

Nazareth Care Charitable Trust

Nazareth House - Cheltenham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nazareth House – Cheltenham is a residential care home providing accommodation and personal care for up to 63 people aged 65 and over. At the time of our inspection there were 51 people using the service.

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

The registered manager was committed to providing care that met people's needs. However, our observations and the feedback we received, meant we could not be assured everyone in the home experienced person-centred care where choices and preferences were respected.

The provider had systems in place to monitor quality and risk in the service. However, these systems had not been effective in identifying the shortfalls we found on inspection. We found staff had not always followed the provider's systems, including policies and procedures.

People were protected from the risk of abuse as staff were aware of their safeguarding responsibilities and how to report any concerns. Staff were recruited safely and received an induction and training to ensure they could meet people's requirements.

People's medicines were managed safely and systems were in place to ensure that people received bespoke medication in accordance with their needs and preferences.

We were somewhat assured the service was following all safe and correct infection control processes. We have signposted the provider to resources to develop their approach and the registered manager took immediate action.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 good (published 28 May 2021).

Why we inspected

We received concerns in relation to person centred care, assessing risk, safety monitoring and management. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nazareth House – Cheltenham on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Nazareth House - Cheltenham

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of three inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Nazareth House - Cheltenham is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nazareth House - Cheltenham is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

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 the information the provider sent us in the provider information return (PIR) in November 2021. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and gathered feedback from eight relatives about their experience of the care provided. We spoke with fourteen members of staff including the registered manager, deputy manager, senior care workers, care workers, agency care workers, an agency chef, maintenance engineer, dining room assistants and members of the housekeeping team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included a sample of six people's care records, a variety of records relating to the management of the service, including a review of some policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with five professionals who have contact with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff used recognised risk assessment tools to manage risk and ensure people's safety consistent with national guidance and best practice. Risk assessments in relation to for example falls, tissue viability and medicines were regularly reviewed and updated as required.
- Staff understood how to keep people safe. They could for example; describe how often they needed to support people with frail skin to move their position to relieve skin pressure. They could also describe what they would do if a person fell to ensure action was taken to keep them safe.
- Information had been collated from analysis and review of incidents to ensure action had been taken to keep people, staff and others safe from harm. The registered manager was developing the system to ensure that learning from incidents and accidents was shared effectively with all staff, in the absence of a stable and permanent senior staff team.
- Risks relating to the environment were assessed, and actions taken to ensure the environment remained safe. Equipment such as hoists, and fire safety equipment were regularly serviced and checked.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The service was experiencing recruitment and retention challenges, and they were missing permanent staff in senior and heads of department positions. The provider was working to address staffing needs within the service. They had made block bookings with agencies to secure regular agency cover to ensure enough care staff were available.
- The manager undertook checks before new staff worked at the home. These included obtaining references and undertaking Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps

employers make safer recruitment decisions.

Using medicines safely

- People were supported to have their medicines by staff who had been trained to do this. One relative told us, "I am sure [my relative] is getting what medication [they] need."
- Systems were in place to ensure that people received bespoke medication in accordance with their needs and preferences. Where people required medication on time critical schedules the registered manager had developed an alarm system to prevent delay. One person who had diabetes told us, "My bloods are taken every day; they really keep an eye on you."
- Checks on the competency of staff to continue to administer people's medicines were regularly undertaken, so the registered manager could be sure this continued to be done correctly. The registered manager was developing their system to ensure that stock recording was recorded consistently by staff.
- Medicines were stored securely in accordance with good practice standards.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. None of the inspection team were screened on arrival at the service before entering, in line with current national guidance. However, the registered manager told us that this was not standard practice and ordinarily all visitors are screened on arrival at the service in line with their organisational policy.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. Whilst staff had been trained in infection prevention control, we saw some staff who were not always wearing PPE in accordance with recommended guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

The provider had a system in place to enable people to have visitors in line with local and national policy. One relative said, "I feel they have done their absolute ultimate to allow us to visit in the best possible and way."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us that they felt safe. One person said, "I feel safe, never uncomfortable with anybody. [There is] solidarity about here, [staff] are respectful. [I've] never felt unsafe." A relative told us they had, "No concerns over safety."
- Staff had received training on safeguarding vulnerable adults and there were safeguarding adults' policies and procedures in place.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always accurately identified, assessed and recorded in care plans. There were discrepancies in one person's communication care plan which stated that they were both unable and able to communicate verbally.
- Care plans did not always refer to how people communicated their needs and the support they required. This meant staff may not be able to understand people's preferences if they did not know the person well. One person who did not speak English had been supported by a staff member who spoke their native language. When this staff member left the service the care plan had not been updated to consider how their needs could continue to be met in accordance with her needs and preferences.
- Staff did not always give consideration to people's wellbeing, and situations that could cause distress and frustration were not always picked up by staff. We saw examples where support was not provided to people to prevent escalation or provide comfort to people. For example, during one mealtime observation people became distressed whilst waiting for their lunch to arrive. Staff did not communicate effectively to reassure people and we saw one person leave the dining room due to frustration. We also saw people being moved in their wheelchairs with limited or no verbal engagement from staff. Staff did not take into consideration the confusion and anxiety this could cause people.
- The service did not provide structured activities based on individual interests and people did not have access to a range of activities. We saw people sitting for long periods of time with little or no engagement from staff. At the time of the inspection there was no activity co-ordinator in post. A replacement had been recruited and was due to start imminently. Feedback from people, relatives and staff demonstrated people lacked opportunities to enjoy meaningful activities. One person said, "I loved gardening, wish they would do that here... Would love to do gardening."
- Although staff acknowledged people when they went past their bedroom, we observed staff to have little spare time to sit and chat with people. Some people told us they missed the opportunity for meaningful interaction. A person said, "Lots of staff changes so don't know me really."

- People's care plans did not always support person centred care as they were not an accurate reflection of people's needs or preferences. We saw one person displaying behaviours of distress with minimal support from staff. When we checked the care plan, we could not see a record of the behaviour or any guidance around how staff should support the person to minimise their distress. When asked about people's input to their care plan, one person said '[I've had] no communication about [my] care plan. [They have] not spoken to [me] about it.'
- When people were supported by staff that did not know them well, they did not always receive personalised care. We saw examples of people being supported by staff who did not know them well at mealtimes. During these observations we saw staff continually attempting to engage people with tasks despite them clearly demonstrating they did not want to. One relative said, '[My relative] feels that there is a lack of continuity of staff some haven't a clue knowing what she would like.'

There were minimal opportunities for meaningful activity taking place during the inspection, and people told us that activities did not take place. Care and support were not always planned and delivered in a way that reflected people's individual needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported with their religious and spiritual needs. Nazareth House is linked to the Sisters of Nazareth and people come to the home because of their beliefs. One person told us, "[We are] blessed we have a chapel here. We have a chapel mass every day. [It's very important to me and one reason I wouldn't want to move. [The] priest lives on site."
- The registered manager recognised the challenge related to staffing and a clear plan to make the necessary improvements was now in place.

Improving care quality in response to complaints or concerns

- Whilst the registered manager was able to discuss complaints and complaints were recorded, there was not always a clear record of the outcome of the complaint and action taken to resolve the issues raised and learning. It was therefore not possible for the provider to monitor whether complaints had been investigated and responded to appropriately in line with their procedures and policy.
- People and their relatives knew how to complain if they were not happy with the care they received. The complaints procedure was clearly displayed in the home.

End of life care and support

- People's care files documented their advanced wishes regarding their care and treatment, including whether they wished to attend hospital for active treatment. Details also included the people they wanted involved at the end of their life, as well as their religious and spiritual needs.
- The registered manager understood that if people's health deteriorated, they would seek advice and guidance from healthcare professionals to ensure people had the right care and support at the end of their lives.
- Some discussions had taken place with relatives to look at people's end of life wishes. Some people had a DNACPR (do not attempt resuscitation) in place which had been discussed and agreed with their relatives and consultants.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care.

- Quality assurance processes included a variety of audits. Whilst the systems were comprehensive, they had not identified the concerns we found at this inspection. For example, the concerns we identified in relation to service and people's records had not been identified by the provider through their governance process.
- Records relating to the management of the service was not always available to demonstrate an audit trail for action taken and decision making. For example, the provider did not have oversight of progress and outcomes of all complaints as complete records had not always been maintained. Where the provider had taken the decision to start a staff member before receipt of a full DBS check in accordance with interim guidance, we could not see a clear record they had assessed the risk and put measures in place to mitigate any risks. This placed people at an increased risk of harm.
- Some communication systems were not operating effectively. Whilst we could staff handover sheet were regularly updated by management, the system for ensuring staff had the most up to date version to work from was not always effective. The provider had not identified that some risk such as one person's food allergy had not effectively been communicated to agency chef preparing food.
- People's records were not always completed or accurate to show the support people needed and had received, this included conflicting or incomplete information about eating and drinking, moving and handling and repositioning.
- Surveys and meetings were no longer carried out by the provider to ensure people's needs were met. Resident meetings and relatives' meetings had stopped taking place routinely in July 2021. This meant that people and their relatives did not have a formal opportunity to share their views of the quality of care and the service to influence change. The registered manager told us they planned to reintroduce these as part of the development of the service.
- The provider was not able to sustain the improvements we found at our inspection in April 2021 in relation to people's personalised care through their own monitoring systems. The registered manager had put a system in place to ensure people's care was personalised and their mealtimes were supervised so that people received the care they wanted and needed. However, we found this monitoring system was not operated effectively and people therefore did not all have a positive care and dining experience.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the

service and to maintain accurate and complete records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action to provide staff with an up to date handover sheet and update the information to the kitchen staff.

- The registered manager understood requirements in relation to duty of candour and had an open and honest approach.
- The provider displayed their Care Quality Commission (CQC) rating within the service and on their website.
- People and their relatives told us they would complain to the staff or the registered manager if they were unhappy about their care. People knew who the manager was and how to complain. Relatives knew who the manager was and felt confident with raising issues and concerns with them.

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

- The registered manager received positive feedback from staff, people and professionals. Without exception, people told us, the registered manager was hard working and dedicated to achieving good outcomes for people. One person said, "The manager will spend time with [us] no matter what [they] have on. [They] will take to you on a one to one basis." A relative told us, "We have a good relationship with [the registered manager]. [They are] very helpful; we can talk over anything."
- We observed the registered manager led by example and was visible throughout the home. One person told us, "The manager came into my room, [noted] my bed [had not been made well enough so remade it for me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The service worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes. We received mixed feedback about the effectiveness of this process. One professional said, "Individual staff members always appear happy to work with me when I am there and seem to get on well with the residents. But communication between them does not appear to work [and]... information is not circulated to other carers...this may be related to the large number of agency workers. I will now ensure that I feedback any information to the manager, for [them] to disseminate to the workers."

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>People's care was not always planned and delivered in accordance with their needs, wishes and preferences.</p> <p>Regulation 9 (1)(a)(b)(c)(3)(a)(b)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Oversight of the service was not effectively managed by the provider ensure that people's care records were accurate and contained all the necessary information. Staff did not always follow the systems implemented by the provider. This meant people could be placed at risk of unsafe care and treatment. People and their relatives' views had not always been effectively sought and acted upon.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(e)</p>