

Nazareth Home Care Limited

Larmenier Village

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an announced inspection which took place on 3 November 2015. We had previously carried out an inspection in August 2014 to check that the provider had put required improvements in place to the way staff were recruited. At that inspection we found that the provider was meeting the regulation we reviewed.

Nazareth Home Care Ltd is registered to provide personal care to people in their own homes. At the time of this inspection the service was supporting a total of five people, all of whom lived in Larmenier Retirement Village where the service is based. Larmenier Retirement Village provides people over the age of 55 with apartments and

social and leisure facilities to support independent living. These facilities include communal lounge areas, restaurant, coffee shop, hairdressing salon, games and activities rooms, library, allotment, cinema, chapel and therapy room. In addition to care staff, support workers are available 24 hours every day to deal with any emergencies.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 used the service told us they felt safe with staff from Larmenier Village. They told us staff were caring and always supported them to make their own decisions and choices. Staff demonstrated they had a good understanding of the needs of people who used the service. They told us they would support people to maintain their independence as much as possible.

Staff had been safely recruited and there were sufficient staff available to meet people's needs.

All staff had received training in safeguarding adults and knew of the correct action to take to protect people who used the service from the risk of abuse. There were policies and procedures on display for staff to refer to if they had any concerns about a person who used the service. Staff told us they would always report poor practice and were confident they would be listened to by the registered manager.

People told us they always received their medicines as prescribed. However we found that the policies and procedures in place for staff to follow needed to be revised. This was to help ensure that staff were provided with the correct information regarding the different levels of support they were expected to provide to people. Medication Administration Records (MAR) also needed to contain full administration instructions to help ensure people received their medicines as prescribed.

Systems were in place to assess and manage any risks people might experience. Risk assessments were also in place in relation to the general environment of the retirement village.

Staff received an induction when they started work at the service. Staff also had access to regular supervision and training to help ensure they were able to carry out their role effectively. Records showed that staff had completed training in infection control, food hygiene, safeguarding adults, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who used the service received support from staff to ensure their nutritional needs were monitored. People were also able to access meals in the restaurant on the village site and told us the food provided was of good quality.

Staff told us they were able to respond to any changes in the care people wanted or needed. This was confirmed by all the people we spoke with who used the service. We saw there were systems in place to ensure people's care records were updated when their needs changed and staff were kept informed of these changes.

There were opportunities for people who used the service to comment on the support they received. We saw all the comments were very positive in the most recent survey distributed by the service. People told us they would feel confident to raise any concerns they might have about the service they received with staff or the registered manager.

Staff told us they enjoyed working in the service and received good support from the registered manager. Regular staff meetings took place; these were used as a forum for staff to put forward any suggestions they might have to improve the service.

Quality assurance systems were in place and were used to drive forward improvements in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People who used the service told us they felt safe with the staff who supported them. However the recruitment policies and procedures for the service needed to be updated to ensure they met the requirements of the current regulations.

Staff had received training in safeguarding adults and knew the correct action to take to report any concerns.

People received their medicines as prescribed. However the policy in place to advise staff of the correct procedures to follow did not reflect the different levels of support staff could be expected to provide.

Requires improvement



Is the service effective?

The service was effective.

People who used the service told us they were able to make choices about the care and support they received. Staff told us they would always support people to make their own decisions.

Staff received the induction, supervision and training they required to carry out their role effectively.

People were able to access services and support to ensure their health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People spoke positively of the kindness and caring attitude of the staff.

Staff demonstrated that they had a good understanding of the care and support that people required. People were supported to maintain their independence as much as possible.

Good



Is the service responsive?

The service was responsive.

People told us they always received the care they required. Care plans were regularly reviewed and updated to help ensure the information contained within them was fully reflective of the person's needs.

Systems were in place to gather feedback from people regarding the service provided.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

Staff told us they enjoyed working in the service and felt well supported by colleagues and the registered manager.

There were a number of quality assurance systems in place to help drive forward improvements in the service.

Larmenier Village

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 inspection took place on 3 November 2015 and was announced. 'The provider was given 48 hours' notice to ensure that the registered manager would be available to provide us with required information and answer our questions.

Due to the small size of the service the inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications they had made to us as required by law. We also contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch service to find out their views about the service. The commissioning team told us they did not hold any information about the service as people contracted privately with Larmenier Village for their care and support.

With their permission we visited the homes of the five people who were using the service at the time of this inspection. We also spoke with the registered manager, the area manager who was visiting the service at the time of our inspection and the member of care staff on duty.

During the inspection we looked at the care records for the five people who were using the service. We also looked at a range of records relating to how the service was managed; these included three staff personnel files, training records and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the staff who supported them. Comments people made to us included, “I feel safe with them [staff]” and “I feel better since I came here. Staff are always around to make sure I’m safe.”

Records we reviewed showed all care staff had completed training in safeguarding adults. The member of care staff we spoke with confirmed they had undertaken this training. They were able to tell us of the correct action to take if they witnessed or suspected abuse. They also told us they were aware of the whistleblowing (reporting poor practice) policy which was in operation in the service. They informed us they would feel confident to report any concerns they might have to the registered manager or, in their absence, the area manager, and considered they would be listened to.

We noted that the procedure for reporting any safeguarding concerns with the local authority was on display in the home care office. We also saw that the whistleblowing policy was on display and had been updated since our last inspection to include contact details for the Care Quality Commission. This meant staff should be aware of who to contact should they feel that they were unable to raise concerns directly with the service.

We looked at the way staff were recruited to the service. We noted that, although we had raised the issue on two previous inspections, the organisation's central recruitment procedure had not been updated to ensure it met the requirements of the current regulations. We saw evidence that the registered manager for the service had raised the issue on two occasions with the head office of the organisation. The area manager confirmed with us that they would ensure this matter was escalated to the relevant person in the organisation.

We reviewed the personnel files for the three care staff currently employed in the service. All files contained proof of identity, application forms that documented a full employment history, a job description and at least two references. However, we noted, one staff member had previously been employed to work with vulnerable adults and the manager had not made any checks as to why that person's employment had ended. It is important for such checks to be undertaken to help ensure people are

protected from the risk of unsuitable staff. The manager told us they would contact the service concerned and discuss this previous employment with the relevant member of staff. We were told this staff member was well regarded and no issues had arisen during their employment at Larmenier Village.

All the personnel files provided evidence that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The registered manager told us they were using agency care staff, particularly in the evenings. They told us they would always try to use the same agency staff wherever possible and our review of staff rotas confirmed this to be the case. We saw that there was an induction file in place for agency staff and that records were kept of the recruitment checks undertaken by the agency.

We saw that care records included information about the risks people who used the service might experience and the support staff should offer to help manage these risks. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

Records we reviewed showed that infection control audits were undertaken on a regular basis. Staff told us they had access to personal protective equipment and had undertaken training in how to prevent the risk of cross infection.

We saw a business continuity plan was in place for dealing with any emergencies that could arise, such as utility failures in the retirement village. However we noted that no separate business continuity plan was in place in relation to the home care service. We discussed this with the registered manager and area manager who told us they would ensure such a plan was put in place.

Inspection of records showed regular fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers in the communal areas of the retirement village were in good working order. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what

Is the service safe?

action to take in the event of an emergency. We saw that a recent inspection by the fire service had not raised any concerns regarding the fire procedures in place at Larmenier Retirement Village.

We looked at the way medicines were managed in the service. We saw that there was a medication management policy in place but this referred to the support staff would be expected to provide in a residential setting rather than a home care service. This meant the policy did not accurately reflect the different levels of support staff might provide to people to maintain their independence while helping to ensure they received their medicines as prescribed.

People who used the service told us they always received the support they needed to take their medicines. One person told us, "They bring me my tablets with a glass of water." Another person commented, "They come and give me my pills at the right time."

Care records we reviewed included information about any support staff were required to give to people to ensure they

received their medicines as prescribed. We looked at the medication administration (MAR) charts for the two people for whom staff administered their medicines. We saw that a full record of each person's medication was kept although the MAR chart for one person did not include the details of each medicine prescribed and referred only to 'blister pack.' The registered manager told us the practice had previously been for staff to maintain a separate record for each prescribed medicine on the MAR chart. They told us they would now return to this practice. This should help ensure so that staff could clearly record that each medicine had been administered.

We saw that where staff were handwriting MAR charts these had not been signed or countersigned to confirm the record was an accurate transcript of the administration details on each medicine. The registered manager told us they would ensure this practice was immediately adopted by all staff. All the MAR charts we reviewed were fully completed.

Is the service effective?

Our findings

All the people we spoke with who used the service told us staff knew them well and understood how best to support them. One person told us, “One member of staff is particularly good with me and understands my needs as their relative had the same condition as me”. Another person commented, “I always know who is going to come and they all know me well.”

People told us they were able to decide for themselves what support staff would provide at each visit. One person commented, “I order an hour. The care I need sometimes only lasts for half an hour so I use the extra half hour to get staff to help me organise my drawers.”

The staff member we spoke with confirmed they would always respect people’s choices and preferences. They told us, “We never push anything on anyone. We are there to prompt people. I always ask people what support they want each day.”

Records we reviewed showed that all staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS); these pieces of legislation are designed to protect the rights of individuals to make their own decisions wherever possible and ensure legal safeguards are in place if people are unable to consent to their care. Policies and procedures were also in place to guide staff about the action they should take if they had concerns about a person’s ability to make their own decisions.

We asked the staff member we spoke with about their induction when they started work at the service. They told us they had been required to complete mandatory training including moving and handling, fire safety and infection as well as shadowing other care staff. They commented, “I shadowed other staff until I felt comfortable on my own and got to know people well.”

We saw that the registered manager had developed a training matrix to monitor the training staff had completed.

We saw that all staff had undertaken training in a number of areas including safeguarding adults, medicines management, first aid, moving and handling and infection control. The staff member we spoke with told us the training they had received in the service was very good. They commented, “We get regular training and are always kept updated. If we ask for any training [the registered manager will send us on it.”

Staff personnel files we reviewed showed there was a system in place to ensure staff received regular supervision and appraisal. We saw that supervision sessions had been used to document any training needs and to discuss performance management issues where necessary. This should help ensure staff had the skills they needed and understood the expectations of the service.

People who used the service required minimal support from care staff to ensure their nutritional needs were met. This was because the retirement village provided a restaurant and coffee shop facilities which all the people we spoke with used on a daily basis. They told us the food provided in the restaurant was of good quality and that the chef would always cater for special diets or particular preferences. One person told us, “The food is good. The chef rang me the other day to offer me a choice as I couldn’t eat what was on the menu.”

The registered manager told us that, if necessary they would monitor an individual’s weight and make referrals to specialist services such as a dietician should they have any concerns. The staff member we spoke with told us they would always check that people they supported had sufficient quantities of food in their fridge and observe for any signs of weight loss.

People who used the service had access to a GP who conducted a surgery at the retirement village on a weekly basis. The registered manager told us they would always contact a person’s GP if they requested it or if care staff reported concerns regarding a person’s health.

Is the service caring?

Our findings

All the people who used the service told us staff were kind and caring. Comments people made to us included, “Staff are very gentle”, “Staff are very good indeed” and “Of course staff are kind.”

We were told that the aim of the service was to encourage and promote independent living. People who used the service confirmed staff would always support them to be as independent as possible. One person told us they felt they and the care staff who supported them worked together like a team. They commented, “The core values of the service are patience and compassion. They [staff] help me to be as independent as I can be.” The staff member we spoke with also told us, “We always ask people if they want any help with tasks such as dressing. We encourage people to do as much as they can for themselves.”

During the inspection we observed that staff from the service interacted positively with people in the communal areas and encouraged people to discuss plans for the day. This demonstrated that staff ensured people who used the service felt they mattered.

Staff demonstrated a commitment to providing high quality care and support to people. Due to the small size of the service staff told us they were able to develop meaningful relationships with all the people they supported. They told us they always had the time to read

the care records of people who used the service to ensure they were familiar with their needs and wishes before they provided any care and support. The staff member we spoke with commented, “Care plans are a lifeline for us. You can always go back to the care plan to check things out if you are unsure.”

Staff told us they would always ensure they respected the confidentiality of people they supported, particularly when working with other staff who were not part of the home care service. They also told us that if a person who lived in the retirement village chose to start using the home care service staff would not make assumptions about the person’s needs or wishes. The staff member we spoke with commented, “Even though we see people in the village on a daily basis, we don’t know them or their own personal ways until we have read the care plan.”

People who used the service kept their own care records in their flats. This meant they could check what information was written about them by staff. Other records relating to the service were kept securely in order to protect the confidentiality of staff and people who used the service.

Care records we reviewed included information for staff about the need to respect people’s dignity and privacy. One care file stated, ‘X is a private person and does not like fuss. Carers need to respect this whilst making sure X received the care they need.’

Is the service responsive?

Our findings

All the people we spoke with told us the service was always responsive to their needs. One person told us, “Staff do what I want them to do. They are very good at adjusting to make sure I get the right support.” Another person commented, “The care I get is just what I need. They [staff] are very adaptable.”

All the care records we looked had been regularly reviewed and updated to help ensure they reflected people’s current needs. All the people we spoke with were aware of their care plan and told us they had the opportunity to discuss the care they received with the registered manager on a regular basis.

The registered manager told us that one of the strengths of the service being small was that it could quickly respond to any changes a person wanted in their care. A care plan we reviewed showed that staff had been advised to be flexible in offering personal care to a person to ensure the time was appropriate to the person’s wishes.

The staff member we spoke with told us they would always discuss any changes in a person’s needs with the registered manager. They commented, “If I feel like I need to spend more time with a person I will go to the registered manager and let them know.” They also told us that the team of care staff communicated well with each other to ensure that all staff were aware of any changes in a person’s needs or the support they wanted care staff to provide.

People who used the service told us they would have no hesitation in raising any concerns with the registered manager. They told us they saw the registered manager on a daily basis and always found them to be helpful and approachable. One person commented, “[The registered manager] is very good. You feel you can talk to her. If something isn’t just right you can mention it and it will be dealt with.”

We looked at the complaints procedure for the service and saw it included information about how any complaints made would be responded to and investigated. We saw that no complaints had been received at the service since our last inspection.

Due to the small size of the service no formal meetings had taken place with people to discuss the quality of the service they received. However we saw that people were asked to complete satisfaction surveys by the service on a regular basis. We looked at the comments from the most recent surveys and saw these were all very positive. Comments people had made included, “Any minor complaints are dealt with”, “Carer is very helpful and good at what they do. They are consistent with days and times” and “They do what I want. I am happy with the care.”

People who used the service were able to access activities and outings arranged by the retirement village. One person told us, “We have outings here; we go to interesting places.” A minibus was also available to support people to access the local shopping centre on a weekly basis. This helped to ensure people could remain as independent as possible.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. They told us that, due to plans to expand the home care service, the provider was in the process of recruiting for a home care coordinator.

We asked the registered manager about key achievements of the service since our last inspection. They told us the service was now much more organised and there was a clear separation between the support provided to all people who lived in the retirement village and the home care service. They told us staff now wore different coloured uniforms depending on the role they were performing. This meant that people who lived in the village and other staff were aware when they were rostered to provide a home care service to people. The staff member we spoke with confirmed this change had taken place and that it had been beneficial for staff and people who used the service.

The registered manager told us that the key challenges for the service were to continue to grow the business whilst maintaining the quality of service provided.

The staff member we spoke with told us they enjoyed working in the service. They commented, “I love working

here. It’s a nice place. We work well together and are like a small family.” They told us they found the registered manager to be approachable. They told us, “It’s the best place I’ve ever worked. You can always go to either [the registered manager] or the area manager if you need support.”

Records we reviewed showed us that staff meetings had taken place on a regular basis. We saw that, during these meetings, staff were asked to put forward any suggestions for improving the service.

We looked at the systems in place for monitoring the quality of the service. We saw that a programme of audits was in place both in relation to the home care service and the wider service provided by the retirement village including health and safety and infection control. The registered manager was also completing regular audits in relation to the management of medicines in the service.

We spoke with the area manager about their quality monitoring visits to the service. They told us they visited the service on a monthly basis and showed us the report from their most recent visit. We saw that the registered manager had completed the identified actions from this visit.