

# Nazareth Care Charitable Trust

## Nazareth House - Birkenhead

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Nazareth House Birkenhead is registered to provide nursing or personal care for up to 51 people. The service is divided into two separate units; the ground floor unit providing nursing care and the first floor unit providing personal care. At the time of the inspection there were 37 people living in the home.

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

Regular checks were undertaken to monitor the quality and safety of the service, however they were not always effective in identifying areas that may require improvement. Feedback regarding the management of the service was positive

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. People told us staff asked for their consent before providing support. Records showed systems were in place to seek and record consent, but we found that they were not always completed comprehensively. We made a recommendation regarding this in the main body of the report. Staff received regular training and support to help them meet people's needs effectively. People's nutritional needs had been assessed and specialist diets and preferences were catered for.

Care plans had not all been updated to reflect people's current needs, but we found that staff knew people well, including their needs and preferences. There was a range of activities available, both in the home and in the community and people told us they enjoyed these. Staff were trained to support people at the end of their lives.

Risks to people and the environment had been assessed and staff were aware of the measures in place to reduce identified risks. Regular checks were made on the building, utilities and equipment to ensure it remained safe. Staff were recruited safely and we observed people received care in a timely way. People and their relatives told us Nazareth House was a safe place to live. Staff were aware of safeguarding procedures and how to raise any concerns they had.

People told us they were well cared for by staff that treated them with compassion and respect. One person told us, "They are kind carers and they do everything they can for us." Staff supported people to maintain their independence and dignity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 May 2019). We identified breaches of Regulations 12 (Safe care and treatment), 17 (Good governance) and 18 (Staffing) at the last inspection. The provider completed an action plan to show what they would do and by when to improve. At this inspection,

we found that enough improvement had not been sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in regulation regarding the governance of the service. 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 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.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 caring.

Details are in our caring findings below.

**Good** ●

### 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 - Birkenhead

## **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

The inspection was completed by an inspector and an 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 Birkenhead 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.

The service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality and safeguarding teams. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff, as well as the registered manager, deputy manager and area manager. 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 four people's care records and multiple medication records. We looked at three staff files in relation to safe recruitment and records regarding staff support and training. A variety of records relating to the management of the service, including policies and procedures and audits were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### 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 and the building and ensure risks were mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of regulation regarding this. However further improvements were required.

- Individual risks to people had been assessed, however we found that records regarding these risks had not all been updated in a timely way when people's needs had changed. Although staff were aware of people's current needs.
- Regular internal and external checks were made on the building, utilities and equipment to ensure they remained safe. Window restrictor checks had not been recorded, but this had been added to another regular audit by the end of the inspection.
- People told us they felt safe living in the home. Their comments included, "I'm safe and I'm comfortable living here", "Oh yes, I feel very safe here. It's a nice place and my room is lovely. I am happy here" and "I know the staff and I am safe with them."
- Staff were aware of emergency procedures and had been trained to use evacuation equipment. Personal emergency evacuation plans were in place that informed staff what support people required in the event they needed to evacuate.

### Staffing and recruitment

At our last inspection the provider had failed to ensure adequate numbers of staff were available who knew people's needs and preferences, as a large number of agency staff were used. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the use of agency staff had reduced and people were supported by staff who knew them well. The provider was no longer in breach of regulation regarding this.

- We observed people received support in a timely way throughout the inspection, from permanent staff who knew people well. People living in the home told us they felt there were enough staff. One person told us, "When I use my buzzer, they tend to come pretty quickly."
- Feedback from relatives was mixed, they told us, "The continuity [of staff] is very good. It is important as [relative] has dementia so the continuity is important" and "It has got better, the amount of staff that aren't

agency; the regular staff know her and her needs a lot more." However, another relative told us, "They are running around like headless chickens. There used to be five staff, but now its down to four. [Resident's] overall care is fantastic but it's all about the numbers."

- Staff feedback regarding staffing levels was also mixed. One staff member told us, "It is just go, go, go from the minute you come in" and another said, "We are really busy, staffing levels are really low." However, another staff member said, "Staffing levels are ok, people are safe and well looked after." We discussed this feedback with the registered manager who told us as there were fewer people living in the home, staffing levels had recently been reduced accordingly. A dependency assessment was used and showed that there were enough staff on duty to meet people's needs.
- Staff were recruited safely as relevant recruitment checks were evident in staff personnel files. This helped to ensure that only people suitable to work with vulnerable adults were employed.
- Registrations to professional bodies were checked on a regular basis.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place to guide staff in their practice. Staff were knowledgeable about safeguarding processes and told us they would report any concerns immediately.
- A whistleblowing policy was also in place, and staff were aware of the procedures to follow with regards to this.
- Referrals had been made to Wirral safeguarding team appropriately. A log of all referrals was maintained, including outcomes of any investigations.

Using medicines safely

We made a recommendation at the last inspection for the provider to ensure best practice guidance was followed and records regarding the safe administration of medicines were completed comprehensively. During this inspection we found that sufficient improvements had been made and the recommendation had been met.

- Medicines were administered safely by staff who had received training and been assessed as competent.
- Records of administration were maintained and completed comprehensively.
- People who were prescribed medicines as and when needed (PRN), had protocols in place to guide staff when their medicines should be administered.
- The registered manager was aware of the required processes for safe administration of covert medication (hidden in food or drink).

Preventing and controlling infection

- An infection control policy was in place to guide staff in their work.
- Gloves and aprons were available to staff to help prevent the spread of infection and these were used appropriately.
- Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded electronically. They were reviewed each month by the registered manager, to look for themes or trends to establish if any risk reducing measures could be implemented.
- We saw that steps had been taken to reduce the risk of recurrence, such as use of assistive technology and referrals to the falls team for their specialist advice.
- Records showed that appropriate actions had been taken following incidents, such as seeking medical



advice, reviewing medications and updating risk assessments.

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

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 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. 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.

- Systems were in place to gain and record people's consent. However, we found that this was not always completed robustly or consistently. The registered manager agreed to review and update the records to ensure they were accurately completed, and relevant people were involved in decisions.

We recommend the provider reviews and updates its processes to ensure records reflect people's consent has been sought in line with the principles of the Mental Capacity Act 2005.

- Applications to deprive people of their liberty had been made appropriately and a system was in place to monitor these to ensure they were reapplied for before they expired.
- Staff told us they asked for people's consent before providing support and we observed this during the inspection.
- Best interest decisions were recorded when people lacked the capacity to make specific decisions.

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

- People's needs were assessed prior to them moving into the home, so that staff were aware of their needs and how they could be met effectively.
- Staff had access to best practice guidance to help guide them in their roles. This included a copy of the Nursing and Midwifery Council Guidelines for the administration of medicines and NICE guidance in relation to oral healthcare.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported in their roles. They completed an induction when they commenced in post and received regular supervisions and an annual appraisal.
- As well as training in areas considered mandatory, additional training had been provided to staff, in areas such as catheter care and syringe driver management. Oral hygiene training had also been arranged.
- Training was advertised within the home as the registered manager told us relatives were welcome to join staff on any of the training courses available. Some relatives had accessed the dementia awareness training.

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

- People told us they enjoyed the meals. Their comments included, "The food is alright", "I enjoyed it, yes", "The food here is sometimes good, sometimes bad, like a lot of things. There is a menu and we do get a choice" and "Aye, the food is alright. I like it."
- People's nutritional needs had been assessed and most staff were aware of people's needs and preferences. One person told us, "[Staff] know not to make my tea too hot or fill the cup too much as I can't see very well."
- When there were concerns regarding people's dietary intake, this was monitored and recorded. Referrals were made to the dietician when required.

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

- Pictorial signs were in place to help guide and orientate people in the home who were living with dementia. A list of staff on duty that day was also displayed.
- Rooms were personalised and contained people's own photographs, furniture and pictures.
- A lift gave access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.

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

- If there were concerns regarding people's health and wellbeing, referrals were made to other health professionals in a timely way, for their specialist advice. One person told us, "When I've not been so good, [staff] are good at getting me the doctor."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and treated them with respect. Their comments included, "I get looked after well living here", "They are kind carers and they do everything they can for us" and "All the girls are kind, friendly and polite to me."
- Relatives agreed that people were well cared for. One relative told us, "My [relative] is very comfortable with the staff. She can have a laugh and a joke with them and they treat her with nothing but total respect." Another relative said, "All the staff team seem like caring people and they treat my [relative] with respect."
- Staff knew people they supported well, including their preferences regarding care. They spoke about people they supported with genuine warmth and compassion and we observed positive, familiar interactions between people living in the home and staff.
- People were supported to maintain and practice their faiths and beliefs. The Sisters of Nazareth, who also lived within the grounds, visited all people within the home when required, not just people who had a catholic faith. The home has a chapel within it and people living in the home, as well as the local community, could attend regular services.

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

- A service user guide was available to people when they moved into the home. This provided information about the service and what people could expect, to help them make decisions about their care.
- People were supported to make decisions, and when necessary, support and advice from advocacy services was requested. An advocacy policy guided staff in this area.
- Systems were in place to gather feedback from people about the service they received, including regularly scheduled meetings and surveys.
- The registered manager had developed 'you said, we did' boards. These boards reflected feedback from people and what action had been taken in response to the feedback.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in ways that prompted staff to provide care that encouraged people to maintain their independence. They described what people could do for themselves and what they required staff to support them with. One staff member told us, "We don't want [people] to lose the skills they have."
- Equipment was in place to promote people's independence, such as assisted baths and walking aids. Falls alarms and sensors had recently been installed for people at risk of falls, to enable them to maintain their independence whilst remaining safe. A new call bell system has also been recently installed.
- Confidential records regarding people's care were stored securely to protect people's privacy. There was a

privacy and dignity policy, as well as a confidentiality policy in place, that staff were aware of.

- Staff described how they protected people's privacy and dignity. This included ensuring doors and curtains were closed when providing care and explaining what they were doing. People agreed that their dignity and privacy was protected, and one person said, "They do knock before coming in."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. 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

- Not all care plans contained consistent information regarding people's care needs. For example, one person's file contained specialist advice from a speech and language therapist, but their care plan did not reflect the same advice. Staff however, were aware of the correct information that helped keep the person safe from harm. Another person's plan indicated they should have their weight monitored each week, but this had only been recorded monthly. This meant staff who did not know people well, may not provide person centred care.
- Plans of care in place were based on an assessment of people's needs and had been reviewed regularly. People's preferences in relation to their care and treatment were reflected throughout the care plans.
- Care files showed that people, or their relatives were involved in reviews of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that 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 included information regarding people's individual communication needs. This helped ensure staff communicated with people in ways that they could understand. One person required staff to use a white board to help communicate effectively with them.
- The registered manager told us they could provide records in different formats should it be required.

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

- There was a range of activities available to people in the home. The activity coordinator told us, "We try different things to appeal to as many as we possibly can."
- People enjoyed the activities available and told us, "I like to sing along to the old songs", "I like playing bingo when they do it" and "Its nice here, quite often there's something or other going on." A relative told us, "The new manager has been good in arranging a couple of days out which have been really nice." A computer and internet access were available to people and we heard one person playing the keyboard in their room.
- People's friends and relatives could visit the home at any time and were always made welcome.

Improving care quality in response to complaints or concerns

- A complaints policy was available and displayed within the home for people to refer to.
- People told us they knew how to make a complaint and felt comfortable speaking with staff or the registered manager if they had any issues. One person told us, "The manager is lovely. I would be confident in speaking to him yes. If I had a problem I'd have no problem whatsoever in telling him." Another person said, "Any little complaints that I've made have been sorted out."
- A log of complaints was maintained, and we found that complaints were investigated and responded to appropriately.

#### End of life care and support

- Staff had received training to support people effectively at the end of their lives. They were working towards a locally recognised end of life care award.
- People's files contained end of life care plans, which reflected people had been given the opportunity to discuss their end of life wishes.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Continuous learning and improving care

At our last inspection the provider's systems to assess and monitor the quality and safety of the service, were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that although some improvements had been made, further improvements were necessary to ensure the regulation was met. The provider was still in breach of regulation regarding this.

- A new system of monthly themed audits had been created and implemented, however they did not identify the issues raised during the inspection. This included areas such as consent not being consistently recorded and care plans not all being reflective of people's current needs.
- When actions were identified following an audit, it was not always clear if they had been addressed.

Failure to ensure systems were in place to effectively monitor and improve the quality and safety of the service is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took responsive actions during the inspection, to address any issues raised.
- The registered manager was working through an action plan with the local authority to help drive forward improvements.

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

- Feedback regarding the quality of service people received was positive. A relative told us, "It may not be the smartest building, but they are addressing all that at present which is good. The care though is very good, in fact, its second to none and we're happy with the staff and how they look after [relative]"
- Changes were made based on people's feedback, to help improve the service. This was advertised through the 'you said, we did' boards.
- The registered manager was committed to supporting staff. There were initiatives in place to reward staff, such as employee of the month and regular training and support was available.



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

- Accidents and incidents were comprehensively reviewed and acted upon to ensure the service acted in a transparent way. Relatives were informed of any accidents or incidents involving their family member.
- Staff told us that they would not hesitate to inform the managers of any issues or concerns they were aware of. Since the inspection, the registered manager told us they had promoted this further and developed a system to enable staff to confidentially advise what they thought was working well and what could be improved within the home.

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

- The registered manager was fully aware of their responsibilities. They were aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- Ratings from the last inspection were displayed as required.
- A range of policies and procedures were in place to help guide staff in their roles.

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

- Systems were in place to engage with people and gather their feedback regarding the service. This included such care plan reviews, regularly scheduled meetings, quality assurance surveys and a complaints process.
- The registered manager maintained good working relationships with other health and social care professionals, to ensure good outcomes for people. They took part in local initiatives, such as those with health services and the local authority, to help ensure they provided best practice support to people.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor the quality and safety of the service were not always effective.