Nazareth Care Charitable Trust

Nazareth House - Northampton

Inspection report

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Northampton
Northamptonshire
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Tel: 01604751385

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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

This unannounced inspection took place on the 15 September 2017. Nazareth House Northampton provides accommodation for up to 50 people who require residential care for a range of personal care needs. There was one area of the home which was specifically for people living with dementia. There were 45 people in residence during this inspection.

In March 2016 the service was rated as 'Inadequate' due to serious concerns about the safety and well-being of the people who lived there. We inspected the service again in August 2016 and found the service had made improvements and was rated overall requires improvement.

At this inspection we found that some improvements had been sustained but further improvements still needed to be made.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Peoples known risks had not always been recorded and there were not clear guidelines in place for staff to follow which gave them details about how to reduce the risks. The systems and processes in place to ensure that regular maintenance to the environment, medicines and health and safety required strengthening.

There was enough staff to meet people's needs; however the registered manager must ensure this is kept under review when people's needs change or new people move in to the home.

Staff did not always receive the training to meet the needs of the people they were caring for and the induction process required strengthening.

Care plans contained information about peoples assessed needs and their preferences, however they required completing in more detail to enable care staff to offer a more person centred approach.

People and their relatives knew how to make a complaint; however, care staff required refreshers on how to direct people to the correct process to make a complaint.

We made a recommendation about the environment specific to meet the needs of people living with dementia.

The majority of people received their medicines when they were required and medicine profiles were accurate to reflect the current medicines people were prescribed. They also helped staff to understand the side effects of people's medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. All staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

People were supported to have sufficient quantities to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with staff, who provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks had not always been recorded to provide guidance to staff on how to reduce the known risks to people.

The maintenance of the building and health and safety equipment required reviewing.

People's medicines were not always appropriately managed.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always receive care from staff that had an adequate induction and the specific training they needed to meet people's needs.

People received care from staff that had the supervision and support to carry out their roles.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet and people's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

There were positive interactions between people living at the home and staff. People were happy with the support they received from the staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans required more information to enable staff to deliver more person centred care.

People and their relatives knew how to make a complaint, however staff required a refresher on the complaints process.

People's needs were assessed prior to admission.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits relating to the quality and safety of the service required strengthening.

Records were maintained and used in accordance with the Data Protection Act. The most recent Care Quality Commission rating was displayed at the location as required.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Nazareth House - Northampton

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 unannounced inspection was carried out by two inspectors on 15 September 2017.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with eight people who lived at the home, seven relatives, two visiting health professionals, a volunteer, six care staff, the activities co-ordinator, the cook and catering assistant, the deputy manager and the registered manager.

We spent some time observing care to help us understand the experience of people who lived in the home.

We looked at care plan documentation relating to four people and four staff personnel files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. However, we also found that a known risk to a person had not been documented. Staff were clear on the action they were required to take to help reduce the risk to keep the person safe but there was a concern that new staff would not receive this information because it wasn't recorded in this person's care planning documentation. We discussed our concern with the registered manager who was taking immediate steps to ensure a risk assessment was in place for this person.

Regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. However, these checks did not always identify when equipment was not working. For example: Two automatic fire doors were not working correctly on the day of the inspection. We were unable to ascertain how long the doors had not been working but there had been a safety check on the doors in the previous week and the doors were not reported to have any faults. We spoke with the registered manager immediately about our concerns and we saw that action had been taken straight away to ensure the doors were working correctly.

People had personal emergency evacuation plans in place in case of an emergency; these were in place to enable staff to see clearly in an emergency situation the level of support people required.

People and their relatives told us there was always enough staff on duty to meet their needs and we saw that staff were on-hand to support people when needed. One person said, "When I use the call bell, they [staff] always come in good time." Another person told us "I know they [Staff] are busy but they normally come when I need them. People also commented that they did not feel rushed when they were being cared for. Staff views were varied on the staffing levels within the home. One member of staff told us "I don't always feel there is sufficient staffing; especially at the weekends." Another member of staff said "We have got busier in the last six months and I don't always feel I have enough time to talk with people."

We spoke with the registered manager about the mixed views on staffing levels in the home and they told us it was kept under constant review. We viewed the rota for the week of inspection and the following week and saw that where staffing gaps were identified on the rota, agency staff had been requested. On the day of the inspection we saw that people's needs were met in a timely manner including meal times.

There were not always appropriate arrangements in place for the management of medicines. We checked medicine records and medicines for one area of the home and found that one person had a surplus of three tablets but all of the medicines had been signed for to say they had been administered. This meant that there was one occasion where a person did not receive their morning medicine. People received their

medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

People received their care and support from suitable staff. The registered manager recruited staff using robust and safe recruitment methods. These included, reviewing the applications of prospective staff, interviewing candidates and vetting staff who had successfully completed the process. Vetting involved taking up two references, checking people's details on criminal records databases and against lists of individuals barred from working with vulnerable adults. The registered manager also confirmed the identities, addresses and visa status of candidates.

Requires Improvement

Is the service effective?

Our findings

People received care from staff who had been supported to obtain knowledge and skills to provide basic care; however not all staff have received training to support people with specific needs. One relative told us, "The staff know what they are doing; they know the best way to work with [my relative]." Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. The training plan showed that the majority of staff's compulsory training was up to date. However, not all staff who supported people living with dementia had received dementia training. From our observations and discussions with staff during this visit it was obvious that staff had some knowledge on how to work with people who were living with dementia. However, they would benefit from more in-depth face to face training to increase their understanding of how to support people living with dementia. This would be beneficial because a lot of the people they supported were living with some form of dementia. We discussed our findings with the registered manager who agreed to look into further training for the staff.

Staff confirmed that when they commenced employment at the service they had received an induction. However, staff told us and records confirmed that this was not in line with the 'Care Certificate' or a comparable quality of induction which covered best practice standards to support staff working in adult social care to gain good basic care skills. Staff confirmed that opportunities were given whereby they had shadowed a more experienced member of staff for several shifts before they were deemed competent to work on their own; but they didn't feel it was sufficient. One member of staff said "If I was a new member of staff my induction would not have been thorough enough for me to be confident in caring for people." Another member of staff said "My induction was covered in three days and although I have experience in care, three days isn't long enough."

People lived in an environment which had been greatly improved in the previous 12 months in relation to internal decoration. One relative said "Oh; it is so much better, brighter and looks more welcoming" another said "They [The Provider] has really tried to lift what was looking like a tired building." However there was still an area of the home that required some refurbishment. For example; in one area there were two bedrooms that required updating. One of the rooms was requiring a standard refurbishment of new flooring and fresh paint, but another room required some more extensive refurbishment. This room had gaps around the door frame filled with cavity foam which had hardened and looked very unsightly. The waterproof flooring was very stained and the carpet required replacing. The vanity unit was stained and had broken cupboard handles so the person could not access the cupboard. We spoke with the registered manager who acknowledged our concerns and said they would bring it to the attention of provider.

The provider had made efforts to ensure the area of the building where people living with dementia spent their time was accessible and suitable for their needs which offered appropriate signage and stimulation, however there was still further improvement to be made to communal areas to enhance people's wellbeing.

We recommend that the service seek advice and guidance from a reputable based source based on current best practice, in relation to the environmental needs of people living with dementia.

Members of staff told us they felt supported by the manager. Records we looked at showed formal supervisions were being undertaken on a regular basis as well as annual appraisals. The manager told us told us that regular team meetings and handovers take place where staff were kept updated about each person. Records we looked at confirmed this.

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.

The management and staff were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. One person told us "I always get choices, sometimes too many!" A relative told us "I visit often and [My relative] is always asked about choices." We observed care staff checking for people's consent before undertaking tasks with them.

Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietician for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. Catering staff ensured people were provided with meals that met their nutritional and cultural needs.

Staff were provided with information about people's dietary needs including their likes and dislikes. One relative told us, "[My Relative] likes fried egg sandwiches, and they make them for her." Staff told us, "When people are not so well we visit their rooms more regularly to provide care and give drinks." We observed there were drinks available to people throughout the day of inspection and snack stations were available which offered a variety of foods. Staff were knowledgeable about who needed assistance or prompting to eat. We saw that staff sat with people and assisted them with their meals in a non-hurried way and they gently reminded people to eat their meals where they had been distracted.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care could be delivered effectively. Care records showed that people had access to community nurses and GP's and were referred to specialist services when required. One person told us "I can see the Doctor whenever I want to; it is never any trouble."

Good

Is the service caring?

Our findings

All the people who used the service and their relatives told us that they were treated very well and they had no complaints about the care they received. One person told us, "I don't feel there is a better place than here; the staff are brilliant, very kind and friendly; they always greet you with a smile." One relative told us "The staff do a wonderful job." Everyone described the service as 'homely'; one relative said "It's like a family here, I always feel like welcomed."

People told us they had good relationships with staff. One person said "Staff are wonderful; I love my bath, they make it so relaxing." One relative told us "people have good relationships with staff, they look after [name], they know what she needs and they make sure she has what she needs, I can't ask for more." We observed that all the interactions between staff and people using the service were positive and encouraging. One member of staff told us "I am proud of the relationships we have with people." Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one whether they were in the same room or passing.

Staff knew people very well, they told us what was important to people and how they adapted care to meet each person's needs. One person who was cared for in bed liked to keep a teddy bear on the bed with them; care staff attached the call bell to the teddy bear so they could ensure the call bell was always in reach for this person. One member of staff told us that the person often declined to have the call bell on the bed and this solution worked really well.

When we observed when people were anxious, staff were prompt in responding to their needs. For example one person was unsure where they wanted to spend their time and was wandering in the communal areas. We observed a staff member suggest to the person to join in an activity because they knew they liked the activity that afternoon. The staff member then walked with the person to the activity area and ensured they were comfortable.

People's preferences for care were incorporated into their daily care, for example one person preferred to be called by a different name and we saw that staff respected their wish. People were helped to maintain family relationships. One family said "We visit two or three times a week and we are always made to feel welcome, I would recommend this home to everyone."

People's privacy and dignity were respected. One person told us, "Staff respect when I want time alone." We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. One relative told us, "The staff have to use the hoist with [Person] because they can't stand anymore, but they are so gentle with [Person] and explain everything." People who required hearing aids or glasses were wearing them, we saw that people's glasses were clean and their hearing aids were well maintained.

Requires Improvement

Is the service responsive?

Our findings

People's care plans contained information that was relevant to them including their life histories, interests and activities. However, some care plans lacked the detail needed to provide person centred care to people. We were aware that there was an on-going process to ensure everyone's care plan was detailed and contained all the information care staff would need to support people.

People received a full assessment of their care needs prior to living at Nazareth House Northampton. People and their relatives or advocates were encouraged and supported to visit the home during the decision making process. We saw that the manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person decided they would like to move into the home.

People's needs were met in line with their care plans and assessed needs. For example the service ensured that one person whose eyesight had rapidly deteriorated received 'talking newspapers'. The service also use yellow paper to print information off for people to read because evidence shows that the contrast in paper and ink helps people living with dementia read more easily.

People had been involved in planning and reviewing their care when they wanted to. One relative told us "I know what is going on, I am kept informed about everything relating to [name]'s care." People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning. People's care and treatment was planned and delivered in line with their individual preferences and choices.

The service employed an activities co-ordinator to support people with social activities and hobbies. Activities included, armchair exercises, crafts, cupcake icing and a knitting session. People also chose to attend mass in the church that was in the home. However, feedback was mixed from people and their relatives about activities. One person told us. "I think there is plenty to do", another person said "We don't have as many trips out as we used to. If you don't have family to take you out you are more or less trapped here." We noted that activities were not planned for the weekend, although the activity timetable stated care staff were available to assist with activities most staff told us they realistically did not have time to spend with people on an activity. One member of staff said, "We might have time to complete a small activity if a few people wanted to join in but we wouldn't have time to do anything planned or on a one to one basis." A volunteer told us that the mini bus was no longer in use and this had restricted some activities. The volunteer was also able to tell us about outings they had supported to go on, including theatre trips, shopping and meals out in a restaurant. On the day of the inspection we saw that people were engaged in the activities that were on offer and the activities support worker was motivated and encouraged people to participate.

People had information about how to make a complaint or make comments about their care. A relative told

us, "It wasn't all smooth sailing in the beginning but [registered manager] was really approachable and I was able to discuss what concerns we had as a family and they put this right." However, when we spoke with care staff, although they told us they would write any concerns down and report them to the manager they were unaware of the complaint leaflets that they could guide people and relatives to for further information. The information was in the reception but staff were not aware they were there. We discussed this with the manager who was going to remind all staff in a team meeting the location of the complaints leaflets.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was 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.

It was evident that the registered manager and staff team had sustained some improvements since our last inspection; however there were still areas of improvements to be made. The registered manager was fully aware of the areas that required improvements and was working towards achieving this.

Audits relating to the quality and safety of the service were not robust enough and did not happen frequently enough to identify issues that required attention. For example; the two fire doors that did not have operational automatic closures on them. We were unable to identify how long these doors had not been working. There was a fire alarm test on the day of the day inspection where it had been established that all the doors were in good working order and closed appropriately, but this was not the case. There was no procedure for the maintenance person to follow to ensure that all doors had been checked. First aid boxes required replenishing. We were told that the boxes were checked two weeks prior to the inspection and had been replenished, but we found that some boxes were missing half of their contents. We were unable to find any evidence in accident and incident forms where an injury had been sustained and dressings and bandages had been used.

Some bedrooms in the area of the building where people living with dementia were staying required some immediate attention. The registered manager rectified these issues on the day of inspection, however one room required more attention than a light refurbishment. The registered manager was raising this issue with the provider.

The induction process and training for staff required reviewing to ensure that staff were adequately inducted and trained to meet the needs of people living at the service.

Regular audits were completed on the core values of the service by a Sister, the core values were compassion, hospitality, love, respect, patience and justice. People responded that they felt the care staff displayed the core values towards them and they felt cared for in the home. A relative commented that [Person] had moved to Nazareth House from another care home and they were positive it was the right decision because they could feel the warmth and care given to their relative.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was supported by a deputy manager and senior care staff. We saw that people and the staff were comfortable and relaxed with the senior team. All staff we spoke with demonstrated a good knowledge of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Staff

told us that the manager was very supportive and staff told us they were proud of the standards of care they provided. One member of care staff said "I'd love my [relative] to come here because they would be looked after", another member of staff told us "Staff have been there a long time, and they tend to stay."

Communication between people who used the service, their families or representatives and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good, open communication with staff and management. People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved; questionnaires were sent out yearly to seek their views. The feedback about the care people received was all positive.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

The service benefitted from a 'friends of Nazareth House' group which supported the home to with fund raising activities and events. For example, the Friends Of Nazareth held a summer fete which also included a Bar-B-Que, cake stall and ice-creams. People told us it was an enjoyable day. One person said, "We had a lovely day, we were all outside in the garden and my family came too." In the previous months, a quiz night had also taken place and some work had been completed in the garden to extend the paved areas to enable easier access for people.

Records were maintained and used in accordance with the Data Protection Act. The most recent Care Quality Commission rating was displayed at the location as required and statutory notifications that the service is required by law to send to the commission had been submitted in a timely manner.