

Nazareth Care Charitable Trust

Nazareth House - Crosby

Inspection report

Liverpool Road
Crosby
Liverpool
Merseyside
L23 0QT

Tel: 01519283254

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on Thursday 31 August and Friday 1 September, 2017 and was unannounced.

Nazareth House is a large care home, registered to provide personal care for older people. The care home can accommodate up to 66 people, at the time of the inspection there were 51 people living at the home. The care home has accommodation over three floors and is situated in extensive grounds. Facilities include four lounges, three dining rooms, 64 single bedrooms, 24 bedrooms with en-suite facilities, one large function room and a large garden area. A car park is available to the front of the building.

At the time of the inspection there was a registered manager in post. A manager was in post and they had applied to the Care Quality Commission (CQC) to become the 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.

At the previous comprehensive inspection which took place in July 2016 the home was rated 'Requires Improvement'. We found the registered provider was not meeting legal requirements in relation to person centred care, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing. Following the inspection the registered provider submitted an action plan which outlined how they were improving the standards of care and quality of service.

During this inspection we found a number of improvements had been made however the registered provider was found to still be in breach of safe care and treatment, person centred care, good governance, staffing and fit and proper persons employed. We are taking a number of appropriate actions to protect the people who are living in the home.

During this inspection we found that the systems and processes which were in place to maintain the quality and the standard of care were not effectively being used. Care records were not being maintained, risks were not appropriately being assessed, audits were not being used effectively, and action plans were not being completed. This meant that the delivery of the care being provided was not effectively being monitored or reviewed meaning that people were exposed to unnecessary risk.

Recruitment was not safely and effectively managed within the home. Staff personnel files which were reviewed during the inspection demonstrated unsafe recruitment practices. This meant that some staff who were working at the home had unsuitable and insufficient references and had not had the appropriate criminal record checks.

During the inspection we found that the area of 'staffing' had not improved. Routine supervisions and

appraisals had not been taking place, the completion of training had not improved and staff were not being provided with specialist training such as dementia awareness training.

Accidents and incidents were being recorded on an internal database system however there was little evidence to suggest they were being analysed or if lessons were being learnt.

Medication processes and systems were not effectively managed. During the inspection we found that routine medications audits were not being conducted, medication administration records were not being appropriately completed, people living in the home were not receiving the appropriate medication as prescribed by the GP and medication was not safely stored away.

Person centred care was not always being provided. People's care records were found to be very basic, contained minimal information and didn't offer staff important or significant detail about the people they were caring for.

There was evidence to suggest the home was operating in line with the principles of the Mental Capacity Act, 2005 (MCA) When able, people must be involved with the decisions which are taken in relation to the care and treatment which is provided, records we reviewed suggested that the principles of the MCA were being routinely followed. The registered provider was no longer in breach of the regulation in relation to the 'need for consent'

The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. 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. We found that the registered provider was suitably submitting the necessary DoLS application forms and conducting the necessary best interest meetings in accordance with the principles of the MCA. The registered provider was no longer in breach of the regulation in relation to 'Safeguarding service users from abuse and improper treatment'.

There was evidence during this inspection that improvements had been made and the environment. The environment had been adapted to support people who were living with dementia.

The day to day support needs of people living in the home was being met. External healthcare professionals we spoke with on the second of the inspection were positive about the level of care and support which was being provided. The appropriate referrals were taking place when needed and the relevant guidance and advice which was provided by professionals was being followed accordingly.

People told us that their privacy and dignity was respected. Staff were able to provide examples of how they ensured privacy and dignity was maintained and relatives felt that the care being provided was done so with the utmost respect and dignity.

On the second day of the inspection a Short Observational Framework for Inspection tool (SOFI) was used during the lunch time period. SOFI tool provides a framework to enhance observations; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves. Staff provided support to people with care, compassion and kindness, staff spoke in a friendly, sincere and warm manner when they were engaging with people and people appeared to be happy and content.

There was a part time activities co-ordinator in post who was responsible for organising a range of different activities. The feedback about the activities was mixed. People we spoke with said that the range of different

activities had improved however other people we spoke with, staff and visitors explained that the range of different activities needed to be improved.

There was a formal complaints policy in place and people knew how to make a complaint. There was evidence of how complaints were being responded to which were in accordance to the organisational procedures. At the time of the inspection there were no formal complaints being investigated.

Staff morale appeared to be positive. Staff did express that due to the recent changes which had taken place in relation to the management the morale had been affected however, staff also expressed that the morale of the home was improving and staff felt supported by the new registered manager.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with the CQC's statutory notifications procedures. The registered provider ensured that the ratings from the previous inspection were on display within the home, these were also available for the public to review on the provider website, as required.

Specific policies and procedures were available such as whistle blowing, safeguarding and equality and diversity and staff were able to discuss them with us.

We are taking a number of appropriate actions to protect the people who are living in the home. The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in 'special measures' must be inspected again within six months. If insufficient improvements have been made we will take the necessary actions in line with our enforcement procedures which is to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Medication processes were not being effectively managed.

Accident and incidents were recorded but these were not being analysed or reviewed to establish if lessons could be learnt.

Care plans were not being suitably updated and risks were not being safely managed.

Recruitment practices which were in place were not safely adhered to.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not receiving regular supervision or appraisals.

Staff were not receiving adequate training to fulfil their roles effectively.

Principles of the Mental Capacity Act, 2005 were being followed accordingly.

People were supported to have sufficient food and drink.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always receiving the correct level of safe care which was required.

The quality and standard of the care being provided was not being reviewed or assessed.

People we spoke with told us that staff were kind, polite and caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not contain up to date information about people's support needs.

Records were not always person centred or contained the most relevant information.

Activities were not always stimulating, creative or meeting the needs of the people living in the home.

There was a formal complaints policy in place which people were aware of.

Is the service well-led?

The service was not well-led.

There were continued breaches of regulation identified.

Care plan and medication audits were not effectively identifying areas which needed to be improved upon.

Inconsistent leadership has impacted upon service delivery and the standard of care provided.

Staff had a good understanding of whistleblowing and safeguarding processes.

Inadequate ●

Nazareth House - Crosby

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 took place on Thursday 31 August and Friday 1 September 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor and an 'Expert by Experience'. A specialist advisor is a person who has professional experience and knowledge of the care which is being provided and an 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held on Nazareth House. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We also contacted the commissioners of the service and the local authority safeguarding team. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, peripatetic manager, two senior care staff, two care staff, maintenance manager, six people who lived at the home, four relatives, one healthcare professional, the activities co-ordinator and the chef.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not

express their experiences for themselves.

During the inspection we also spent time reviewing specific records and documents. These included four care records of people who lived at the home, four staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

We undertook general observations over the course of the two days, including the general environment, décor and furnishings, bedrooms and bathrooms of some of those who lived in the home, dining room and lounge areas and the garden area.

Is the service safe?

Our findings

During the last comprehensive inspection of Nazareth House which took place in July 2016, we identified breaches in regulation in relation to the safe care and treatment which people were receiving. These included environmental issues such as vulnerable people having access to chemicals and hot water urns, broken windows and windows which had no window restrictors in place, no evidence of nutritional assessments and weight monitoring taking place and personal emergency evacuation plans (PEEP) did not contain detailed information in relation to evacuation procedures.

Throughout this inspection we continued to identify areas of concern in relation to the safe care and treatment which was being provided. Care records and risk assessments we reviewed did not detail the most relevant or current support needs which needed to be delivered, medication processes were not robustly managed and recruitment processes were not safely supported.

We found that care records did not consistently detail person centred, relevant or up to date information. We found that records provided minimal information and did not reflect the person's current care or support needs. For instance, one person's care file indicated that they needed to be repositioned due to skin vulnerability. There was no detail in relation to frequency of repositioning in the person's pressure area care plan and when we explored repositioning charts we found evidence of no overnight repositioning taking place. Another example included a review of a person's health care plan and mobility care plan following a fracture to the wrist. When we reviewed care plans and risk assessment there was no record that the person had fallen in the bedroom and that the fracture had been sustained. This meant that current care needs or risks were not being adequately recorded and were not providing current information in relation to the care which needed to be provided.

Accidents and incidents records were reviewed across the course of the inspection. They were recorded on an internal database system but there was no system in place to ensure accidents and incident were analysed, trends were being identified or lessons were learnt. When we discussed this with the registered manager, they explained that discussions around accidents and incidents were held during the daily handovers but they also appreciated that a routine analysis of such accidents and incidents needed to be completed in order to identify trends and to make necessary changes within the home.

Medication management was not safely being monitored which meant that people living in the home were at risk of unsafe care being provided. For instance, when we reviewed the medication administration records for several people who were living in the home we found that there was prescribed medications which had not been administered as advised. This meant that people were not receiving specific medications which were being prescribed to support their health and well-being. Another example was found when we reviewed PRN medication ('as and when' the medication is needed by the person). We found a number of people who were being prescribed PRN medication for a number of different reasons. However, when we reviewed the PRN records we found that staff were not correctly completing medication administration records (MARs). There was no evidence of the reasons why PRN medication was being administered and no record of the side effects which may be presented. This meant that people were not

being safely monitored or assessed and records were not being maintained in order to update other members of staff.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we reviewed four staff personnel files. Staff files are reviewed to demonstrate that there are robust systems in place to ensure the staff who are recruited are suitable to work with vulnerable people. We found that there were concerns in relation to recruitment.

The appropriate employment checks had not been completed before staff began working at the care home. Application forms had been submitted but we found gaps in employment histories which were not thoroughly explored. For example, one application form identified that there had been a six year gap in their employment history but there was no evidence of this being explored prior to employment commencing.

We found evidence that unsuitable references had been obtained and Disclosure and Barring Service (DBS) checks had been not suitably been carried out. For example, we found that references for two people who worked at the home had not been obtained from their most recent employers as well as a finding evidence of a DBS which had been completed from a previous organisation that a person worked for. The DBS check had been completed two months prior to the staff member commencing employment at Nazareth House but there was no evidence to suggest that a subsequent DBS check had been conducted.

Upon further review of this personnel file we also found that the staff member had pre-convictions on their record. A corresponding risk assessment should have been conducted as a measure to assess good character and to continually review the suitability of the person employed. This meant that the appropriate supervision of this staff member to ensure they were suitable to work in an environment where vulnerable people are being supported was not taking place.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Typical staffing levels varied across the three floors. There were three members of staff during the day on the ground and top floor, four on the middle floor, two overnight staff on all three floors, a registered manager and the head of care. There was no staffing dependency tool in place at the home. The tool would identify the levels of staff required in relation to the level of support which needed to be provided.

One person who lived at the home expressed "The night staffing levels seem poor", one relative we spoke with stated "Staffing levels are not good, they always seemed pushed for time" and staff commented that "There's not enough staff, when we can't get shifts covered we have to just get on with it" and "We try our best to cover shifts but it doesn't always happen, there are situations where we are short staffed".

We discussed our concerns around staffing levels with the registered manager who confirmed that there were a number of vacancies which were being recruited for at the time of the inspection and was an area of priority.

We saw evidence of personal emergency evacuation plans (PEEPs) being in place. PEEPs were part of the 'Emergency Plan'; records were updated on a monthly basis and was the responsibility of the registered manager. We found that records had recently been updated and the information was current and relative to the people being supported. PEEP information included name of the person, DOB, bedroom number and

floor allocation, level of risk (low, medium, high) equipment which needed to be used in the event of an emergency and whether or not the person needed to be horizontally evacuated or vertically evacuated.

The home itself was clean and well maintained. During routine observations of the home we found cleaning products and chemicals were securely locked away, window restrictors had all been replaced and window restrictor audits were carried out. Hot water urns were still accessible to the people living in the home however they had now been fitted with codes which could only be accessed by staff or people who had been assessed as having capacity.

Handover and communication books were in place and regarded as effective methods of communication. One member of staff expressed "The communication is really good here". We were informed that two daily handovers were taking place and this provided all staff who were either on day or night shifts to familiarise themselves with any events which they needed to be aware.

The registered provider had a robust process in place to attend to any maintenance/emergency repairs which occurred. A maintenance co-ordinator was employed by the provider and we found evidence that repairs which were notified to the co-ordinator were attended to in a timely manner. For example, a set of emergency lights were not working on 2 June, this repair had been recorded, the maintenance co-ordinator was made aware and the repair took place on the same day.

There was evidence of health and safety audits being conducted to ensure the people who lived at the home were safe. Audits which were conducted included fire protection and prevention, fire evacuation audits, infection prevention control audits and maintenance audits. Records also confirmed that gas appliances, electrical equipment and legionella testing all complied with statutory requirements.

We spoke with staff about their knowledge and understanding of safeguarding procedures and they were able to describe how to report any concerns. However, it was noted that safeguarding training had only been completed by 29% of the staff team. Records did confirm that the appropriate safeguarding referrals had been made to the local authority when required although it was discussed with the registered manager that training levels did need to improve as to ensure that all people were protected from the risk of abuse. There was an up to date adult safeguarding policy in place.

Throughout the two day inspection we received positive feedback from all six people we spoke with who lived at the home. Some of the comments we received included "I have a buzzer for when I'm sat in my room, for when I move to the toilet, I am safe at all times.", one relative commented "[Relative] has only been here for four weeks and [Relative] has already put a bit of weight on. [Relative] is always clean.... which was a problem when she was at home."

Is the service effective?

Our findings

During the last inspection we found evidence that consent was not gained in line with the principles of the Mental Capacity Act, 2005. We found that people were unable to provide consent, mental capacity assessments were not being conducted and people's capacity was being disregarded when decisions needed to be made in relation to their care and treatment.

The Mental Capacity Act (MCA) requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

During this inspection we found the registered provider to be complying with the principles of the MCA. People living in the home were being appropriately assessed, their level of capacity was being determined based on the MCA guidelines and specific decisions were being made in relation to the outcome of the assessment. People who were assessed as having capacity to make decisions did not have their liberty restricted; they were able to consent to the care being provided and had full involvement in any decisions which needed to be made.

The registered provider was no longer in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we also reviewed the processes which were in place for depriving people of their liberty. DoLS applications were not being appropriately submitted to the local authority and therefore people were being unlawfully restricted according to the MCA. During this inspection we found that all the necessary DoLS applications had been submitted to the local authority, best interest decisions had been agreed with the necessary people involved in the persons care and people were not being unlawfully deprived.

The registered provider is no longer in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff expressed that they felt supported in their role but they had not been receiving regular supervision or annual appraisals up until very recently. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Training completion rates for 72 members of staff reflected that training was not being sufficiently provided and staff were not offered the opportunity to develop their professional skills or knowledge. For instance,

only 32% of staff completed moving and handling training, 7% of staff had completed fire safety training, 29% of staff had completed safeguarding training and 40% of staff had completed first aid training in 2017. This meant that the staff were not adequately trained or receiving the necessary training which would enable them to provide effective care and treatment which was required.

Staff expressed that they would also benefit from receiving dementia awareness training but this is something which had not been offered. When we discussed this with the manager, they informed us that supervisions and appraisals had been scheduled for the forth coming year and they were aware that training need was a priority and this would be an area of focus following the inspection.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we identified concerns in relation to person centred care. The environment was found to be unsuitable and did not meet the support needs of the people who were living with dementia. People living with dementia perceive their surroundings very differently. People living with dementia should be living in environments which have been adapted to support their care needs, people should be able to interpret their surroundings with ease and be able to navigate independently around the home safely. Although, we did continue to identify concerns in relation to person centred care, we did identify that there had been improvements made to this area of care.

There had been adaptations to the interior and exterior of the home. The garden area had been adapted so people could access this with ease, renovations had taken place within the home and the interior has been designed so that people living with dementia were provided with the care and support which was needed.

The three floors within the home had been decorated differently, different colours and contrast schemes had been established, signage had been placed on doors throughout the home and people could identify and differentiate between bathrooms, toilets, bedrooms, dining area and lounge area.

We reviewed how people's nutrition and hydration needs were assessed and met. We saw evidence of weight management, maintaining weight records and relevant care records all in place. The registered manager explained how weight management is the responsibility of individual care workers however they are completing a monthly analysis of weight management to ensure that any concerns are identified and managed.

People we spoke with offered a positive response in relation to the food and drink provided. Comments we received included "I have a good quality of life, I love the food" and "It's very good, the midday meal is first class and there is always a choice" and "Excellent food and always a good choice". All four relatives spoke positively about the quality of the food. One relative said "[Relative] really enjoys the food. They look after her well." Another relative said "The food is excellent. [Relative] loves the choices." People we spoke with said they received plenty of snacks and drinks throughout the day and they were always offered the choice of where they wished to eat their meals.

'Food Forums' were regularly taking place, this enabled people to offer their opinions and views on the food and drinks being offered which then allowed kitchen staff to create menu's based on the likes and dislikes of people living in the home. Kitchen staff were aware of the specialist dietary needs and would explain that they would always be made aware of any change in dietary needs as and when they occurred.

There was a variety of meal choices which people could choose from although it was noted that there was

no visible menu available for people to familiarise themselves with. This was discussed with the manager and it was agreed that this would be something which would be created.

Health and well-being of the people living at the home was well supported. We saw evidence of external healthcare appointments, healthcare professionals visiting the service and the appropriate referrals taking place. Relatives we spoke with said that their family member had a good quality of life. One relative expressing "[relative] has improved because [relative] is being looked after."

Is the service caring?

Our findings

Staff were observed provided care and support to people in a manner which was kind, compassionate and in a dignified manner. Although care was provided in this way, it was identified throughout the course of the inspection that staff were not always receiving the most up to date or current information in relation to support needs or risks which needed to be managed.

We found during the inspection that people were not being appropriately assessed and care plans and records were not always providing the correct level of information. This meant that although care was provided in a way that was thoughtful, considerate and respectful, it was not always being provided in the suitable way.

We did observe staff knocking on bedroom doors before they entered and staff were explaining what support they were providing. We witnessed staff supporting a vulnerable person in a dignified and respectful manner as well as staff having genuine and friendly conversations with people. We received positive comments from people who lived in the home, including "They help me to wash and dress and always treat me with respect." Another comment was "They are very good and kind; I haven't a bad word to say about them."

Relatives we spoke with were positive about the home. One relative said "The staff treat [Relative] with dignity and respect and give [Relative] full support with washing and dressing." Another relative said "They let [Relative] wash and dress to remain independent but do prompt [Relative] to change clothes – which is needed".

Staff expressed how they would encourage people to remain as independent as possible. For example, staff described how they encouraged and 'prompted' people to maintain their own personal care, choose their own clothes for the day and encouraged people to choose their own meals for the day. Staff were approachable and supported people when needed but also upon request. For example, during the lunch time period we observed staff helping people to eat their meals, supporting people with cutting their food in to smaller pieces, asking people if they wished to wear protective covering when eating and if they wished to have any more to eat and drink.

The atmosphere throughout the course of the inspection was warm, friendly and welcoming. We observed relatives visiting the home as and when they wished to. One relative explained that they were always offered refreshments when they visited and the home and another two relatives said that they had been offered meals when they have visited over the lunch time period. For those who did not have any family or friends to represent them, contact details for a local advocacy service were available at the home. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we were informed that people liked to attend the chapel which was adjoined to the home itself. When we asked how chapel visits were supported, staff said that people would ask when they wished to attend and they were also be informed when a mass was being held. The chapel welcomed

people from the home on a daily basis as well as members of the local community. We observed a person living in the home requesting to attend the chapel during the afternoon. The staff member responded "This won't be a problem of course we can". All six people we spoke with said they had a good quality of life. One person expressed "I love that I can go the chapel and mass." Another person said "It's marvellous here and I love taking part in the mass."

Is the service responsive?

Our findings

During our last inspection we found that care plans and risk assessments did not always contain the most up to date or relevant information. During this inspection we found that improvements had still not been made. For example, in one person's file we found evidence which suggested that the person was independently mobile however upon review we found the person was being nursed in bed and there had been deterioration in the persons support needs.

We also identified a person who had suffered an injury and needed to attend the local accident and emergency department. When we requested the persons care plan and risk assessment, records had not been updated and there was no suggestion that the person health needs had changed and further support would be needed.

The level of information which was being documented was not providing staff with a suitable amount of detail in order to provide adequate person centred care. There was a 'one page profile' in place which provided staff with information such as 'How best to support me', 'What's important to me' and 'What people admire about me' but the information was very basic and offered very little information in relation to the person the staff were caring for. For example, when we reviewed 'what was important' to a person who lived at the home, it stated 'family'.

All care files we reviewed contained pre-admission assessments, which contained relevant information in relation to their care needs prior to living at Nazareth House. We then reviewed care plans which were in place for different areas of care which needed to be supported such as oral health care, activities, breathing, communication, medication, mobility, health issues, eating and drinking and environment. Although the care plans were in place and did contain some important information it was noted that these could have contained more detailed, relevant and up to date information.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily records and communication books were regularly updated as well as records being updated from external health and social care professionals who visited people within the home. We were informed by a healthcare professional during the inspection that appropriate referrals are made as and when the staff notice any changes to a person they are caring for. The healthcare professional also explained that when staff are instructed to do something for the benefit and safety of the resident they would always ensure that it's acted upon, the healthcare professional stated "I've asked them [staff] to phone the GP and they did this straight away, that's what they're like, they [staff] won't wait, [they] do things immediately."

There was a part time activities co-ordinator in post and we were informed that the registered provider was recruiting for another part time position. We were informed of the different activities which were organised on a daily basis but there was no activities timetable visible within the home and people did not know what activities had been arranged on a day to day basis. The feedback in relation to activities was mixed.

Comments included "There are not many activities" and "There are not many activities on offer; I would go to them if they are interesting" and staff members said that activities "Could be better."

The registered provider had a formal complaints policy and sufficient processes in place. The complaints procedure was visible and available to read on all three floors within the home. Complaints were formally recorded; they were investigated in accordance to the provider's policy and were responded to in a timely manner. At the time of the inspection there were no formal complaints being investigated.

All four visitors we spoke with were aware of the complaints policy and explained that they would not hesitate to complain if they needed to and all the people living in the home were also aware of the complaints process and the process that this involved. People living in the home explained that they had never had a reason to complain but if they did they would happily speak to staff. There was also a suggestion box available within the home for people to anonymously submit any suggestions and views they wished to be taken in to account.

Is the service well-led?

Our findings

At the previous inspection we identified a breach in regulation in relation to 'Good Governance'. Quality assurance systems and audits were not effectively in place which meant that the standards of the home were not being effectively monitored. During this inspection we found that improvements had still not been made and there was a failure to monitor and assess the quality and standard of care being provided.

Local audit systems were not effectively identifying areas which needed to be improved upon. For instance, we reviewed a statutory notification which had been submitted in accordance with the registered provider's regulatory responsibilities. The statutory notification identified how a person had suffered a small fracture following an x-ray which had been requested by a GP. We reviewed that the person's care plan and risk assessment had not been updated but the care plan audit suggested that all relevant health care and mobility care plans and risk assessments had been updated.

Care plan audits were meant to take place on a monthly basis and had been designed to address areas of quality and effectiveness. There was no evidence that any of the areas of concern identified on this inspection had been identified in any of the provider or manager oversight audits. This demonstrated that the internal audit systems and processes were not effective and not identifying areas of safe care and treatment which needed to be improved. Local audits which were reviewed were not consistent and there was no structured process in place for them to be conducted.

Medication audits were not routinely being conducted and when they were they failed to identify areas that we identified during the inspection. For example, a medication audit which had recently been completed stated that medication administration records (MAR) accurately reflected the medications which were being administered.

We asked to review the different policies in place at the home as to ensure that staff could familiarise themselves with the different processes and principles in place. Policies we reviewed included safeguarding, equality and diversity, medication and supervision policies. Although these were in place, it was identified that the home itself was not complying with the registered provider's policies. For example, medication management systems were identified as being unsafe during the inspection. The medication policy provided the correct guidance and information in relation to safe medication procedures and processes which needed to be followed.

We found that there have been repeated and persistent breaches across the course of previous inspections and there has been a failure to ensure that improvements have taken place. We have identified repeated breaches in relation to Person centred care, Safe Care and Treatment, Good Governance and Staffing. There has been a failure to ensure that the systems and processes which are in place are being used effectively and there has been little evidence to show any improvements which have been made to the quality, standard and provision of care which is being delivered.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

There was an up to date service user guide available on all three floors within in the home, as well as the availability of the previous CQC report and visible complaints procedures for people to access.

There was a new registered manager at the home at the time of the inspection. They had only been registered with the CQC since August, 2017. The previous registered manager had left the home in April, 2017. It has been identified that the high turnover over of registered managers has had a considerable impact on the quality and standard of care which has been provided. This has meant that there have been inconsistencies in leadership and styles of management.

Staff we spoke with were complimentary about the new registered manager. Some of the comments included "[Manager] is brilliant", "[Manager] is so supportive" and "[Manager) is really approachable, [Manager] is visible and there when we need anything, [Manager] listens to us."

During this inspection, we reviewed a number of health and safety checks which should be conducted in order to maintain the level of safety standards which are required. These included mattress checks, emergency nurse call system, wheelchair checks, first aid supplies as well as and bed rails. There was an up to date 'Emergency Response File' which contained all relevant contact details of both internal and external services and agencies as well as advice and guidance of what to do in the event of an emergency situation.

Daily communication systems which we reviewed were effective and allowed for the staff team to work in collaboration together. The different ranges of communication included two daily handovers, communication books and daily contact notes. However, it was identified during the inspection that care records and risk assessments were not consistently maintained and did not provide staff with the most relevant and up to date information.

There was evidence of regular staff meetings taking place and staff expressed how the levels of communication had improved. Staff explained that they were always informed of significant events which had taken place at the home throughout the different channels of communication. There was evidence of resident meetings and quality assurance surveys as well as a visible 'suggestions box' in the foyer on the ground floor.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see on all three floors within the home as well as the rating also being displayed on the website. Statutory notifications were also submitted in accordance with regulatory requirements.A

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 | Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment people were receiving was not always person centred. The care and treatment did not meet the needs of the people who were being cared for. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider was not ensuring that safe recruitment practices were being carried out. Recruitment processes were not establishing whether or not the people employed were 'fit and proper' and of 'good character'. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving appropriate support, training or professional development. Staff were not being routinely supervised or receiving appraisals. |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment was not being delivered and people were not protected from the risk of harm. Risks were not appropriately managed and staff were not appropriately skilled to deliver the care which needed to be delivered.</p> <p>Medication management processes were not being robustly followed and the policies and procedures which were in place were not being complied with.</p> |

The enforcement action we took:

A warning notice was issued for breaches which were identified in regulation 12.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have the required systems in place to ensure they were delivering a safe, caring and effective service. They were not assessing or monitoring the quality and safety of the service being provided and therefore unable to drive improvements forward.</p> |

The enforcement action we took:

A warning notice was issued to the registered provider for breaches which were found in relation to regulation 17