. Soft drinks were available with meals. We saw staff checking if people in their rooms required a drink. In addition care plans stated people's hydration support needs for example "Make sure that a glass of water is close to her on her night table." This ensured people received enough fluids to remain hydrated.

The service had been recently refurbished and looked very well maintained. Bedrooms all had en suite facilities. There was also communal bathrooms for people to use should they prefer a bath instead of a shower. All areas of the service were fully accessible by lift and corridors were spacious to accommodate wheelchairs when necessary. There were larger communal lounges so people could socialise and small lounges when people wanted a quiet space. The service had an accessible well maintained garden.

Is the service caring?

Our findings

People told us "staff are very helpful and patient", "staff are excellent" and "even the cleaners are helpful" confirming staff were also respectful. People's relatives told us "It's fine because it suits mum the best, staff are very kind."

We saw some good caring staff interaction and observed staff were gentle and patient with people. For example when supporting one person to eat one staff member put their arm around the person and got down to their eye level to look into their face. They smiled and encouraged the person to eat. On other dining table's staff talked to people asking for example "Is the soup nice? Would you like some more?" A staff member told us "make them happy and help that's priority number one." Whilst we noted some agency staff were more task orientated and did not converse with people as readily but concentrated on the task in hand staff employed by the service were clearly aware of the needs of individual residents. They told us they usually worked in the same area of the home so they became familiar with people and their family members. This provided a good sense of continuity and facilitated a good working relationship.

At Nazareth House- East Finchley they promoted a 'Value of the month' (this was changed every two months). 'Hospitality' was the value of the month when we inspected, the value was discussed with staff to raise awareness of the need to use compassion to welcome people and make them feel at home in the service. We saw for example, in the newsletter in October 2016 the value of the month was 'Giving people time –Listening'. This kept good caring practice an active topic with staff in the service and promoted good practice in the work place.

One of the sisters from the Sisters of Nazareth had a pastoral role that provided support to people living in the service. One person told us the sister visiting had helped them settle in during their first three days and said "there is always somebody to help". The sister walked around the service and talked with people to make sure they were happy and comfortable in addition to visiting people when they were in hospital. Another sister had completed the Care Certificate course, this course covers the care standards that health and social care workers work to ensure good practice. The sister worked alongside the staff in a voluntary capacity to provide care and support to people.

Care staff were able to describe methods they used to ensure that people's dignity and privacy were respected for example told us they closed doors and offered choice before delivering personal care and knocked on doors before entering people's bedrooms. We observed that staff knocked on bedroom doors and waited for permission before entering.

Nazareth House – East Finchley is part of a Catholic organisation and as such there was a focus on the Catholic faith in the service. Mass was celebrated each day in the chapel and people were supported to attend by staff if they wished to. Christmas was celebrated with both a mass and a Christmas party. Staff supported people during other days of observance such as Lent if for example people required a specific diet during this period. The service also ensured people from other faiths were made welcome and as such clergy from other denominations visited their parishioners on a regular basis at the service.

We saw that some people's care plans contained their end of life wishes stating who to contact in the event of serious illness. Some people had DNACPR forms in their record (Do Not Attempt Cardiopulmonary Resuscitation) that had been signed by their GP in conjunction with themselves or their family.

Is the service responsive?

Our findings

People's care plans, daily notes and records such as incident reports were kept and updated on an electronic system. A paper record was also kept in the office for reference however it was the electronic system that was the primary source of information for staff guidance.

We found people's daily notes were up to date as were the dairy entries that documented people's health and social care appointments. These briefly described the visit and outcome.

People's records were person centred and gave a brief pen picture of the person and their background. People's care plans included contact details for family and friends and stated which staff member was the person's keyworker. (This is a staff member who is assigned to the person as a point of reference for them and their family members). There was a care plan summary that gave a summary of people's support needs and contained for example how people communicated, their health issues and, how they expressed pain and support required to wash and dress.

The identified individual care support needs were then broken down into separate sections that clearly stated how support should be given for example support with 'sleeping' was detailed and included for example "Would like the light on when in her room". Each care plan was reviewed on a monthly basis by a staff member with a sentence to describe the current situation. There was a good level of individual detail in the care plans including information on routines and preferences.

One person told us they told staff how they wanted to be supported "I tell them how I want to be washed". However, only one relative told us they had been actively involved in their family member's care planning and invited to reviews. Other people and relatives told us they had not seen their care plan or had been asked for their comments and agreement and they had not been involved in a review of their care. Care plans seen on the electronic system or paper records did not show people and family involvement. There was no evidence of regular communication with relatives or advocates apart from some general notes only in some people's care plans that needs had been discussed. Although there was evidence of regular reviews by staff of care plans on a monthly basis there was no evidence of regular reviews involving the person or their family members. We brought this to the attention of the registered manager who told us people and their family were involved and described staff printed out the care plan and sat with people and discussed the care plans however the system did not reflect this taking place and undertook to address this.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9.

Nazareth House – East Finchley had a large well stocked activity room that was used by people supported by staff to do art and craft activities, write poems and do quizzes and jigsaws. In addition there was a very large hall where concerts, parties and fund raising events such as the Christmas bazar were held. Activities on both floors took place in the common areas. Activities included bingo run by a volunteer, 'London mobility' a project run by an outside facilitator that focussed on accessible physical activities and musical activities were provided by a volunteer who played the guitar. There were other activities such as a 'Question

time' quiz and a book club people could join. There was a hairdressing service and small shop area for buying snacks. People also had access to the large well maintained gardens. People told us they used the gardens in the warmer months. There was one activities co-ordinator, the registered manager told us that there was a 'Friends of Nazareth' group made up of volunteers who helped with activities for example they arranged and ran the summer fete in 2016 and had raised funds some of which were intended to make a new sensory and rose garden.

All people we spoke with told us they could speak up if they wished to. One relative told us "Nothing to complain about, why should I, there is no need." We saw there was a complaints procedure and policy and people had been informed about how to raise complaints in posters and in residents meetings. We saw that four complaints had been logged between February and October 2016. Each complaint showed evidence of a response from the service and in three complaints an apology letter had been issued, however these were not dated so it was not possible to tell whether the complaint had been handled in a timely fashion according to the complaints procedure. Supporting documentation relating to investigation of the complaints was not kept with the complaint and there was no analysis or overview of complaints in the home. We raised this with the registered manager who said they would ensure this was addressed. The registered manager confirmed lessons learnt from complaints are shared with the staff team to avoid similar reoccurrences.

Is the service well-led?

Our findings

One relative told us with regard to the service "Always impressed over the years I have visited". The registered manager in post was described by people and their relatives as "approachable" "had an open door" and was "hands on".

Staff told us "The manager is supportive – go to the senior staff and if not addressed take it higher". Staff told us they could speak with both the registered manager and the other senior staff. Staff were positive about working at the home and said that home had an open and respectful culture and the manager was visible in the service. All felt that they could approach the manager, deputy manager or other senior staff with any concerns and reported that management were supportive of all staff. We saw signs of good team work and senior staff in particular checked with staff if they had taken their break and if they had a drink to remain hydrated.

Staff told us that there were regular staff meetings, which they found useful. We found there were good lines of communication in the service we saw that there were regular staff meetings where management listened to concerns, shared new initiatives and reinforced procedures. For example care planning reviews were discussed in August 2016 and a reminder to weigh people and record accurately was discussed in October 2016. Senior staff and all heads of department including maintenance and catering met on a daily basis to feedback to the registered manager and to flag up concerns about people's progress. Any issues were discussed and concerns addressed. This also allowed the registered manager to highlight areas that required extra input. In addition there was a daily handover sheet for all staff's reference.

There were joint residents and relatives meetings every two months to ensure people could raise concerns and ideas and to let management inform people of changes and updates to their service. In addition there was a newsletter that kept people in touch with changes at Nazareth House –East Finchley and the wider organisation. The service had initiatives to involve both people and their relatives these included the 'meal group', involving people in the interviews of prospective staff and the 'Friends of Nazareth' volunteers.

The service undertook audits to ensure the quality of the service provided. The senior staff undertook a 'mini' audit of medicines each week and the deputy manager audited the medicines administration each month checking the evidence for the 'mini audits'. In addition there was a rolling programme of checking three people's care records and associated documents each day to ensure they were up to date and well kept. We saw examples of care records audits when errors were found, corrected and then signed off by the deputy manager. In addition between September and December 2016 all care plans on the ground floor had been reviewed to ensure good use of language and that the correct content was there.

There was a quarterly maintenance audit undertaken by the regional property manager. Action plans identified the level of risk and response times. There was a new three monthly Quality and Compliance audit that had taken place in November 2016 this was conducted by the regional manager on a quarterly basis and are themed covering for example recruitment, weight and nutrition. The November 2016 audit included a range of areas such as checking the medicines audit had been undertaken, that supervision had taken

place, that there was a training matrix and that the registered manager had an oversight of accident and incident trends in the service. In addition the four care plans were reviewed to ensure they contained appropriate information and that records were up to date. This was a new auditing tool and was due again in February 2017.

However we found that audits had not captured the discrepancies in some care records and had not successfully addressed the concerns of staff not completing people's health monitoring records in a consistent manner.

We saw that service user views were obtained during the audit, at residents meetings and in the yearly survey. We saw the previous survey during our last inspection in November 2015. The survey for 2016 had been sent out to people and their relatives but the responses were still being sent in and will be analysed by the registered manager in a report.

The registered manager told us they work with the wider provider organisation and have the support of the head offices being next door to the service. They were attending the general manager's forum latter in the year. The registered manager told us they worked in partnership with the commissioning bodies attending the provider's forum on occasions and welcomed the opportunity to visit different services and valued their training input. They facilitated health and social care professionals meeting every three months with the GP and pharmacist to ensure a good working relationship.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9(1)(3)(a)(c)(d)(f)(g) It was not evidenced that people and their relatives were involved in their care planning</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11(1)(2) There was no evidence that written consent, mental capacity assessments and best interest meetings were taking place.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1)(2)(a)(b)(g)(h) First breach with regard to risk assessing and ensuring there are not discrepancies between care plan documents and risk assessments. Second breach - Administration of medicines procedure was not being followed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(b)(c)(f) Health monitoring records were not maintained.</p>

