

Nazareth Care Charitable Trust

Nazareth House - Southend

Inspection report

111 London Road
Southend On Sea
Essex
SS1 1PP

Tel: 01702345627

Date of inspection visit:
26 April 2016
04 May 2016

Date of publication:
10 June 2016

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Inspection took place on 26 April 2016 and 4 May 2016. It was unannounced.

Nazareth House – Southend is registered to provide accommodation and care with nursing for up to 64 people some of whom may be living with dementia. The service consists of two units St Joseph's and Maris Stella. St Joseph's unit provides nursing care and Maris Stella provides residential care. There were 62 people living in the service on the day of our inspection.

At our last inspection on 5 October 2015 we checked to see if the service had complied with the breaches found at the February 2015 inspection. We found that the provider had taken steps to mitigate the risks to people and address the shortfalls. This included implementing systems to monitor the quality and safety of the service. However, these measures needed to be embedded and sustained over time so we did not change the overall rating of the service at the 5 October 2015 inspection.

At this inspection we found that the improvements made in the October 2015 inspection had been sustained. People received their care and support in a way that ensured their safety and welfare. There were sufficient numbers of staff on duty who had been safely recruited, were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed.

People had enough food and drink to meet their individual needs and preferences. Their care needs had been assessed and the care plans provided staff with the information needed to care for them safely. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

People were cared for by kind and caring staff who knew them well. Staff ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and they participated in activities and pastimes of their choosing. People were able to receive their visitors at any time and their

families and friends were made to feel welcome.

People were confident that their concerns or complaints would be listened to and acted upon. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

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.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication safely as prescribed.

Is the service effective?

Good ●

The service was effective.□

People were cared for by well trained and supported staff.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully by staff who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

The assessment and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people

were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Nazareth House - Southend

Detailed findings

Background to this inspection

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

This inspection took place on 26 April 2016 and 4 May 2016. It was unannounced and carried out by one inspector and an expert by experience on 26 April 2016 and two inspectors on 4 May 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection 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 spoke with 15 people, seven of their relatives, the registered manager, the deputy manager and 15 staff. We also spoke with two volunteers and a social work student. We reviewed six people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

At our inspection of the service in December 2014 we asked the provider to take action to make improvements to staffing levels. When we inspected in October 2015 we found that improvements had been made and more staff had been recruited. While improvements had been made we did not revise the rating for this key question as to improve the rating to 'Good' would require a longer term delivery of consistent good practice. At this inspection we found that improvements had been sustained. The service had employed more nurses and care staff and the recruitment process was on-going.

People were protected from the risk of abuse. They told us that they felt safe and we saw that they were comfortable and relaxed when interacting with staff and with each other. One person told us, "Yes, I do feel safe because no-one hurts you here." Another person said, "I don't have to worry as I don't ever think about being attacked or hurt. I am not afraid to live here. It's not a bad place to live." People's relatives also told us that they felt that the service was a nice, safe environment for their relative to live in. There were information leaflets about safeguarding people displayed in the entrance hall and on notice boards throughout the service. The registered manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer to when needed. Staff had been trained in safeguarding people and knew the actions to take if they witnessed or suspected abuse. One staff member said, "We have regular training on how to keep people safe. If I ever witnessed any form of abuse I would take action immediately and report it to the manager, the social services or CQC."

Risks to people's health and safety were well managed. Staff had received training in first aid and fire safety and they knew to call the emergency services when needed. There were fire evacuation plans in place which were easily accessible to staff for use in an emergency. Staff told us, and the records confirmed that regular fire drills had taken place. People had risk assessments together with management plans for any areas of risk such as for their mobility, skincare, nutrition and falls. Staff had a good knowledge of people's identified risks and described how they would manage them. This showed that risks to people's health and safety were identified and minimised as much as possible to keep them safe.

People were cared for in a safe environment. The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were up to date safety certificates in place. The service employed a maintenance person who carried out minor repairs and re-decoration. They hired contractors for more substantial work such as for building repairs or repairs to the electrical and heating systems. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault. The maintenance records showed that repairs had been carried out in a timely way when necessary.

There were enough staff to meet people's assessed needs. People told us that staff usually answered their call bells quickly when they needed help and we saw this in practice. One person used their call bell when we were talking with them because they needed help to mobilise. A member of staff was very quick to respond and attend to their needs. All but one person told us that they felt there were enough staff to meet their needs. One person told us, "There is a lot to be done and I suppose you could say that there are never

enough staff." Another person said, "They [staff] are all very helpful and do a good job. I was helped to have a bath this morning. I think there are enough staff." Relatives told us that there were generally enough staff on duty. Staff told us that staffing levels had improved and that they now had more bank staff so used less agency staff. One staff member said, "It is much better for residents and staff because it provides people with consistent care. It gives us the chance to get to know each other." Another staff member told us, "Staffing is so much better now and all the staff speak good English which is better for all of us. If you had asked me what it was like 12 months ago it would have been a very different story but now we use less agency staff and people get much better care." The staff duty rotas showed that staffing levels had been consistent over the eight week period checked. Throughout the inspection we saw that there were plenty of staff available to meet people's needs.

There were robust recruitment processes in place to ensure that people were supported by suitable staff. The registered manager had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out. The registered manager told us that people who use the service had been included on interview panels to ensure that people had their say about who was employed to care for them.

People's medicines were safely managed. They told us that they received their medication correctly. One person said, "The nurses are very good, they make sure that I get my tablets on time." Another person told us, "I don't have to worry about my medication because the staff see that I take it properly." Staff had a good knowledge about people's medicine needs and their individual medical history and they gave people their medication appropriately. There was a good system in place for ordering, receiving, storing and the disposal of medication. We carried out a random check of the medication system and observed a medication round. We found the medication to be correct and the medication administration record sheets (MARS) had been completed to a good standard. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. Staff told us, and the records confirmed that they had been trained and had received regular updates to refresh their knowledge. Their competency to administer medication had been regularly checked. New staff had not been allowed to administer medication alone until they were considered competent. The deputy manager had carried out daily checks on the medication system to ensure that people had been given their medication correctly. This showed that people received their medication safely and as prescribed.

The service had good infection control and prevention policies and practice. There was hand gel in place for people to use after hand washing to minimise the risk of the spread of infection. Staff were seen to use disposable gloves and aprons of which there were ample supplies.

Is the service effective?

Our findings

People were cared for by staff who told us that they felt valued. Staff said, and records confirmed that the service had a good induction process. Staff told us that they had received supervision and that they felt well supported by the registered manager. One staff member said, "I have regular supervision and can go to senior staff at any time if I need support with anything. It is much better now." Another staff member said, "It has improved so much and I feel that I get all the support I need to do my job well." A student social worker told us that all of the staff were very supportive of each other. A new member of staff told us, "I have not been here long but all the staff so far have been very good and supportive to me." We saw that the new member of staff was in the office looking through people's care plans to enable them to get to know people better.

Staff had the knowledge and skills to care for people effectively. People told us they felt staff were well trained. One person said, "Staff are very helpful and they do a good job." Another person told us, "I think they do a good job and they know what they are doing." Relatives' views varied slightly and one relative said, "Some staff do a good job but some don't." Another relative said, "The care is very good. Nowhere is perfect." Other people said that staff are lovely, know what they are doing and that there was a nice atmosphere in the service. Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role which had been regularly updated. Staff told us, and the records confirmed that they had completed a national qualification in care. The registered manager said that all staff who had not completed or were not working towards it had been registered for a national qualification in care. People were cared for by well trained staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were information leaflets about DoLS and staff had been trained in MCA and DoLS and they had a good understanding of the MCA and how to support people in making decisions. Mental capacity assessments had been completed where required. Appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. We heard staff ask people for their consent before carrying out any activities or tasks. One staff member said, "Some people are not able to make their own decisions at times because of their health or mental state. The MCA means that decisions must always be made in the person's best interest." Another staff member said, "The MCA is to protect people who are not able to make their own decisions." This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced healthy diet. The cook told us, and our observations confirmed that people had the choice from a range of food and drink. There was a salad bar available and people could choose to have five small meals a day if they preferred. There was a four week rolling menu in place that clearly showed the range of options available including for vegetarian, gluten free, diabetic and high calorific diets.

Opinions about the food served varied slightly. Most people said that the food was ok, however some people were not so complimentary about it. One person told us, "The food is carefully thought out. It is ok." Another person said, "The soup is lovely, it is homemade and is very nice." Another person said, "I am very fussy so I don't think it is very good." One relative told us, "I often have a bowl of soup when I visit my relative and it is nice." We observed the lunchtime meal and it was a pleasant relaxed experience. There were a lot of staff around to support people with their meals and they did so sensitively. We heard a member of staff offering a person a choice for their main meal and they said, "I'm your waiter today, what would you like." The options were offered in a very friendly and pleasant way and the person responded positively to the member of staff. Where necessary people's dietary intake had been recorded and their weight monitored to ensure that their nutritional intake kept them healthy.

People's healthcare needs were met. They told us that staff would call a doctor if necessary. One person said, "I have not been very well lately. The doctor has been to see me and prescribed some pills." People said, and the records confirmed that they saw a variety of healthcare professionals such as the dentist, optician, occupational therapist and chiropodist. People got the support they needed to help them to remain healthy. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed.

Is the service caring?

Our findings

People told us that the registered manager and staff were kind and caring. One person said, "The staff are very kind and caring and they do a good job." Another person told us, "I think the staff are very nice and caring, they really do try hard." Another person said, "The staff are nice and I get the care that I need." Relatives were very complimentary about the care their loved one received. One relative told us, "If it wasn't for them [staff] my relative might not be alive today." Another relative said, "The people are lovely and the care is very good." People were happy and relaxed and we observed good caring interaction between staff, residents and their relatives. Staff knew the people they cared for well and had built up positive caring relationships with them and they displayed kind and caring qualities throughout their interactions with people. One new member of staff said, "This is a lovely place where I am able to care people." A social work student told us, "It is a lovely place where people are well looked after."

People were treated with dignity and respect. They told us that staff gave them the time they needed when providing them with care and support and that they didn't rush them. They said that staff always treated them with respect. People told us that staff respected their privacy. We saw that doors were shut when personal care was being given to protect people's privacy and dignity. We observed people being supported and heard staff speaking with them in a calm, respectful manner and they allowed the time they needed to carry out any tasks. People told us, and staff were seen to knock on their doors and to wait for consent before entering the room. There were notices on people's doors to knock before entering. People told us that they were able to practice their faith. There was a chapel within the home that was regularly in use. People of other faiths were supported to practice it if they wished to do so. People said that they felt that staff respected their choice of religion and that their cultural needs were met.

Staff knew the people they cared for and were able to tell us things about them such as, who liked to smoke a cigar, who needed catheter care and who was peg fed. There was information about people's life histories on their care files and staff were able to tell us about people's past lives. Staff told us that the information about people's past lives helped them to get to know people better. People looked clean and tidy and their hair was brushed and well cared for. One person who had limited verbal communication signalled to us that they were ok and that they were happy with their care. One relative told us, "Staff have taken the time to get to know my relative which means they are cared for much better."

Staff supported people to maintain their independence as much as was possible. People had call bell necklaces to enable them to summon support wherever they were in the building. They told us that they decided what they wanted to do. One person said, "I can get up and go to bed when I want." Another person told us, "I choose what I want to do and the staff respect my choice." A relative told us, "I visit six days a week and stay all day. My relative receives the care they need, they are always clean and tidy and the staff are kind, caring and very good to them." People had been actively involved in making decisions about their care and support. They told us they made choices about how they spent their time and what they wanted to wear. The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

People told us that their visitors were made welcome at any time. One person said, "I can have visitors when I want them." Another person said, "I like living here, I have a lovely room where the sun shines through the windows and my family come to visit me as often as they like." A relative told us, "I am always made to feel welcome and am offered a drink when I visit." Another relative said, "I often have a bowl of soup with my relative. The service is very welcoming." There were small kitchens on each floor to enable people or their relatives to make themselves drinks if they wished to.

Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on noticeboards for people to access if required. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. They had received a full assessment of their needs before they moved into the service. They and their relatives had been fully involved in the assessment and care planning process. One person said, "The staff are very good they check that I am getting all the care that I need and they make any changes to my paperwork." Another person told us, "They asked me what help I wanted before I moved here. They wrote it in my care plan and I and my family agreed it. They change it whenever I need things done differently." Care plans had been developed from people's initial assessment and they had been regularly reviewed and updated to reflect people's changing needs. Pressure area care was good. Where needed, there was appropriate pressure relieving mattresses in place, set at the correct setting which had been checked and recorded daily to ensure that the air flow was appropriate for the person's weight. Wound care plans showed when the wound had been dressed, who by and how the healing process was progressing. The tissue viability nurse (TVN) had been involved and provided help and guidance to staff.

People were given the support they needed when they mobilised around the home. For example they told us that the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. People said that staff were quick to respond when they called for help. They said that staff didn't rush them when they were supporting them and we saw this in practice throughout our visits. People received a service that was responsive to their needs.

People told us that the service was very good at keeping people active. They said there was always 'something going on'. One person said, "I go to Mass in the morning and to the big hall where we have games and activities." Another person told us, "I do like to get involved in activities and the activities lady is always very encouraging. I enjoy the ball games and music." One relative told us that there were lots of activities. The service was in the process of two new initiatives. The first was setting up a kitchen garden. Various seeds, plants and gardening tools had been purchased but there was a delay in the delivery of the raised planting beds. The registered manager told us that people would then grow their own vegetables that would be cooked in the service's kitchen for people to enjoy. The other initiative was called 'Hen Power' and the service took delivery of four hens on the first day of our inspection. People were in the large hall stroking and petting the hens and getting to know them. They told us that they were really looking forward to looking after the hens and eating the fresh eggs that they produced. The registered manager had purchased a large hen house which was located outside the large hall so that people could see and interact with the hens when they wanted to.

People told us that the staff and registered manager asked for their views on a daily basis and we heard and saw this in practice. Staff constantly checked to see that the service they provided suited people's needs. People told us that they had participated in meetings where they had discussed menus, activities, staff and the general running of the service.

People and their relatives told us they knew how to complain and that they would tell the staff or registered manager if they had any problems. They said they were confident their complaints would be dealt with

appropriately. One person said, "I have no complaints or concerns but would tell them if I did." A relative told us, "I have no concerns but would speak to staff if needed. When I have raised any issues they [staff] have dealt with them quickly." There was a good complaints process in place which fully described how complaints or concerns were dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaint records showed that concerns had been responded to appropriately and that they had been fully considered and resolved. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

Is the service well-led?

Our findings

There was a registered manager in post who has been working in the service for just over one year. Staff told us that there has been many improvements since the registered manager came into their post. They said that the registered manager was approachable, supportive and responsive to their requests. The registered manager had a good knowledge about the people they were caring for. One staff member said, "The new manager is approachable and I feel that I can take any concerns to them or to any of the senior staff here." The registered manager had an open door policy and was available to speak with people and their relative's throughout the working week. They had improved communication with people by being available later than usual every Wednesday. They had placed a notice with a photograph of themselves on all of the noticeboards around the service informing people of this to ensure that people were aware. People had confidence in the registered manager and said they responded positively to any requests that they made.

There were clear whistle blowing, safeguarding and complaints procedures in place. Staff said that they were confident about implementing these policies. One staff member said, "I am fully aware of these policies and would not be afraid to use them and I am sure that the manager would act quickly to protect people." Staff told us that improvements had been made that meant they felt more valued. They said that they shared the registered manager's vision to provide people with good quality person centred care that met people's physical, emotional and spiritual needs. There were notices displayed around the service about holistic care and what it means to people. This helped to ensure that people's diverse needs were being met. Relatives told us, and the records confirmed that regular meetings had been held on the first Tuesday of every month, where they were encouraged to freely discuss any issues relating to the running of the service. There was free wi-fi available for people and their relatives or guests to use when in the service.

Where people were able to be, they were actively involved in making decisions about how to improve the service. They said that regular meetings had taken place where they had discussed a range of issues which included activities, staffing and menus.

There was an effective quality monitoring system in place. People's views had been sought and their responses had been analysed and actions had been taken to address any shortfalls. The registered manager had carried out regular quality assurance checks where feedback was sought from people, their relatives and any other relevant people. Regular audits had taken place such as for health and safety, medication and the care plans. People told us that they were very happy with the quality of the service.

Regular staff meetings had taken place where a range of issues had been discussed. Staff told us that they had sufficient time at the meetings for open discussions about any issues they wanted to raise. They also said that they were fully involved in how the service was run. One staff member said, "We are kept more involved now than we ever were. Regular meetings and discussions about how we feel are now taken into account when decisions are made about the service." Staff had good communication with each other. Handovers took place between each shift and a communication book was used to record important information. This meant that staff could quickly access information when returning to work after a break to ensure that they had good up to date information so they could care for people safely. One staff member

told us, "Things have improved so much over the last 12 months since the new manager arrived. The new nursing staff are responsive when I ask for help or assistance. We now have good team work and there is a good team spirit." This showed that there was good teamwork and that staff were kept up to date about changes to people's care needs.

Personal records were stored in a locked office when not in use but they were accessible to staff, when needed. The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.