

Nazareth Care Charitable Trust

Nazareth House - Southend

Inspection report

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Date of inspection visit:
02 December 2019

Date of publication:
09 January 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nazareth house is a care home supporting people who required residential and nursing care for up to 64 people over the age of 65. At this inspection, 30 people were living at the service.

People's experience of using this service and what we found

At the last inspection in April 2019, we found that people were at risk of harm and the service was placed in special measures. At this inspection we found that whilst there had been some improvement, people remained at risk of harm because systems, processes and staff, failed to identify people's needs and presenting risks and take timely action.

Staff did not always adequately handover to other staff, people's needs. Missing important information about risks and actions to prevent and mitigate these.

Medicines were managed safely, although for those on covert medications (Given without the person's consent or knowledge and hidden in food or drink) staff had not always followed best practice guidance. We made a recommendation about this.

Staffing had improved because the scale of the service had reduced to three floors of one wing of the building. This meant staff were more responsive.

External stakeholders had expressed continued concerns about meal time experience for people. We saw that the registered manager had made efforts to improve this and remained a work in progress.

People were not always supported to have maximum choice and control of their lives. However, staff supported them in the least restrictive way possible and in their best interests.

Staff had not received a values-based interview and opportunities were missed at the point of interview and within supervisions to identify additional training to ensure staff had the correct skills and values. We made a recommendation about this.

Although efforts had been made to ensure that all safety checks on potential staff had been carried out prior to employment there were missed opportunities at the recruitment stage to put in place training to meet potential staffs identified weaknesses. We made a recommendation about this

Staff were caring in how they supported people, but support was task orientated rather than person centred. People were not always asked how they would best like to live their lives.

Care plans had improved but continued to need improvement to ensure that they were person centred. We made a recommendation about this.

Oral hygiene care was sometimes poor for those who were not able to manage their needs without support. We made a recommendation about this.

People with access to communal areas had good opportunity for engagement and activity. But for those people cared for in their bedrooms this was poor. We made a recommendation about this.

People at the end of their life did not receive care in line with gold standards, which aims to ensure people are supported to plan ahead to live as well as possible right to the end of their lives.

The new registered manager had begun to make improvements at the service and had identified some of the concerns we found at this inspection.

People, relatives and staff were engaged with the service and the registered manager was visible. Staff told us they felt supported by managers.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (Published 5 June 2019).

Previous breaches

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection whilst some improvement had been made to the well led domain, enough improvement had not been made/ sustained in the safe domain and the provider was still in breach of regulations. The safe remains rated as Inadequate and therefore the service remains in special measures.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see all sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Nazareth House - Southend

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Nazareth House is a '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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, registered nurses, care workers and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same.

This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff knew how to report safeguarding concerns and had received safeguarding vulnerable adults training.
- However, processes in place to manage people's individual physical and mental health risks were not robust and placed people at risk of avoidable harm and neglect.
- Staff had failed to record appropriately when people were at risk and ensure concerns were followed up in a timely way. One person had signs of a urinary tract infection for a number of days before action was taken to address this.
- Staff did not record how they supported people when they were distressed. Handover documents simply stated, 'in a bad mood all day' and 'Demanding +++.' This language showed staff did not recognise when people were unsettled and did not explore the reasons for their distress and support them.
- The registered manager told us that they had introduced people's photographs on handover sheets to ensure that staff knew who they were talking about. However, these were not always on the handover sheets.
- The registered manager had not always signed handover sheets to confirm they had reviewed them. Where they had signed, they had not addressed the poor documentation.
- Staff did not always know why people were cared for in their bedrooms. For one person, staff told us it was because their behaviour distressed others. It was recorded in their care plan it was in their best interest to remain in their room. Management and staff had not explored the cause of the person's distress or how they could support them in a positive way to reduce their distress.
- Staff did not know how often people with pressure ulcers should be turned. They did not complete repositioning records properly and therefore we could not be confident that staff were repositioning people as often as they needed to be.
- Frequency of repositioning was not always documented on people's charts or handover sheets. This left people at risk of developing pressure ulcers or existing pressure ulcers deteriorating.

- Staff did not record fluids taken, did not always record how much the person needed and what to do if they had not achieved their fluid goal. This included people at risk of urinary tract infection and those receiving end of life care.
- Handover sheets recorded if people were at risk of choking, but this was not always accurate or clear. For example, where a person was identified at risk of choking and needing a soft diet, we observed staff giving them sandwiches and handover records informed night staff to provide toast. The registered manager told us the person did not accept the soft diet and the handover sheets had not been updated properly. There was no evidence that the risks had been explained and understood by the person or how the person's risk of choking had been managed.
- Staff did not always record under the correct headings in electronic daily notes. This resulted in important care entries, for example around distressed behaviours/ urinary tract infections and pressure care needs, not pulling through to the care intervention reviews. Information was therefore missed and not included in updates and left people at risk of avoidable harm.

Using medicines safely

- People prescribed medications to manage agitation did not always have regular reviews to ensure they still needed this medication, or whether their care interventions could be adjusted to support them without the need for medication. PRN medications were to be reviewed monthly, but we found that this did not always happen.
- The provider had commissioned an independent inspection of the service in July 2019 which found that provision of covert medication needed to improve. However, we found this had not been adequately addressed.
- Covert administration of medicines is when they are given without the person's consent or knowledge and hidden in food or drink. It is only likely to be necessary or appropriate where a person actively refuses their medication but is judged not to have capacity, as determined by the Mental Capacity Act 2005, to understand the consequences of their refusal and the medicine is deemed essential to the person's health and wellbeing. Where people were receiving their medicines covertly the service had not consulted with a pharmacist for the medicines to be supplied in liquid form or if not, they were suitable to be crushed. Some medicines should not be crushed.
- Medicines were stored safely in line with best practice guidance and this was confirmed by a recent external pharmacy audit.

This was a continued breach of Regulation 12 of the Health and Social Care Act, 2008;2015. Safe Care and Treatment.

Staffing and recruitment

At our last inspection the provider had not ensured sufficient numbers of suitable staff were deployed to meet people's needs effectively and safely. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider remained in breach of Regulation 18, staffing.

- We reviewed the two most recent staff recruitment files. Despite the concerns about a poor staff culture at the last inspection, we found that the recruitment process was not values based. Values based recruitment is best practice for recruiting care staff.
- Since the last inspection the service had identified and managed some members of staff who needed additional training or performance management. Some staff had left the service as a consequence.

- Staff had begun to receive regular supervision. However, in some cases this was not robust. This is further discussed in the well-led domain.
- The service had previously used high numbers of agency staff. We saw this had improved and agency staff used regularly worked at the service.

We recommend the service reviews their recruitment processes to ensure they employ the right people in line with best practice guidance.

Preventing and controlling infection

- The environment was clean, and staff had access to gloves and aprons.
- Appropriate disposal of waste was available to staff and the environment was clean.

Learning lessons when things go wrong

- To improve staff deployment the provider condensed the service and moved everybody to one wing of the building. This meant people and staff were all located in one place and this improved the timeliness of people's care and support.
- The registered manager had undertaken several different pieces of work to learn from lessons and improve the quality for people living at the service. However, this was still a work in progress and had not always been successful.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff carried out mental capacity assessments, but people's choice was not always considered.
- One person who had bedrails in place to prevent them from falling out of bed had capacity to make the decision to have them. However, they had not been asked by staff if they wanted them.
- One person was cared for in bed but told us they did not like to be in bed all day. They told us staff had stopped asking and offering to get them out of bed. They felt isolated in their room.
- Staff confirmed the person stayed in bed all day and gave the reason as management of their pressure ulcer. They had not considered exploring alternatives to permanent bed rest.
- Staff were observed asking people's permission before carrying out care activities in a kind manner.

Staff support: induction, training, skills and experience

- Staff had received induction and mandatory training, although some were out of date. Systems in place to identify those requiring updates was not robust, but the registered manager told us this was under review.
- The registered manager had begun to carry out dignity training and first aid training with staff.
- New staff shadowed existing staff to ensure they understood the needs of the service and people living there. They undertook the care certificate as part of their induction. The care certificate covers 15 core areas where care staff should achieve competency.

Supporting people to eat and drink enough to maintain a balanced diet

- External professionals visiting the service had continued to raise concerns about people's meal time experiences. This included staff not understanding people's nutritional and fluid needs or knowing how to support people eat safely.
- People told us the food was okay. One said, "It's so, so. Sometimes it's alright." Another said, "Sometimes the meat is chewy, but on the whole it's okay." One person told us, "They will make me something else if I don't like what's on the menu."
- The registered manager told us they had introduced resident of the day. This meant every four weeks the resident of the day could have any food of their choice and staff would buy it.
- The registered manager had attempted to improve people's mealtime experiences. This included staggering meal times, having meals that required cutting up being prepared before leaving the kitchen and ensuring people cared for in their bedrooms received their meals first. This continued to be under review.

- The registered manager also carried out regular meal time audits, reviewing the experience for people. They had identified issues of concern and addressed these with staff, including menus needed to be on the table. These were not on tables on the day of inspection.
- They also identified staff needed to engage more with people when supporting them to eat. The registered manager had worked with staff to role model the type of engagement needed but it was still an area to improve.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to health care professionals when they needed various treatments and assessments. This included podiatrist assessments, speech and language assessments for people at risk of choking and occupational therapy assessments.
- However, oral hygiene practice was poor in the service. We found assessments informed staff to support people with oral hygiene needs. Personal care tasks charts ticked oral hygiene had been provided. However, it was clear from a review of oral hygiene equipment in people's bedrooms that they had not always been supported with this.
- One member of staff told us a person's gums sometimes bleed but they had not been referred to the dentist.
- The registered manager told us they had just started a review of people's oral hygiene needs.

We recommend the provider review best practice for oral hygiene in care homes, including the Care Quality Commissions Smiling matters: oral health care in care homes; 2019.

Adapting service, design, decoration to meet people's needs

- The service décor and furnishings were tired and some in need of repair. A programme of refurbishment was underway and some carpets had been replaced.
- The environment was not dementia friendly. There was a lack of signage and visual cues to orientate people and help them navigate their way around.
- The registered manager told us people had been, and would continue to be, involved in decisions about the design and decoration of the service.

Ensuring consent to care and treatment in line with law and guidance

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager ensured where people were deprived of their liberties the appropriate assessments had been undertaken and notifications made to the appropriate agencies.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect. However, this was an improving picture.

Ensuring people are well treated and supported; respecting equality and diversity;

- The registered manager carried out regular observations of staff supporting people, including within the meal time experience. Observations documented on a regular basis that staff needed to interact more with people. This was an area that needed improvement.
- Staff spoke to people in a kind way, but interactions were task orientated.
- People told us staff were kind. One person said, "It's very nice here the staff couldn't be nicer."
- Care plans identified people's equality and diversity needs, such as religion and sexuality. However, this information was often generic, referring to someone's marital status in relation to their sexuality.

We recommend the provider review the Care Quality Commissions publication; Relationships and Sexuality in adult social care services; 2019.

Respecting and promoting people's privacy, dignity and independence

- People had personal information displayed on their bedroom doors about how staff should support their care needs. However, when bedroom doors were left open this personal information was on display to other people and visitors to the home and did not protect their privacy.
- The registered manager continued to role model and promote dignified practices and challenge undignified practices. They had begun to train staff in dignified care approaches.
- One person told us staff let them sit in a quiet area to eat their lunch as they felt embarrassed to eat in front of others. This helped to protect their dignity.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views through various forums such as resident meetings and informal chats.
- The registered manager held monthly sessions called 'tea with the manager,' to engage informally with people. This had proved more successful because people liked the informal chats and being involved in decisions such as menu and activity planning.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our comprehensive inspection in September 2018 the provider had failed to ensure people received personalised care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 9.

- The service had an electronic care planning system. Staff did not operate the system correctly which meant important specific and individual information was missed from the person's care plan.
- Care plans were not person centred. They did identify people's preferences, likes and dislikes.
- People with additional needs such as distressed behaviours did not have care plans that addressed how they should be supported well.
- Staff did not explore people's needs in terms of their preferences, likes and dislikes. Care delivered was a task approach.
- People at the end of their life were not always supported with a clear plan of how staff would ensure their last days were meaningful and dignified. One person expressed sadness they were isolated in their bedroom.
- Care plan interventions did not always explore peoples end of life preferences well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities are socially and culturally relevant to them

- People able to attend communal activities had good level of social engagement during the day. Supported by two activity staff and a volunteer, people undertook activities of their choosing.
- The registered manager had introduced some interesting opportunities for people, including visits from local primary school children once a week. People were able to take part in activities with the children such as gardening.
- Older school children had visited and spent time talking to people about their lives and then enacting these out in a play. People really enjoyed this, and it enhanced their quality of life.
- However, for those people cared for in their bedrooms they had very limited activity with only one to one time once a week. The registered manager told us, "The nuns visit people in their rooms as well and staff stop by and make sure people are okay." However, this was not recorded, and people in their bedrooms told us they felt isolated. Throughout the day we saw minimal engagement with people in their bedrooms outside the times they were provided with hands on personal care.

Meeting people's communication needs

Since 2016 onwards all organisations provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans documented how staff support people with sight and hearing loss. This included the need to ensure they were supported to maintain and wear glasses and hearing aids.
- Staff told us people had access to audiology appointments and optician appointments.

Improving care quality in response to complaints or concerns

- In an external report in July 2019 it had been identified there was no complaints folder, despite two complaints received in June and July 2019. It was recommended this should be implemented. At this inspection the registered manager had started a folder, but it was empty.
- We had received a complaint about the care received from the service. We found the registered manager had investigated this and responded to the person in line with their complaints policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure appropriate systems and processes were in place to ensure that people received quality safe care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had commissioned an external report in July 2019 which highlighted some of the concerns found at this inspection. The provider had not used this additional information to ensure that enough action was taken to address shortfalls found.
- The registered manager had introduced regular supervision. However, we found that where concerns had been found about staff performance, potential impact on the safety of care had not been identified. Performance plans were not in place to how staff should be monitored so that the manager could be confident that people's needs were safely met.
- The registered manager had been in post for six months. They had been working hard to make improvements at the service since this time.
- This included undertaking a variety of governance checks and audits to ensure the service was being monitored effectively.
- The registered manager was aware of the concerns we found regarding poor record keeping. We found evidence they were trying to improve staff understanding for the importance of good record keeping and handing over people's needs. However, as discussed in the safe domain this remained poor.
- The registered manager had missed opportunities to challenge staff on poor handover information. We found two incidents where opportunities had been missed to ensure people had received the care and support they needed. The registered manager took immediate action to address these two concerns, but systems to monitor and ensure good record keeping continued to require improvement.

This was a breach in Regulation 17, of the Health and Social Care Act, Good Governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had made consistent efforts to improve the staff culture at the service and role model good practice to care staff to improve person centred care.
- The registered manager had introduced reflective practice in team meetings, including the use of scenarios of care experienced by people at the service.
- The registered manager was open and transparent to all external and internal people involved with the service.
- The registered manager held a variety of forums for people, staff and relatives to feedback concerns. Meeting minutes demonstrated relatives had been kept up to date with the action plan to improve the service since the previous inspection.
- People were encouraged to have a monthly informal tea session with the registered manager, who took time to find out how they were finding the service and what improvements could be made. This had worked much better than having a formal meeting, allowing for good flow of conversation and relationship building.
- Staff had been offered monthly staff meetings, but as previously discussed, they did not always attend, although meeting minutes were shared.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider took opportunities to work with external stakeholders, recognising continued concerns at the service and putting in place measures to ensure these improved.
- They had recently employed new governance leads within the organisation to drive forward improvement. At the start of this inspection they were yet to commence employment.

Continuous learning and improving care

- The registered manager had identified where improvements were needed. We found where safeguarding concerns had been raised by external professionals, and following our inspection, they investigated thoroughly and identified where lessons needed to be learnt.
- However, as identified within the safe domain, improvements continued to be needed to make sure people received safe care and treatment.

Working in partnership with others

- The registered manager worked closely with commission and safeguarding teams during the period of improvement and was open and transparent about what they were doing to improve the care provided and the continued problems they faced.
- The provider had also engaged with an external service following the last inspection to carry out an audit of the service. This audit had concluded improvements were needed, and we saw evidence the registered manager had made efforts to address this. This had included concerns around management of fire risk at the service.