

# Nazareth Care Charitable Trust

# Nazareth House - Northampton

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Nazareth House is a residential care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

The home is set out across three floors with communal lounges, dining rooms and adapted bathrooms on each floor. The home had a visitor pod for social distanced visiting and a chapel for religious services. One of the wings specialises in providing care to people living with dementia.

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

The home was clean and odour free. People were protected from the spread of infection. Staff had access to PPE and had received training in how and when to use it effectively. We observed staff used PPE appropriately.

People were protected from the risk of abuse by trained staff who understood how to raise concerns and had access to and understood the providers whistleblowing policy and procedure. The management team were easily accessible within the home, people and relatives told us they knew how to and would be comfortable raising concerns or making a complaint if needed.

Risks to people were well managed. Individual risk had been considered and planned into care. Staff knew people well and knew how to keep them safe. Specialist equipment was in place to support people where needed. The environment was safe and well maintained by a competent maintenance team.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received regular training and supervision and told us they felt well supported by the management team.

Medicines were managed safely by trained staff.

The management and provider team maintained oversight of the safety and quality of the service via regular auditing and implemented action plans where needed. The registered manager and staff team had a good understanding of their duty and responsibility and were keen to learn and improve.

The service worked in partnership with health care professionals.

People were supported to maintain family relationships and to feel part of the local community. People's culture and religions were respected and supported.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 18 October 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and infection control. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. We reviewed the information we held about the service.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nazareth House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Nazareth House - Northampton

## **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.

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

This inspection was carried out by one inspector, one specialist advisor who is a nurse 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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The inspection was unannounced; however, we spoke to the deputy manager on the telephone before entering the service. This supported the home and us to manage any potential risks associated with Covid -

19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and 11 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, area manager, one senior care worker, six care workers, two maintenance staff, two domestic staff and the activity lead.

We reviewed a range of records. This included various care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management and monitoring of the service, including policies and procedures and audits were reviewed.

#### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- There had been some issues with the number of housekeeping staff deployed across the home for the afternoon shift which the manager was addressing to ensure staff were well supported. However, good standards of hygiene were maintained by a dedicated housekeeping team.
- Staff members from the house keeping team told us that frequently touched areas were prioritised and cleaned twice daily to prevent the spread of infection. Frequently touched area cleaning was not included on the schedule and was not consistently recorded. We discussed this with the area manager and a schedule was put in place immediately after the inspection.
- The home was clean and odour free. One relative told us, "They do clean the room and it frequently has a deep clean". One person said, "My room is cleaned, regularly."
- Staff were trained in infection control and received regular updates. PPE was readily available throughout the home and we observed this was being used appropriately by staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- 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.

### Assessing risk, safety monitoring and management

- People had personal emergency evacuation plans in place (PEEP's) and an emergency grab file had been compiled. We identified one person's PEEP had not been updated to reflect a recent decline in mobility and

one person's information was missing from the emergency grab file. However, we were reassured as senior care staff knew people very well and were trained as fire marshals to coordinate people and staff in the unlikely event of an emergency evacuation. The area manager agreed to ensure PEEP's were reviewed following the inspection.

- The environment was safe and equipment was well maintained. Regular testing was in place for equipment such as hoists and slings to support moving people and fire safety equipment such as fire doors, emergency exits and fire extinguishers were checked regularly.
- Risks to people were managed safely. Individualised risk assessments were in place with guidance for staff on how to mitigate risks planned into care. For example, where people were at risk of choking staff had the information required to ensure people received their food and fluids at the correct consistency. There was evidence of referrals made to appropriate health care professionals when people's risks increased and advice was followed.
- People who were at risk of malnutrition were assessed and monitored for weight loss. Where one person had lost weight due to a physical restriction to eat, staff had sought professional guidance and devised an inventive way of ensuring nutritional intake. There had been a positive impact for the person and evidence of weight gain.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and that staff were kind and caring. One Person said, "I do feel very safe here and I like it". A relative told us, "[Relative] is very happy here and I feel [relative] is very safe".
- Staff had received training in how to keep people safe from abuse and had access to a whistle blowing policy. Staff demonstrated a good understanding of recognising the physical, emotional, psychological and financial signs of abuse and knew how and who to report concerns to.
- Details of how to raise a safeguarding concern were displayed on the notice board in reception, this included details for the local authority. The area manager's name and contact details were also displayed.

Staffing and recruitment

- Staff were recruited safely. There was a robust recruitment process in place that ensured only suitable staff were employed, this included a good interview process, previous employer reference checks and an induction program. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Suitable numbers of staff were deployed across shifts to ensure people's needs were met. The registered manager used a dependency tool to calculate staff numbers. They also told us, "The tool is used as a guide and is tweaked to ensure people's individual needs are met."
- Records and our observations evidenced that there were enough staff available to answer call bells promptly to attend to people's needs. One person told us, "They do answer my call bell quickly". A relative said, "I always feel there are enough staff on duty". One staff member told us that the home had recently recruited more staff and as a contingency the same regular agency staff were used when required to ensure continuity for people.

Using medicines safely

- Medicines were managed safely. Senior care staff were trained, competency checked and responsible for the management of people's medicines.
- We observed safe practice in line with current guidance was being adhered to for the administration, storage and disposal of medicines. For example, medicines that required refrigeration were stored at the correct temperature, and people were supported appropriately to ensure their medicine was taken before care staff left the room.



### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accidents, incidents and near misses were recorded and analysed for trends and patterns. The registered manager kept a falls log and had made referrals to the falls prevention team where needed. One person who was presenting with a pattern of accident was supported with an intervention that allowed for a higher level of staff support, this had resulted in reduced accidents.

# 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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff had a good understanding of their duties, responsibilities and how to mitigate risk to keep people safe. For example, we asked a senior carer how they supported people at risk of pressures sores, they were able to confidently explain several preventative measures including a daily check of specialist mattresses to ensure they were in working order and set at the correct weight for the individual. However, we identified there was no method of recording this for monitoring. We discussed this with the registered manager following the inspection who agreed to put a monitoring record in place.
- The management team worked in partnership to monitor the quality and safety of the service. There were auditing systems in place and the provider maintained good oversight of the service by receiving monthly reports and completing regular senior management visits, some of which were unannounced and out of usual office hours.
- The registered manager had a good understanding of regulatory requirements including notifying CQC of significant events such as serious injury or safeguarding appropriately.
- The provider had put systems and processes in place to support the service to keep people, staff and visitors safe during the covid-19 pandemic. For example, a contingency plan was in place that included how an outbreak would be managed to ensure a safe environment and safe staffing numbers. A manager guide and a frequently asked questions leaflet had been produced and shared with staff and people which was updated to ensure information remained current.

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

- Care was person centred. Staff knew people well, care plans included life history, family relationships, religion and culture. Life story boards had been completed and staff told us that people enjoyed looking at these, they also supported staff to chat with people about their families, past holidays and work history. One relative told us, "[Activity lead] has gone to a lot of trouble to find out about the residents."
- People from all cultures and religions were welcomed and supported. We saw that where staff did not speak a person's first language, agency staff that specifically spoke the same language had been deployed to support.
- Staff were trained in equality, diversity and supporting people with protected characteristics such as dementia. There were tactile activity boards along corridors for people to enjoy. One relative told us, "I do

feel staff are well trained in Dementia."

- People were encouraged to be as independent as possible and make their own choices. Staff knew what people could and couldn't do for themselves, this was also detailed in care plans. For example, People were making choices about, what they wanted to wear, eat and when they wanted to shower. One person told us, "I have a shower every morning and choose my own clothes, I can get up and go to bed when I want. The food is very good and they will get you something else if you don't like what they bring you."

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

- The home had continued to engage with the public throughout the pandemic via social media, including photographs of activities and achievements. The provider maintained ownership of the page and vetted its content prior to publication, including ensuring that people whose images were displayed were able to and had consented to this.
- Relatives, staff and children from a local school had supported people in producing poppies for a display at the front of the home. The activity lead told us this had been helpful in supporting residents to feel connected to the community and their relatives. They said that people were more enthusiastic to get involved when they knew their own families and local children were helping too.

Continuous learning and improving care

- People and their relatives told us they knew how to and would be confident to make a complaint if needed. Where people had complained the staff and management team had listened and used this as a learning opportunity and made improvements. One relative told us, "[Relative] only complained once about [food item not being the portion size expected], [relative] now often has extra food."
- Where there had been some complaints about lost items of clothing a labelling system had been introduced and people informed.
- Staff were supported and encouraged to take extra learning opportunities such as vocational qualifications. A number of staff had taken this opportunity and were studying with a mentor at the time of the inspection.

Working in partnership with others

- The service worked in partnership with other health care professionals such as GP's, District nurses, Speech and language therapists (SALT) and the falls prevention team to ensure people were well supported.
- There were regular registered manager meetings for services across the providers portfolio. The registered manager told us these had continued as virtual meetings throughout the pandemic to ensure good practice and lessons learned were shared.
- The activity lead was forward thinking and worked in partnership with people and families to plan activities and sought regular feedback. The home was keen to work in partnership with other homes to offer joint activities in the future. For example, planning had started for interhome carpet bowls competitions.