

Nazareth Care Charitable Trust

Nazareth House - Cheltenham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nazareth House – Cheltenham is a residential care home providing accommodation and personal care for up to 63 people aged 65 and over. There were 50 people living at the home at the time of our inspection.

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

We found the registered manager and provider had made improvements to the service. One professional told us, "The service provided at Nazareth House - Cheltenham has improved significantly since the new manager has arrived."

The service was well-led by a management team who were passionate about improving care and achieving the best possible outcomes for people at Nazareth House – Cheltenham. Quality assurance systems were effective in monitoring the safety and quality of the home through audits and checks. People, relatives, staff and professionals spoke positively about the leadership of the service. One professional told us, "I have had frequent conversations with the registered manager in the last few months, she has been very supportive of my work and [people's] needs."

At the time of our inspection the service had a number of staffing vacancies and relied on agency staff. People told us that it meant they did not always receive care that reflected their preferences as staff did not always know them. The registered manager had already identified staffing as a high priority in the service development plan. They had recently completed a staff rota consultation to engage staff and were taking steps to promote person centred care whilst developing a more consistent staff team. Time was needed for these planned improvements to be completed so that people could be confident that their wishes and preferences would always be met.

People were supported by staff who received regular training and supervisions. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People had access to a balanced diet and were supported to eat and drink in a safe way. Referrals to health professionals were made when required. The environment was appropriately designed and adapted to meet people's needs.

The provider had infection control processes in place to protect people and prevent the spread of infection. There was plenty of personal protective equipment (PPE) for staff to use. Staff accessed PPE, and staff followed the providers guidance and expectations.

Rating at last inspection and update

The last rating for this service was requires improvement 2nd September 2020 and there were two continued breaches of regulation. We required the provider to submit monthly reports to CQC to show

improvements were being made. The provider submitted these reports as required.

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

Why we inspected

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced comprehensive inspection of this service on 28th July 2020. Breaches of legal requirements remained in place from 9 January 2020 to monitor their improvement in relation to Regulation 17 (Good Governance) and Regulation 9 (Person Centred Care).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective, Responsive, and Well-led which contain those requirements.

We also 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nazareth House - Cheltenham on our website at 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?

We were assured the service was following safe and correct infection control procedures.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Nazareth House - Cheltenham

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 team consisted of two inspectors 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 - Cheltenham 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.

There was a new registered manager at Nazareth House – Cheltenham who had been employed since our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had not been asked to complete a provider information return prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included the monthly reports the provider was required to submit to CQC to show that improvements were being made. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with fifteen people who used the service and gathered feedback from seven relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, deputy manager, activities co-ordinator, senior care workers, care workers, agency care workers, a dining room assistant and members of the housekeeping team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included a sample of nine people's care records, a variety of records relating to the management of the service, including a review of some policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with five professionals who have contact with the service.

Is the service safe?

Our findings

- 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 admitting people safely to the service.
- 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.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and wishes were regularly reviewed and captured in their care plan. Care plans contained evidence of promoting choice and we observed staff offering people choice in all areas of daily activities. A dining room assistant told us, "Choice is given to everyone every day. We always ask people what [food] they want, even if it's inevitable what they say. Choice is very important."
- People received care and support that was in line with current best practice. The registered manager attended local forums with other care professionals to share information, professional updates and discussions around how to implement best practice guidance.
- People's needs were assessed using universally recognised assessment tools. The home used the Malnutrition Universal Screening Tool to identify people who were malnourished or at risk of malnutrition. Where the tool highlighted a concern, action had been taken and the relevant healthcare referral had been made.

Staff support: induction, training, skills and experience

- Staff received supervision regularly to enable them to effectively support people in line with best practice. The registered manager spoke clearly about the visions and values for the service and used supervisions to ensure staff were working effectively.
- Staff were competent to carry out their roles effectively. People told us they felt comfortable and confident when being supported by familiar staff. One person said, "I'm very happy here. I've learned an awful lot since I moved here; the care is very good." One relative told us, "We have witnessed staff being very attentive and the family are very happy with the staff."
- Staff and the registered manager were upskilled where possible to become in-house trainers in specialist areas. The registered manager had qualified as a Gloucestershire safeguarding trainer and a senior member of staff had become a moving and handling trainer. The registered manager explained that this allowed much more oversight of the service and a greater understanding of staff competence.

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

- People had access to a varied and balanced diet. There was a catering team at the home who met regularly to develop the menu to meet people's nutritional needs and preferences. Meeting minutes and correspondence showed feedback was actioned and reviewed.
- People's dietary needs and preferences were recorded in their care plans, including any specific dietary arrangements and textured diets. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from risks associated with choking or inhaling their food or drink.

We spoke to a dining room assistant who discussed how they adapted food for people with a pureed diet. They told us, "We put the pureed food into moulds so that it is appetising for people."

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

- People's healthcare needs were met by staff who worked in partnership with relatives and healthcare professionals. We saw staff worked closely and made appropriate referrals to health care services including GP's and district nurses. A healthcare professional told us, "[Our] service has good communication with the manager and deputy manager. The carers are responsive to our requests."
- Information about visits and consultations relating to a range of different healthcare professionals were clearly detailed. The registered manager had good oversight and supported staff to work in accordance with people's care plans.
- Information was recorded and ready to be shared if people needed to access other services, such as hospitals.

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

- Consideration had been given to the design and decoration of the building to allow good care to be delivered to people with mobility and dementia care needs. There was signage in place to promote people's independence and help orientate them around the home.
- The home had gone through some refurbishments in the last two years, including the reception area which now provided people and their relatives with another potential space to meet.
- People had access to attractive well maintained grounds which were secure and had seating areas for people to enjoy in good weather.
- People had personalised bedrooms which were decorated with people's own possessions. One person told us, "I do know I am lucky to have my lovely room."

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision making process involved those who were important in the person's life.
- Staff had received training and guidance on MCA and DoLS. Staff meeting minutes evidenced ongoing discussions around capacity, and we heard staff seeking consent from people before providing support with daily tasks.
- DoLS applications and a clear record of those awaiting authorisation had been completed when required.

Conditions applied to authorisations were included in how care was planned and delivered.

- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were included in decisions regarding the person's care.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met when staff did not know them well.

At our last inspection the provider had not ensured people always receive care and support which was tailored to their individual needs. This was a continued breach of Regulation 9 (Person Centred Care) 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 9.

Although improvements had been made to the systems to promote people's choices and ensure personalised care, people's needs were not always met when they were supported by staff that did not know them well. More time was needed to fully embed some of the newly implemented systems to ensure people consistently received personalised care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager had put measures in place to achieve consistent levels of personalised care. Staff received training to support them to deliver individualised care in accordance with people's choices. However, when people were supported by staff that did not know them well they were not always confident they would receive personalised care. One person told us, "I hope someone will remember that I need lunch; that is because we haven't the normal staff." Another person said they were not happy with the lunch time food service, "They made a mistake and brought me meat. I don't eat meat". A member of the housekeeping team told us, "I have seen improvement. We need more stable staffing, but the home is working towards this."
- People's care plans recorded the care they required and were regularly reviewed to reflect changing needs. One person told us, "Yes, there is a care plan for me. It is in a folder that I have. I do look through it from time to time." However, on busier days people were not always assured that they would receive individualised care in accordance with their care plan. One person said, "It is not that you don't trust [staff], but often they say 'yes, yes, yes' and don't come back." The registered manager recognised the challenges. There was oversight of the shortfall in permanent staffing and a clear plan to make the necessary improvements.
- The home was now embedding a 'resident of the day' approach to develop a regular review of people's care and support needs across all departments to ensure personalised care.
- People were supported and reassured by staff when they became anxious or agitated. Staff followed guidance assessed through recognised screening tools and behaviour support. Specialised healthcare support had been sought and acted upon to ensure people's wellbeing had been promoted and incidents

reduced. One healthcare professional said, "Nazareth House were quick at sorting out with Social Services the [relevant treatment] as the [individual] needed more specialist care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed, and recorded in care plans. These referred to how people communicated their needs and any support required. Some people were registered blind. These people were supported to live as normal life as possible, including how they were supported to maintain their relationships with their loved ones.
- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relatives were able to visit them at Nazareth House Cheltenham in accordance with COVID-19 safe visiting guidance. One relative told us, "I have enjoyed visiting my [relative] in their room due to the change in government guidelines in recent weeks. All of the staff are very friendly." Staff kept a record of all visits and virtual visits to ensure those people who had limited contact were supported with conversation and social activities.
- People were supported with their religious and spiritual needs and all religious beliefs were welcomed. Nazareth House is heavily linked to the Sisters of Nazareth and people come to the home because of their beliefs. One person told us, "The daily masses are a good part of living here for me." People were able to attend COVID-19 safe religious services in the home. They were also supported to maintain their religious practices when they were unable to attend these. People's religious and spiritual needs were clearly recorded and known by staff.
- People were supported to take part in activities based on their needs and preferences. An activities co-ordinator had now been employed and was developing a stimulating programme to prevent isolation. We observed group and one to one activity sessions and read about specialised events that had taken place. One relative told us, "I can't fault the communication or activities. The activities co-ordinator is trying hard to get [relative] to join in." The activity co-ordinator had started supporting people to create their own life history books and had clear plans to further establish a consistent whole home approach.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they were not happy with the care they received. The complaints procedure was clearly displayed in the home. We saw where a complaint had been made, it had been acknowledged, investigated and responded to appropriately and in line with the provider's procedures and policy.

End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure healthcare support was available for people to maintain comfort. COVID-19 safe visiting guidance had been followed to ensure people could receive visits at the end of their life. One person told us, "From what I saw [end of life] care was good, people were concerned about helping [people at the end of their life] and I hope in future more qualified people might be brought in and maybe there will be more emphasis on palliative caring."

- People's care files documented their advanced wishes regarding their care and treatment, including whether they wished to attend hospital for active treatment. Details also included the people they wanted involved at the end of their life, as well as their religious and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not demonstrated consistent improvement in operating good governance systems to maintain and improve the quality of care people received. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to submit monthly information in relation to the management of the service; which they did.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

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

- People benefited from a positive culture in the home. Staff demonstrated a strong desire to provide good outcomes for people. One person said, "I am very impressed with the staff here — I think there is a good atmosphere in the Home - some friendships are good, I've found my feet since I moved here."
- The registered manager was open and transparent throughout our inspection and were clearly committed to providing good quality care. They talked passionately about the importance of upskilling the staff team to ensure that people received the best possible care. Where people's needs were likely to change, they had anticipated this and was exploring training in preparation. For example, the registered manager stated that they were looking at behaviour management training to proactively support people whose needs might change as a result of their health needs.
- Staff told us they felt supported by the registered manager and noted that improvements had been made to the quality of care people received. A staff member told us, "This home has a lovely vibe with good management and leadership."
- Staff from all departments were supported to feel valued by the Staff Recognition Programme introduced by the registered manager.

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 requirements in relation to duty of candour and had an open and honest approach.
- Concerns and complaints were actively listened to and acted upon. The registered manager shared learning from complaints with the staff to continually develop the service.
- The provider displayed their Care Quality Commission (CQC) rating within the service and on their website.

- The registered manager had started to build strong relationships with staff, people and relatives and shared appropriate information freely. One relative said, "My [relative] has now lived at Nazareth House for 2 years and I believe things have improved. More activities, relatives virtual meeting, newsletters, emails with updates." One person told us, "We have a fairly new manager here – she is popular with the staff."

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

- The registered manager had developed and strengthened their governance systems to strive for quality care and continuous development and improvement. This included effective audits in relation to care plans and risk assessments, staffing and recruitment, training and development, incidents and accidents, regulatory notifications, and safeguarding. This was done using a monthly key performance indicator (KPI) plan which tracked data so they could clearly see improvements or areas for development.
- The service improvement plan was used to identify areas of development and monitor completion of actions. We saw as a result care planning and record keeping had improved. A visiting healthcare professional told us, "The service provided at Nazareth House has improved significantly since the new manager has arrived."
- People benefited from a clear management structure, consisting of the registered manager and deputy manager. They were clear about their roles and responsibilities and staff told us they were visible and approachable. A senior staff member said, "They [the registered manager and deputy manager] are a very good team, provide excellent leadership, and I now feel supported and confident in my role."
- The registered manager was aware of their responsibilities and of their duty to notify us of significant events. The registered manager submitted notifications in a timely manner.

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

- Surveys and meetings were carried out by the provider to ensure people's needs were met. There was evidence that resident meetings and relatives' meetings had started to take place routinely. The feedback from people and their relatives was overseen and acted upon appropriately by the registered manager. A family member said, "We have experienced the challenges of COVID, however, the activities co-ordinator has organised zoom calls on a bespoke basis. We have had good communication throughout. We have no concerns at all. The staff are excellent."
- People and staff were engaged and involved in the running of the service through regular meetings. Information was shared with staff in a structured manner and expected standards were clear. For example, actions were taken to change the food menu in response to people's feedback.

Working in partnership with others Continuous learning and improving care

- The registered manager had reviewed the staffing requirements and completed a rota consultation with all staff to respond to people's voice and make improvements personalised care.
- Staff had formed positive relationships with health and social care professionals. Staff had sought advice and worked in partnership with others such as commissioners and social workers to ensure the best possible support for people. One visiting healthcare professionals commented, "There has been a significant improvement in communication." Another visiting healthcare professional said, "My experience of Nazareth House and its staff was very professional and helpful."