Nazareth Care Charitable Trust

Nazareth House - Manchester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Nazareth House on the 18 and 19 October 2016. The first day of the inspection was unannounced. There were 60 people using the service at the time of the inspection. We last inspected Nazareth House on 11 April 2014 where we found all the regulations that we looked at had been complied with.

Nazareth House is registered to care for up to 62 people who require nursing or residential care. People of all religious faiths are welcomed. It is a purpose built home that is attached to the convent of the Sisters of Nazareth. The home is situated in large well-kept gardens within easy reach of public transport and the motorway network. There is plenty of car parking and the home is only a short distance from Prestwich Village. There is level access to the front of the home, a lift to both floors and wide corridors allowing wheelchair access.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. 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.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff were able to demonstrate their understanding of the whistle blowing procedures (the reporting of unsafe and/or poor practice).

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. We saw that people were involved and consulted about the development of their care plans.

People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience.

The activities provided were varied and people who used the service told us they enjoyed taking part. We saw that people's religious, cultural and dietary needs and beliefs were respected.

Procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. All areas of the home were secure, clean, well maintained and accessible for people with limited mobility; making it a safe environment for people to live and work in.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people who used the service, members of staff and visitors. Systems were in place for carrying out regular health and safety checks and equipment was serviced and maintained regularly. Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and water supply.

The medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and there was always a choice of meal.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as resident/relative meetings and satisfaction surveys for people to comment on the facilities of the service and the quality of the care provided.

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.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service. A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

The system for the management of medicines was safe. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited.

Is the service caring?

Good

The service was caring.

People spoke positively of the kindness and caring attitude of the

staff. We saw that staff treated people with dignity, respect and patience.

The staff showed they had a very good understanding of the needs of the people they were looking after and people's religious, cultural and dietary needs and beliefs were respected.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Is the service responsive?

Good

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

The activities provided were varied and people who used the service told us they enjoyed taking part.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

Good

The service was well–led.

The home had a manager registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the home.

Nazareth House - Manchester

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.'

We inspected Nazareth House on the 18 and 19 October 2016. The first day of the inspection was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we contacted some of the healthcare professionals who provided funding for the care of some of the people who used the service. They spoke very positively of the care provided by the staff of Nazareth House.

Prior to our inspection of the service we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. Before our inspection we looked at notifications that were sent to us by the registered manager to inform us of any incidents and significant events.

During the inspection we spoke with six people who used the service, six relatives, the registered manager, two registered nurses, two Sisters of Nazareth, three care staff, the cook, the maintenance man and the receptionist.

We looked around all areas of the home, looked at how staff cared for and supported people, looked at food provision, three people's care records, eight medicine administration records and the medicine management system, three staff recruitment and training records and records about the management of the home.

Good

Is the service safe?

Our findings

Comments made to us showed that people felt safe. Their comments included; "Couldn't be any safer and better looked after" and "Without a doubt I am safe. They look after me so well so that's safe enough for me".

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that all staff had received training in the protection of vulnerable adults. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We saw the home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were familiar with the policy and knew how to escalate concerns within the service. They also knew they could contact people outside the service if they felt their concerns would not be listened to.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, falls, choking and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

During the daytime hours from 7am to 7pm people had to ring the door bell and wait to be allowed access by the person working at the reception desk. Out of these hours, the provision of CCTV on the residential unit enabled the staff to see who required admission to the building before they allowed them access. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced.

We looked at most areas of the home. The bedrooms, dining rooms, lounges and corridors were well lit, clean and bright and there were no unpleasant odours. The wide corridors and handrails helped to ensure safe movement around the home. The provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors, the radiators were suitably protected with covers and pipework was enclosed.

Records showed risk assessments were in place for all areas of the home environment. The records also showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We did see that the 5 year electrical safety test certificate dated 26 July 2016 identified that some areas of electrical safety within the home were unsatisfactory. We were told the home had only recently received the report. We were shown an email that had been sent from the home to the company responsible for the safety check requesting an estimate of the costs for attending to the identified issues.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in a central file in the reception area to ensure they were easily accessible in the event of an emergency. We also saw the procedures that were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw fire risk assessments were in place and records showed that staff had received training in fire safety awareness.

Records we looked at showed that accidents and incidents had been recorded and the registered manager reviewed them regularly. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

We looked at the on-site laundry facilities. The laundry looked clean and well-organised. Hand-washing facilities and protective clothing of gloves and aprons were in place. We found there was sufficient laundry staff and sufficient equipment to ensure safe and effective laundering.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste.

Inspection of the staff rosters, discussions with people who used the service, relatives and staff showed there were sufficient suitably qualified and competent staff available at all times to meet people's needs. One comment made to us was, "There is always someone around".

During the resident's meeting that was held on the day of the inspection two family members did express their concerns about the previous lack of staffing on the residential unit. They were reassured by the registered manager that the issues had been addressed as new staff were in post and had actually started working at the home.

We asked management to tell us how they ensured their staff recruitment procedure protected the health and safety of people who used the service and that the people they employed were fit to do their job. We were shown the recruitment policy and procedure that was in place. It gave clear guidance on how staff were to be properly and safely recruited. We looked at three staff recruitment files .The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references.

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 provider had checked that the registered nurses who worked at the service had a current registration with the Nursing and Midwifery Council (NMC).

We looked to see how the medicines were managed and asked people if they received their medicines on

time. We were told the following; "Never any problems with my medicines. I get them when I should" and "Yes I always get painkillers when I ask for them. They are very good".

We found the systems for the receipt, storage, administration and disposal of medicines were safe.

We found that medicines, including controlled drugs (very strong medicines that may be misused), were stored securely. The medicines in current use were kept in a locked medicine trolley in a locked room. We were told the medicine keys were always kept with the person responsible for the management of medicines. Ensuring that only authorised people have access to medicines helps to prevent them from being taken by people they were not prescribed for.

Appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed. Although medicines no longer needed were kept secure in a container that was kept in a locked room the container was not tamper-proof. We discussed this with the registered manager who told us they would contact the dispensing pharmacy or the clinical waste company to obtain one.

We checked the medicine administration records (MARs) of eight people who used the service. The records showed that people were given their medicines as prescribed, ensuring their health and well-being were protected. We did see however that staff were not always recording on the 'topical cream charts' when they had applied people's prescribed skin creams. One of the senior nurses told us that people were definitely having their prescribed creams applied but staff had sometimes failed to record when they had applied them. We were told that the issue of failing to record the applications of creams would be addressed immediately with the staff involved.

We saw that several people were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing, and they may help prevent choking. A discussion with staff showed they knew when the thickeners were to be given and how much was required for each person. Although instructions in relation to the amount of thickener were in place we discussed with the registered manager the possibility of ensuring that the written instructions for staff were more specific; such as how many scoops of the thickener to be added to the actual amount of fluid. The registered manager agreed that this would be a much safer way of ensuring the thickeners were mixed to the correct consistency.

We also saw that staff were not recording when a prescribed thickener was given. It is important that this information is recorded to ensure people are given their medicines consistently and as prescribed. The registered manager told us they would provide the appropriate charts for the care staff to record when they had given the prescribed thickeners.

Good

Is the service effective?

Our findings

People we spoke with told us they received the care they needed when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly. Comments made included; "They look after me so well" and "They know what they are doing. I couldn't be better looked after". Also, "The nursing care is excellent and everybody is very kind and sensitive to my needs".

We looked to see how staff were supported to develop their knowledge and skills. We were shown the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service, staff and visitors. The registered manager told us that induction took up to 12 weeks, longer if felt necessary, and that staff were fully supervised until their competency to undertake their role had been assessed. Staff we spoke with confirmed this information was correct.

We were shown the handbook that was given to staff when they started to work at the home. The handbook included information about confidentiality, expected standards of conduct, training and terms and conditions of employment. It also contained policies and procedures to guide staff on the company's expectation about sickness, absence, whistle blowing and the disciplinary and grievance procedures. We were also shown the agency nurse induction check list that was given to agency nurses before the start of their shift. The check list was in place to ensure the agency nurses were satisfied that they had received all the information they would need to manage their unit safely and efficiently.

We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service. The records we looked at confirmed staff had also received training relevant to their role such as; safe handling of medication, end of life care, nutrition and dysphagia (swallowing difficulties). Staff confirmed their training was well organised and that the provider responded favourably to requests for additional specialist training.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood. We were shown the written reports that were made available to staff on each shift.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas. The care staff we spoke with told us they had regular supervision sessions with a senior staff member. We were told that, in addition to the registered nurses receiving peer support from the senior nurses within the home, clinical supervision sessions had been arranged with the senior nurses within the local Clinical Commissioning Group (CCG).

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent before attending to their needs. The registered manager told us that if people were not able to consent then a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

We asked the registered manager to tell us what they understood about the Mental Capacity Act2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes, hospices and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

What the registered manager told us demonstrated they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We were told that 21 people who used the service were subject to a DoLS. Records showed that the majority of staff had undertaken training in the MCA and DoLS. The registered manager told us that further training dates had been arranged for the rest of the staff.

We were shown an 'easy read' document about DoLS that we were told was shared with people's families. This was to help them understand the reasons why people may need to be deprived of their liberty and the procedures the home had to follow to ensure people were kept safe and their rights were protected.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We were told that fresh fruit was served every day in the form of a fresh fruit salad. The cook told us that the small kitchens on the units were stocked with food and drinks such as, cereals, yoghurts, bread, milk and sandwiches so that people could have drinks and snacks whenever they wished.

A discussion with the cook showed they were knowledgeable about any special diets that people needed. They were also aware of how to fortify foods by the addition of butter and/or cream to help improve a person's nutrition. We saw that adapted crockery and cutlery was available. This helps to maximise people's safety, independence and dignity.

We looked at the menus and saw they were on a four week cycle and a choice of meal was always available. During the resident's meeting, held on the first day of the inspection, although most people were happy with the food choices, one relative did express their dissatisfaction about the reduction of choice for the evening meal. It had been reduced from three choices to two. The registered manager explained the choice was reduced because following the evening meal there was an excessive waste of food. The registered manager agreed to discuss the relative's concerns privately to enable a solution to be reached.

People we spoke with told us they enjoyed the food and felt there was always enough to eat, Comments made were; "Yes the food is lovely and there is plenty of choice", "Nobody beats this place with the soup" and "Really good food. I enjoy it and get enough". Also, "My [relative] enjoys the food and is not losing any

weight".

We saw that, following a food hygiene inspection in August 2016, the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. Records we looked at showed that following each meal staff completed records for the people who required monitoring of their food and fluid intake. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified.

The care records also showed that people had access to external healthcare professionals, such as specialist nurses, speech and language therapists, opticians, chiropodists and dentists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. The corridors were wide, well-lit and handrails were in place for support. Bedroom accommodation was provided on the lower ground and ground floor and access was via any of the two passenger lifts. Communal lounge areas were situated on both floors and there were enough accessible bathrooms and toilets that were equipped with aids and adaptations.

Staff told us that adequate equipment and adaptations were available to promote people's safety, independence and comfort. Each person had a special type of bed that helped staff position them more easily and had a pressure relieving mattress in place to promote comfort and help prevent pressure ulcers developing.

We saw that the car parking areas were well laid out with very clear signage and clearly defined parking areas for disabled visitors and for ambulances.

Good

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the staff. Comments made included; "The staff are magnificent. I am very happy because they are so kind and helpful" and "They look after me so well. They are superb". Also, "They are beautiful girls each and every one of them. I couldn't wish for better" and "I can say hand on heart that the staff are great. They are very friendly and always smiling. They are genuine, not fake. You never see anybody looking miserable".

The entrance area was spacious and had a reception area that was staffed by a receptionist during the day and volunteers in the evenings and at weekends. There was also a small shop adjacent to the reception area where people could buy sweets, toiletries and cards. Staff told us that people made regular use of the shop as it helped them to retain some of their independence.

In addition to the large main hall to the front of the home, there were also several small lounges. Having these areas, as well as their own bedrooms, enabled people to sit and talk privately to each other or to their visitors. Bathrooms, toilets and bedrooms had overriding door locks and we saw that staff knocked and waited for an answer before entering. This was to ensure people had their privacy and dignity respected.

People looked well cared for, were clean, appropriately dressed and well groomed. The atmosphere in the home was cheerful, calm and relaxed.

We were informed that the home had received the Dignity in Care accreditation award. Dignity in care work focuses on the value of every person as an individual. It means respecting others' views, choices and decisions, not making assumptions about how people want to be treated and working with care and compassion.

The home accepts people from all religious and non-religious backgrounds. We were made aware that several people of the Jewish faith were resident at the home. We were told their religious, cultural and dietary needs and beliefs were respected. We were told about the services that were available for people, regardless of their religious faith. A Catholic Mass was held more than once a day and other services were held by the relevant visiting clergy. The Sisters of Nazareth offered Holy Communion in people's rooms to those people who wished to receive it but were not physically able to visit the chapel. One relative told us, "One of the Sisters visits everyone each night. My [relative] religious needs are met and that is important to us".

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them. Information on how to contact advocacy services was displayed in the main hall.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of

their life. The registered manager told us they had a recognised nursing qualification in end of life care from the English National Board. We were also told that some of the staff had successfully completed the Six Steps end of life training. The Six Steps programme guarantees that every possible resource is made available to facilitate a private, comfortable, dignified and pain-free death. We were also informed that some of the staff were in the process of training for The Palliative Care Education Passport. This is training that has been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff change their employment they take their skills, knowledge and accreditation with them.

We were told that the registered nurses were very experienced in caring for people nearing the end of their life. Several of the registered nurses, including the registered manager, had in their previous place of employment, been accredited with the Gold Standard Framework (GSF). The GSF training programme is a three stage quality assurance programme that enables care homes to provide quality care for people nearing the end of their life. We were also informed that the staff at the home received good support from the local palliative care team.

In the event of a person nearing the end of their life, visitors who wished to stay with them could stay in a bedroom situated close to the chapel. This showed to us that the home recognised and considered the importance of caring for the needs of all family members and friends. We looked at the document that was given out to people when their relative had died. The document gave practical advice and information to assist people during such a difficult time.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that computer information was password protected and each staff member had their own password. Paper records were kept secure in a locked room off the nurse station. This was to ensure information about people was accessible to staff but kept confidential.

Good

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "I couldn't ask for more", "I just want to say how good it is here. People are so well looked after and the staff are great" and "It is really good care. My [relative] is well looked after, always clean and well cared for. I am kept informed of any changes. They know what my [relative] needs are and are quick to respond to any changes in their condition. Really good".

The care records were held on computer. The records we looked at showed that detailed assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

We were shown the assessment document that was used for people with palliative care needs. The assessment showed how people were supported to make advanced care plans; especially in relation to whether they wished to be resuscitated or sent to hospital.

The care records contained enough information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people had been involved in the planning of their care. They contained details of people's preferences around care and support, plus their likes and dislikes. The care records also contained risk assessments. These were in relation to assessing risks if people had problems with certain aspects of their health, such as a history of falls, a need for support with moving and handling, poor nutrition or a risk of choking. We saw that the care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs.

People told us they had regular access to other health care professionals such as their GP, dentists and chiropodists. The registered manager told us that every Friday a GP from the local practice undertook a full morning visit. The registered manager told us the staff at the home and the GPs found this very useful as it ensured regular monitoring of people's health and helped to reduce the number of GP visits to the home.

We asked one of the senior nurses to tell us how, in the event of a person being transferred to hospital or another service, information about the person was relayed to the receiving service. We were told that in addition to a copy of their MAR sheet, a copy of their care plan would accompany them. This helped to ensure continuity of care.

The registered manager told us that an activities organiser was employed by the home for 30 hours per week. Staff told us they felt the activities organiser was, "magnificent" and "worked wonders". People who used the service told us they enjoyed the activities provided and looked forward to joining in. The activities provided were displayed on the notice board in the main hall. The activities included such things as; board games, knitting, sing- a-long sessions, arts and crafts, exercise to music and pamper sessions. Several pieces of art work were displayed throughout the home. We also saw art work that had been done by pupils from some of the schools that the home was linked with.

We were told about the forthcoming event that was planned for the end of November; The Fine Dining Experience where people who used the service and a guest would be 'waited on' by the home's staff whilst listening to a classical music group. Other planned events discussed were the forthcoming visit by Bishop John for the Mass of the Anointing, the Christmas Pantomime and the Christmas party.

We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaints procedure was displayed on notice boards in the main hall and in the corridors. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns. We saw that the registered manager kept a log of any complaints made and the action taken to remedy the issues.

Good

Is the service well-led?

Our findings

The service had a registered manager who was present on the day of the inspection. A discussion with the registered manager showed they were clear about their aims and objectives for the service. This was to ensure the service was run in a way that supported the need for people to gain independence through the most effective high quality care possible, be involved in decision making and respect their right to take informed risks.

The registered manager also told us about the concept of Servant Leadership within the Nazareth family. It outlines the values of the Sisters which are expected of the staff. In brief this is a guiding philosophy that embodies the principles of increased service to others, a holistic approach to work, the building of a sense of community in the workplace and a wider sharing of power in decision- making. We were told the concept combines the core values of love, justice, compassion, hospitality, respect and patience.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place, including the audit planning calendar. The audit planning calendar showed that checks were scheduled throughout the year on specific aspects of the service such as; infection control, the environment, medication, food safety, accidents and incidents and care plans. We saw that where improvements were needed action was identified, along with a timescale for completion.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that satisfaction surveys were given out to people who used the service every year. The last satisfaction surveys had been sent out in November 2015; prior to the present registered manager being employed at the home. The information received was collated and reported on. Overall the comments were positive. People did state however that the activities needed to be improved. We saw that this had been acted upon by the present registered manager.

We looked at the weekly audits in relation to the mealtime experience for people. We saw that when a concern had been raised it was acted upon; one example being the need for condiments to be provided on the table.

We saw that feedback was also obtained through the resident and relatives' meetings that were held regularly. We sat with the residents and relatives during a meeting that was being held on the first day of the inspection. The meeting was well attended. Each person was given an agenda and we saw how they were encouraged to become involved in the discussions and decision making.

A visitor we spoke with told us they were free to speak with the registered manager and staff at any time. During the resident's meeting that we attended one person said to the registered manager, "I can always go to you. You are always here on hand".

We looked at the staff survey results from November 2015. They showed that, at that time, prior to the present registered manager being employed at the home, morale was low and there was no 'open leadership'. During this inspection however, we received very positive comments from staff about the registered manager. Comments made included; "I feel very secure now. She [registered manager] is approachable and helpful. Anyone can go and speak with her. She is also a nurse so provides support to the nursing staff as well", "Things have definitely improved" and "It's made a big difference. Things are so much better since the new manager came here". Also, "Things are a lot more organised and people are loyal to her".

Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff confirmed to us that regular staff meetings were held and staff told us they felt included and consulted with.

Records showed that 'heads of department' meetings were held monthly and that every Friday morning at 10am the heads of department met before the weekend and then met again on Monday morning at 10am. The registered manager told us these '10 at 10' meetings helped to ensure that all departments were aware of any issues of concern within the home.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.