Nazareth Care Charitable Trust

Nazareth House - Birkenhead

Inspection report

Manor Hill
Claughton
Birkenhead
Merseyside
CH43 1UG

Tel: 01516534003

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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

We carried out this comprehensive inspection on 28 and 30 December 2016. During our last inspection of Nazareth House Birkenhead on 8 July 2015, we found breaches of three regulations of the Health and Social Care Act 2008. These were because: the staff employed by the service did not receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties; the provider did not have suitable arrangements in place for people to consent to their care or follow legal requirements when people could not give their consent; complaints received had not been investigated nor had necessary and proportionate action been taken.

During this visit we found that improvements had been made in all of these areas, however further improvement was needed in order for the service to be fully compliant with the Mental Capacity Act. We found breaches of Regulation 12 of the Health and Social Care Act because people did not always have in place equipment that was safe and suitable for their needs and care plans did not always contain up to date, relevant information which placed people's health at risk.

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Nazareth House Birkenhead is a care home registered to accommodate up to 51 people who require nursing or personal care. It is situated in a residential area of Birkenhead. There were 43 people living at the home when we visited.

The service had a registered manager. 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.

People who lived at the home told us they felt safe. Policies and procedures were available for safeguarding vulnerable adults and for whistle-blowing, and nearly all of the staff had received recent training about safeguarding. Information about who to contact to report safeguarding concerns was displayed in the entrance area.

Maintenance contracts were in place for equipment and services. The premises were clean and tidy with no unpleasant smells and a programme of refurbishment was underway. We saw unsafe bedrails in place on some people's beds. Pressure mattresses were not all on the correct weight setting to protect people from pressure damage. Window opening restrictors had been over-ridden in two bedrooms. We saw no systems in place to check any of these.

Applications for a Deprivation of Liberty Safeguard had been made on behalf of some people living at Nazareth House, however this was inconsistent and further work was needed to ensure full compliance with the Mental Capacity Act.

People's medicines were managed safely and people told us they had their medicines at the right time.

On the day we visited there were enough staff to meet people's needs and staff rotas showed that these numbers were maintained. However, members of staff thought there should be one more care assistant on duty because the people living at the home had a high level of dependency. Safe recruitment processes had been followed before new staff were employed.

Training records showed that there was an annual programme of training and most staff were reasonably up to date with all of this training. A new system of on-line training was being introduced. In the absence of a manager during 2015/16, staff supervision and appraisal had lapsed, however we saw evidence that this had now recommenced.

We observed that people were provided with a variety of nutritious meals and had the support they needed to eat their meals.

People we spoke with said the staff were kind and caring. People received the support they needed to maintain a good standard of personal care. People were able to receive pastoral support from the nuns who lived in a separate part of Nazareth House.

Records in people's care files showed us that people received support to access a range of health professionals. This included podiatrists, dentists, GP, district nurses and attendance at medical appointments.

Care plans were written using an electronic system and it was not always easy to find up to date information about people's care and treatment. Care plans contained some information about the choices people could make in their everyday lives but were not always accurate and up to date.

Complaints were logged and records showed that they had been addressed.

Some monitoring and auditing systems were in use, however these had not identified shortfalls that we found during the inspection. People were given opportunities to express their views.

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 entirely safe.

People did not always have in place equipment that was safe and suitable for their needs.

There were enough staff to meet people's needs and new staff had been recruited safely.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

Although improvements had been made, the service was not fully compliant with the Mental Capacity Act.

People enjoyed a choice of nutritious meals and had the support they needed with their meals.

A programme of staff training and support was in place.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring.

People received the support they needed with personal care. Emotional and spiritual support was also available.

Is the service responsive?

Requires Improvement

The service was not entirely responsive.

Care records did not always show that people received the care and treatment they needed.

A range of social activities was provided.

Complaints records were maintained.

Is the service well-led?

Requires Improvement

The service was not always well led.

The home had a new manager who was registered with CQC.

Regular meetings were held for staff and for people who lived at the home and their families.

The current audit system had not identified the concerns we found during the inspection.

Nazareth House - Birkenhead

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.

The inspection was on 28 and 30 December 2016 and was unannounced on the first day. The inspection team consisted of two Adult Social Care inspectors on the first day and one on the second day.

During the inspection we spoke with six people who lived at the home, two visitors, the manager, two area managers, and eight members of the staff team. We looked at the care records of six people who used the service. We looked at staff records, health and safety records, medication, and management records.

Requires Improvement

Is the service safe?

Our findings

During the inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 because people did not always have in place equipment that was safe and suitable for their needs

Windows had restrictors fitted to stop them opening wide enough for anybody to fall out. However on the first floor we saw that in two of the bedrooms the restrictors had been over-ridden and the windows were open wide. This placed people at risk of falling out of a high window. We brought this to the attention of the manager who assured us that urgent action would be taken.

Doors were fitted with automatic door openers. These keep the door open unless the fire alarm sounds, at which point they close automatically. We saw one bedroom door that had been wedged open which meant it would not close in the event of the fire alarm sounding.

We found that there was some confusion in the home regarding the use of bedrails for people who were not receiving nursing care. A senior member of staff told us that they did not use bedrails as the district nurses advised against them and provided alternative equipment when people needed it. However, on visiting several people who received personal care, we saw that bedrails were in use. Some of these were integral to the beds, but we saw two beds where metal bedrails were used. On both beds the rails were raised at the side towards the wall. They appeared loose and ill-fitting and we saw no evidence that they had been assessed and checked regularly to ensure they met industry safety standards. This placed people at possible risk of entrapment.

On the ground floor, one person required oxygen therapy. This was provided via an oxygen concentrator and there was also an oxygen cylinder in the person's bedroom. There was no warning notice on the bedroom door.

On the ground floor we noticed that the pressure mattresses on two people's beds were on a high weight setting. We looked at these people's care plans, which confirmed that they were not large people, and found no record of what the pressure mattress setting should be. There was no system in place to check that pressure relieving mattresses were at the correct setting to provide people with optimum protection against tissue damage.

We spoke with the home's maintenance person who had only been working at Nazareth House for a few weeks and he told us he was still learning the job. He received support from the regional maintenance manager and had completed some of the on-line training. He carried out weekly checks of the fire alarm system, fire doors and exits, and of water temperatures. We saw that fire routes were clearly marked and clear of obstacles. Records showed that services and equipment were checked and serviced regularly by external contractors. Emergency personal evacuation plans for the people living at the home were in place.

We were informed that there were two domestic staff on duty each day and on some days three. They completed daily cleaning schedules. We found everywhere clean and tidy with no unpleasant smells. An

infection control audit carried out by NHS staff in 2016 scored 87% with some recommendations for improvement.

We saw that detailed accident and incident records were maintained and were analysed by the care manager. She told us about the measures they took to reduce the incidence of falls such as checking people's eyesight, hearing and footwear, referrals to the community falls team, and the use of low level beds and crash mats.

Throughout the inspection we observed that there were sufficient staff to meet the needs of people living at the home. Staff, although busy, were unrushed and had time to interact with people as well as meet their support needs. People told us that whenever they used their call bell, staff responded quickly. One person said there was a call bell in their bathroom that was from floor to ceiling "So you have access to it if you fall over."

One person who lived at the home said "We could do with more, they are tired." A member of staff told us they felt strongly that an additional care assistant was needed on the ground floor because the dependency of the people living there was high, with a number of people being looked after in bed.

The manager told us that the home was fully staffed with nurses and care staff during the day but there was a 36 hour vacancy for a registered nurse on nights. On the ground floor there was a nurse and four care staff on duty during the day and on the first floor a senior carer and three care assistants. The manager told us that this would be increased to four when the home was full. On each floor there was also a kitchen assistant who helped with the serving of drinks and meals. The Head of Care worked full-time and was supernumerary to the staff rota. We looked at the recruitment records for three new members of staff. All files contained completed application forms with references and appropriate criminal record checks.

People who lived at the home told us they felt safe. Policies and procedures were available for safeguarding vulnerable adults and for whistle-blowing, and nearly all of the staff had received recent training about safeguarding. All staff were due to complete on-line training by 13 January 2017. Information about who to contact to report safeguarding concerns was displayed in the entrance area. The manager had made appropriate safeguarding referrals.

One person told us their tablets were "always regular." A second person said staff always brought them a biscuit with their tablets as they found this helped them to take the medication. We looked at the arrangements for people's medicines on the ground and first floors of the home. We found that storage was satisfactory and everything was locked away. The medication administration record sheets we looked at were well completed with no missing signatures. The staff we spoke with told us that there was no 'covert' (disguised in food or drink) administration of medicines and there was no use of 'as required' medication except for analgesics and aperients.

Requires Improvement

Is the service effective?

Our findings

People told us that they liked the meals provided. One person said "There's plenty of food. In between meals they bring tea and biscuits." Another person told us "It's very good. We have a meeting once a month. The chef comes to it. We get a choice." We were informed that a new head chef had made a huge difference to the quality of the meals.

We spoke with one person who had chosen to eat their breakfast in their bedroom and staff had accommodated this. Their meal had been served on a tray with a doily and cover for the food. We later saw trays prepared in a similar way for people who wanted to have lunch in their room. Dining tables for lunch were nicely set with condiments, chocolates and Christmas decorations. The presentation of the meals helped to make them more visually appealing for people.

Prior to the meal, staff supported people to the table and offered them a drink providing support when needed. We observed that support provided throughout mealtimes was unrushed, quiet and dignified. Staff sat with the person they were helping and chatted to them giving them time to eat their meal at their own pace.

A choice of meals was provided and we were advised that the kitchen would always make a separate meal on request. We noticed that people who needed their meal pureed got the same choice as everyone else. A small kitchen on each floor was stocked with snacks and drinks and we were told people could request these at any time. A picture menu on the wall was up to date and informed people of meal choices each day.

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 be 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 or authorisations to deprive a person of their liberty were being met and found that they were partly compliant.

There were no restrictions on people's movements around the building and the main entrance door could be opened from inside, therefore people were not physically detained within the home. The manager had made applications for some people who may require the protection of a DoLS and had identified four other people who may require the protection of a DoLS but had not yet made an application to the local authority. A member of staff we spoke with considered that there may be other people living at the home who also lacked capacity to make decisions, however we saw no specific assessment to determine whether people would benefit from the protection of a DoLS.

A system of electronic learning had been introduced to replace the previous training programme. The manager had informed staff in writing that the training needed to be completed by 13 January 2017. Some of the staff we spoke with felt apprehensive about the new method of training and a 'training champion' had been appointed to support the staff team. A member of staff had completed a training course which enabled her to provide practical moving and handling instruction for the staff team. Two days had been booked for this training during January 2017, which would cover most of the staff team.

In the absence of a manager during 2015/16, staff supervision and appraisal meetings had lapsed, however we saw evidence that this had now recommenced. Records showed that staff supervision had been carried out starting from September 2016 and a planner was in place for supervisions and appraisals to be carried out through 2017. Some of the supervisions had been delegated to nurses and other senior members of staff and they had been assigned a training module to give them guidance about how to do this.

The manager told us that a five year refurbishment programme was underway. Lighting in the corridors had been improved and ten bedrooms had been refurbished. Budget requests had been submitted to the organisation for the following year and this included plans for refurbishment of bathrooms and shower rooms.

Call bells were fitted throughout the home including bedrooms and en-suite bathrooms. We tested several of these and found them to be in working order A passenger lift was available between floors and we observed that corridors and doors were wide enough for people using mobility aids to get around easily. Adaptations within the home included grab rails, hoists and stand aids, specialist beds, toilet chairs and a large wet room.

Good

Is the service caring?

Our findings

People living at the home told us that they liked living there and liked the staff who supported them. One person commented, "It's a beautiful place. There are some splendid staff." Another person told us "The staff are very good, marvellous." A relative said "I am 100% happy. Staff are second to none. They are always focused on the residents. They consult with relatives."

People told us that they received the support they need with personal care. They could have a shower whenever they wished. One person said they had chosen to stay in bed for the morning and staff had supported them to do so.

A notice board on the corridor contained photographs of staff along with their role in the home. This is good practice as it helps people living there and visitors to identify staff easily.

There was a chapel in the building which was open daily for people to visit as they chose. A book of remembrance was placed on the altar and prayers were said for people who lived at the home. Once a year the home held a special mass of remembrance to which relatives and loved ones of people who had lived at the home were invited to attend. Mass was said in the home three times a week with everyone welcome to attend.

A convent is attached to the home and the Nuns who lived there were available to sit with people when they were unwell or reaching the end of their life and provide pastoral care. If people chose to do so, they could have a funeral service in the chapel and we were told that a number of people or their relatives had found comfort in being able to arrange this.

Bedrooms appeared comfortable and people had been supported to personalise them as they wished. For example, we saw that people could have a phone and could bring in furniture from home. Signs on bedroom doors, with photographs of the person, helped people to locate their room.

Information about the home was made available to people in a service user guide, which had been reviewed in November 2016. Copies of this were available in people's bedrooms.

Requires Improvement

Is the service responsive?

Our findings

People told us that they received the support they needed with health care. One person said "They bend over backwards to get you help." A relative told us they were confident in the support staff provided to people with healthcare. They explained "They are all over healthcare. They have the doctor in so fast, they don't mess about." We spoke to a visiting health professional who told us that staff made appropriate referrals to them. They said they found staff to be knowledgeable about people's needs and health conditions and followed the plans or guidance they provided. One of the nurses we spoke with was the "tissue viability champion' and told us she went to link meetings with the NHS. She had a lot of information about wound care which she used to advise other staff. She told us that nobody living at the home had a pressure ulcer.

We saw evidence that people's care needs were assessed before they went to live to Nazareth House to ensure that the home would be able to provide the support they needed. We saw that charts to record people's food and fluid intake, and charts to record repositioning when people were in bed were completed well by the care staff.

When we looked at the electronic care records, it was not always easy to find information, for example records of people's weights. The care plan for one person stated that food supplements had been discontinued, however medication records indicated that these were still prescribed. Staff told us that the stock of food supplements had run out but we did not see any evidence that a new supply had been sought.

The person's care plan stated that they had wounds to their legs that were fully bandaged and prevented them from having a bath or shower and required regular dressing from district nurses, however staff advised us that these had now cleared up. A second care plan referred to a wound that the person had elsewhere as being no longer there, however staff told us this had recurred but it was not recorded in the care plan. This person also used medical equipment which was overseen by district nurses, however there was no care plan or guidance for the care staff regarding day to day care of the equipment.

We saw that another person was receiving oxygen therapy, however their care plan stated that they did not require oxygen.

These were breaches of Regulation 12 of the Health and Social Care Act because care plans did not always contain up to date, relevant information which placed people's health at risk.

We spoke with one of the nurses who was fairly new to the home. She had been made 'care plan champion' and showed us two care plans she had written which had been well completed. We were also informed that more training was being provided by regional staff for nurses and senior care staff about how to use the computerised care planning system effectively.

The home employed two activities organisers and we spoke with one of them. A weekly activities programme was shown on a noticeboard, however she told us that the activities programme for people

living on the ground floor had to be flexible as a number of people were poorly and were unable to participate in activities. Group activities mainly took place in the first floor lounge and people who lived on the ground floor and wished to join in were taken up in the lift.

People told us that recent activities included a Christmas party, a New Year's Eve party, entertainers and a visit from Santa. Regular activities advertised included crafts, games, singing and films. A library was available on the top floor containing books on a wide range of subjects.

People told us that they did not have any complaints but if they did they would raise them. One person said "I would not hesitate to say anything to anyone. They are very straightforward." A relative agreed with this saying they would feel confident to raise any concerns with staff.

We saw that the manager maintained a complaints file and had logged complaints that had been received since he took up post. The records showed that complaints had been addressed and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

A new manager had been registered since our last inspection. He had considerable previous experience in a similar role. We were informed that there had also been a number of changes to senior management within the organisation and during the inspection we met two members of the regional team who supported the manager and the home. We also spoke with the Sister Superior who was based at the service and had a governance role which involved meeting people who lived at the home every day and carrying out a monthly 'core values' audit based on the criteria of love, compassion, patience, respect, hospitality and justice.

We spoke with a nurse who started working at the home during 2016. She told us "It's a nice home to work in. The staff are lovely, the care is good, and the home is run well." A member of care staff told us she had worked at the home for many years and she considered "Things are improving."

A heads of department meeting was held every morning and notes were taken. A full heads of department meeting had been held in October 2016. A health and safety meeting had also taken place in October 2016, Staff meetings had been held in September and October 2016 and staff we spoke with confirmed that they had attended the staff meetings. These gave the staff an opportunity to express their views.

Records showed that monthly 'resident and relative' meetings took place. The meeting in October 2016 was attended by the Director of Finance and the Regional Sister Superior from Nazareth Care and people were able to ask them questions. The meeting in September 2016 was attended by the 'end of life facilitator' from the NHS and people had found this very interesting. A 'food forum' had been arranged by the head chef in November 2016 and was attended by people who lived at the home and their families. These were examples of good practice in involving people and sharing information with them.

We were informed that staff satisfaction surveys had just been sent out for completion in January 2017 and a service user survey was due to be done in February 2017. These were carried out by an external company. The last satisfaction survey had been done in November 2015 and recorded an overall satisfaction score of 84%.

We found that the audits carried out during 2016 had not identified the shortfalls that we found during the inspection. We were shown the audit planner for 2017. This listed 'frequent audits' which included three care plans per week and medication for three people per week; a weekly meal experience observation; weekly review of accidents and incidents and monthly food safety review. In addition, an infection control audit was scheduled twice a year and a medication audit on alternate months. These were the responsibility of the home manager, with additional checks to be carried out by regional management. These were twice yearly 'Service improvement and Regulation reviews', and twice yearly staff file audits.

We saw a number of notices displayed around the home that were inappropriate in public areas where they could be read by people living there and visitors. We brought this to the attention of the manager and action had been taken when we visited on the second day. On the ground floor, care records were being kept in

part of the dining room and no lockable storage was available. We discussed this with the area manager who agreed that a more appropriate arrangement would be provided for the care staff to use.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always have in place equipment that was safe and suitable for their needs. Care plans did not always contain up to date, relevant information which placed people's health at risk.