

Nazareth Care Charitable Trust

# Nazareth House - Lancaster

## Inspection report

Ashton Road  
Lancaster  
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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 registered to accommodate up to 43 people in need of personal care. Accommodation is provided over four floors with 43 single rooms, all with en-suite facilities. On the days of the inspection there were 39 people living at the home.

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

People received their medicines as prescribed by health care professionals. Some medicinal cream use and some stock holding practices required attention but these were addressed at inspection.

People were safe and protected from the risk of harm. Risks were appropriately identified, assessed and managed. Staff were safe to work with vulnerable people and appropriate safety checks had been made.

Staff were competent with safeguarding processes and knew how to protect people from the risk of abuse. People said they felt safe in the home and were trusting of staff and management. We observed good practices and interactions between management, staff and people during the inspection.

Staff supported people to have access to healthcare professionals and specialist support and the service worked with external specialists.

People and their relatives were confident in the management team at the home and praised how approachable they were. The service made appropriate notifications to CQC and other authorities of safety incidents to ensure these incidents received appropriate oversight.

Infection, Prevention and Control (IPC) processes were in place and we were assured about the service's ability to mitigate the transmission of infections.

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 and update

The last rating for this service was requires improvement (published 3 November 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider improved the recording of people's care and support needs, planning of staffing levels and its engagement with people and relatives. At this inspection, we found the provider had acted on the recommendations and noted improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Nazareth House - Lancaster' 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, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Nazareth House - Lancaster

## 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

The inspection was conducted by 2 inspectors.

#### Service and service type

Nazareth House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 July 2023 and ended 6 July 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public.

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 5 people who used the service. We spoke with 4 relatives about their experience. We spoke with members of staff including the registered and deputy managers, 2 provider representatives, a cook and 4 care workers. We also obtained feedback from 2 health care professionals who regularly visit the service.

We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed 4 care records. We looked at staff rotas, risk assessments, multiple medicine records and 4 recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

# 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 'requires improvement'. The rating for this key question has changed to 'good'. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to robustly record the administration of medicines and we could not be assured people had always received their medicines as prescribed. There were also shortfalls in the way some medicines were stored. These issues were a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines when they should. When people were unable to take their medicine, pharmacists or GP's had been consulted about this.
- Medicines were received, stored, administered and disposed of safely. Staff were trained and assessed as competent to support people with their medicines.
- We noted a reconciliation issue around the availability of some medicines and the recording of the opening of time-sensitive creams. These matters were resolved at inspection. Thereafter, we were assured processes had been reviewed and lessons learned in conjunction with the service's pharmacist.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider take advice on an effective care recording system whilst new technology was implemented. The provider had made improvements.

- Risks to people's health and safety were monitored and managed safely. Care records were up to date and included essential guidance for staff about keeping people safe.
- Records were accurate, well-written and person centred. Safety risks were analysed, assessed and guidance to staff was acted upon. People and their relatives said they were involved in reviews of care planning. A relative said they had been involved in a review of their loved one's support plan and risk assessment when needs had changed after discharge from hospital.
- Staff promptly acted on any concerns and shared them with relevant healthcare professionals and we noted external professional's views were considered and acted upon. We noted people's weight, hydration and food consumption were monitored and appropriate action taken when there were concerns.
- Since the last inspection, a substantial programme of fire safety improvements had been implemented. This work had been realised following instructions to specialist engineers and part of an initial set of improvements we commented on at the last inspection. We were assured people were safe whilst this work

was undertaken.

- Equipment used to support people had been serviced and inspected consistent with manufacture's guidelines. These included moving and handling equipment and lifts between floors.

### Staffing and recruitment

At our last inspection we recommended the provider implement frequent staffing reviews to deal with concerns over staffing levels. The provider had made improvements.

- Recruitment processes were safe and well managed. Records showed that necessary checks were made to ensure staff were suitable for the role. This included criminal record checks and consideration into the reasons for applicants leaving previous roles in health and social care.
- There were enough staff employed and people told us they did not have to wait for staff to support them. Rotas and our observations at inspection supported this position.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse. The manager, deputy and staff understood their responsibilities around protecting people from abuse. One person said, "I am very safe here and am better than when I was at my own home."
- Staff confirmed they had received training on safeguarding vulnerable adults. Where appropriate, referrals had been made to the local safeguarding team.
- Staff told us what action they would take if they believed anyone was at risk, had a good understanding of the types of abuse that could occur in a care home and knew how to escalate concerns. One staff member said, "I have assisted a person with a safeguarding concern and was completely supported by the manager." Another said, "If there was ever a situation where abuse was suspected, I'd know what to do and who to report to."

### Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean, tidy and well maintained.
- We were assured personal protective equipment (PPE) was used safely to minimise the risk and spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The provider was facilitating visits for people living in the home and there were no restrictions. This was in



accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider had an effective system to ensure lessons were learnt from incidents. A separate record had been prepared by the registered manager detailing this and had been considered by management at a provider level.
- Outcomes of incidents were shared with staff to improve the safety of the service. The registered manager said they had learnt lessons from the previous inspection and we noted areas of improvement following that process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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'. The rating for this key question has changed to 'good'. 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; Continuous learning and improving care;

At our last inspection the provider had failed to operate effective systems to assess, monitor and manage the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes for the oversight and quality monitoring of the service were effective. The provider and registered manager had addressed the concerns seen at the last inspection. The registered manager said, "I have better access to specialists within the organisation and am really well supported. This has helped in improving the service and all of the staffing team getting through a particularly challenging time in health and social care."
- The registered and deputy managers and provider representatives assessed, monitored and improved the quality of the service. They completed audits of the environment, care plans and the administration of medicines. We noted a review of medicine's practices since the last inspection had led to the use of new processes and this had contributed to improvements seen in the 'safe' section of this report.
- Staff understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. There was a comprehensive on-call system that provided support to people and staff. A staff member said, "We never feel alone and it is comforting to know that [registered and deputy managers] are available to support or deal with issues we have never come across before. They are both very hands on."
- The registered and deputy managers demonstrated a commitment to using best practice guidelines to improve the care people received. This included in the use of forums for care home managers where issues and lessons learned were discussed.

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

- There was a positive culture at the service that achieved good outcomes for people.
- The registered and deputy managers were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager said, "We no longer rely on agency staff and have a stable team of our own staff. This allows us to know our residents well, respond quickly to issues and provide a

person centred approach. Our residents also appreciate this."

- People were positive about the quality of service they received. A relative said, "This is a fantastic service and my relative has flourished in the home. We feel blessed and have no complaints."

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

- The registered manager understood the duty of candour. They told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. A relative told us, "My loved one has particular needs and can be challenging to support. I am impressed at the way staff and management deal with this challenge and how [the registered manager] regularly contacts me with updates."
- Where appropriate, the registered manager apologised to people when things had gone wrong and explained the reason for any errors. We saw examples of this and noted that relatives had been reassured by this approach.

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

- The provider had a survey system that engaged and involved people, relatives and staff. The registered manager also used face to face meetings and daily interaction with people and relatives to gain feedback about the service.
- People said their views about the running of the home were obtained by the registered and deputy managers and their views listened to. One person commented, "Staff and management care about our views. I'm sure of it."
- Staff told us they could contribute to the way the service was run. The registered manager had formal meetings with staff which gave them an opportunity to discuss working practices and raise any suggestions for improving the service. A staff member said, "We now have a stable staff team and we feel motivated and valued. This helps us care and support people. Praise should go to management for this."

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Registered manager and staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs. A health care professional told us, "When it is appropriate, staff at the service are good at getting us involved and there are no delays. When I visit, I receive good support and deal with staff who are well informed about the patient. This helps me deal with the person in the most effective way."
- Relatives told us staff were good at working with them to ensure their family members received safe and appropriate care.