

Nazareth Care Charitable Trust

Nazareth House - Birkenhead

Inspection report

Manor Hill
Claughton
Birkenhead
Merseyside
CH43 1UG

Tel: 01516534003

Date of inspection visit:
18 April 2019
23 April 2019

Date of publication:
24 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Nazareth House Birkenhead is registered to provide accommodation for up to 51 older people who require nursing or personal care, and for the treatment of disease, disorder or injury. The service is divided into two separate units; the ground floor unit providing nursing care and the first floor unit providing personal care. At the time of the inspection there were 37 people living in the home.

People's experience of using this service: At the last inspection in February 2018 we found that the registered provider was in breach of Regulation 12 regarding risk management. During this inspection, we found similar concerns. The building, equipment and utilities were checked regularly, however not all identified risks had been addressed.

Systems in place to assess and monitor the quality and safety of the service were not always effective as they did not check all areas of the service and actions were not always taken to address concerns identified.

Although there were usually sufficient numbers of staff on duty, the high use of agency staff impacted on the consistency and quality of the care people received. Staff recruitment was underway, which the registered manager hoped would reduce the use of agency staff.

Recruitment checks were completed; however dates of the initial checks were not always clearly recorded to evidence checks had been made prior to employment. We made a recommendation regarding this in the main body of the report.

Records regarding the management of medicines were not always adequately maintained. We made a recommendation regarding this in the main body of the report.

At the last inspection we found the registered provider to be in breach of Regulation 17 as care plans did not reflect people's needs accurately and planned care was not always evidenced as provided. Since then, care plans had been reviewed and rewritten and were detailed and person centred, providing information regarding people's needs and preferences.

People and their relatives felt they were safe in the home. Individual risks to people had been assessed and measures were in place to mitigate those risks. Staff were knowledgeable about safeguarding and how to raise any concerns they had.

Consent was sought and recorded appropriately for some people, but this was not always consistently recorded. People told us staff asked for their consent and when people had their liberty restricted lawfully, any conditions attached were met.

Staff told us they were well supported, they received regular training and supervisions and were able to raise any concerns with the registered manager.

People told us they were treated with kindness and compassion by staff and their family members agreed. We observed familiar, warm interactions between staff and people living in the home.

People told us their dignity and privacy was always respected by staff, that they were able to make choices regarding their care and they were encouraged to be as independent as they could be.

Systems were in place to manage complaints and we saw that they were investigated and responded to appropriately.

Feedback regarding the management of the home was positive. Staff told us they had seen improvements since the registered manager had been in post. The registered manager worked with other agencies to help provide joined up care.

Rating at last inspection: Requires improvement (Report published March 2018). This is the third consecutive time the service has been rated as requires improvement.

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

We will also meet with the provider and registered manager to discuss the required improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Nazareth House - Birkenhead

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Nazareth House is a care home providing residential and nursing care to older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, head of care and four other members of the staff team. We also spoke with six people using the service, five people's relatives and a visiting health professional.

We looked at eight people's care files, three staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.

This report reflects the findings of the inspector and the expert by experience.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were not always safe and were at risk of avoidable harm. Some regulations were not met.

Staffing

- People's needs were not always met in a timely way. Although there were usually sufficient numbers of staff on duty, the high use of agency staff impacted on the consistency and quality of the care people received.
- The registered manager told us they used the same agency to try to assist with continuity, but people told us not all agency staff knew them or how they liked to be supported. One person told us, "The usual staff who are here do have the right skills but not too sure about the agency staff as they don't know you and don't know how to care for you either which can be frustrating sometimes."
- A relative told us, "My [relative] has been left in soiled clothing for quite some time which is not acceptable."
- Staff recruitment was underway, which the registered manager hoped would reduce the use of agency staff and provide consistency for people living in the home and for the permanent staff.

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

Assessing risk, safety monitoring and management

- At the last inspection in February 2018 we found that the registered provider was in breach of Regulation 12 regarding risk management. During this inspection, we found similar concerns.
- The building, equipment and utilities were checked regularly, however not all identified risks had been addressed. For instance, a health and safety audit and fire risk assessment, both completed in July 2018, identified that a gate on the stairs contained too many locks to be effective in the event of an emergency evacuation. Actions also included replacing broken glass in a fire exit door and installing emergency lighting in the conservatory. We saw that none of these actions had been addressed.
- The registered manager told us the home was about to undergo a full refurbishment and all works would be completed during this time.

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

- People and their relatives felt they were safe in the home. One person told us, "The carers do handle me safely when I have to go into the hoist, I hate it, but they do chat with me I think to take my mind off things."
- Relatives comments included, "We feel cared for and safe when we are here too" and "I am content when I return home knowing that my [relative] is safe, secure, content and well cared for, it allows me and the family to relax knowing this and it is a comfort."
- Individual risks to people had been assessed and records showed that measures were in place to mitigate those risks. Care plans guided staff on how to minimise identified risks.

- Emergency procedures were in place to help keep people safe and equipment was available to support people in the event of an emergency. The registered manager agreed to add further detail to the personal emergency evacuation plans to show when people required the use of evacuation equipment.

Recruitment

- Staff confirmed that safe recruitment checks were undertaken before they started in post. Disclosure and Barring Service (DBS) checks were undertaken every three years and current checks recorded within staff files. However, dates of the initial checks were not always clearly recorded to evidence checks had been made prior to employment. All files included references, although one file did not include a reference from their relevant previous employer.

We recommend the provider reviews the recording of its recruitment procedures and updates them accordingly.

- Head office were due to commence staff recruitment audits, which would help ensure all relevant checks were available to view.
- Registered nurse's personal identification numbers (PIN) had been checked to ensure they were registered with the Nursing and Midwifery Council (NMC) as fit to practice.

Using medicines safely

- Documented guidance from the pharmacist, to administer covert (hidden in food or drink) medicines safely, was not always in place.
- Medicines were stored securely in a locked clinic room. Temperatures of medicine storage areas were not checked daily, but when they were checked, they were within the recommended range.
- When people were prescribed creams, their records did not reflect when these had been applied.

We recommend that the provider reviews its medicine management procedures and updates them accordingly to ensure best practice guidance is followed.

- Any allergies people had were clearly recorded on their medication administration records.
- Staff had received training and had their competency checked with regards to medicines. A policy was in place to guide staff in their practice.
- People told us they received their medicines when they needed them. One person said, "Yes they have never been an issue here. I'm on water tablets so to take them on time is imperative really."

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Referrals to the local authority safeguarding team had been made appropriately.
- Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.
- Information regarding the status and outcomes of safeguarding referrals could be recorded more clearly and the registered manager agreed to review this.

Preventing and controlling infection

- The home appeared to be clean and odour free.
- Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance. Hand gel was available throughout the home.
- Staff had access to gloves and aprons to help prevent the spread of infection and we saw these were used appropriately.

- Most staff had completed infection control training and a policy was in place to support them in their role.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. They were reviewed by the registered manager to look for any trends or themes to ensure lessons were learnt and to help prevent recurrence.
- Staff took appropriate action following incidents, such as contacting emergency services, reviewing risk assessments and implementing regular observations.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People signed records to show their consent to their care and treatment when they were able to. We saw examples of good practice when people were unable to provide consent and decisions were made and recorded in their best interests in line with the principles of the Act.
- The registered manager agreed to review all people's files to ensure that consent to care and treatment was sought and recorded as we found that this was inconsistently recorded.
- DoLS application were made appropriately when staff felt this was required, although records of people's capacity being assessed prior to these applications being made, were not always in place.
- When authorisations were in place, conditions were being met.
- When people's relatives had legal authority to consent on their behalf, this was recorded appropriately.
- People told us staff asked for their consent before providing care and we saw this during the inspection.

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

- People's needs were assessed prior to support commencing to ensure staff could effectively meet their needs.
- Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.
- Best practice guidance was available in the home, such as medicine management guidance provided by the Nursing and Midwifery Council and any medical alerts that had been issued.

Staff skills, knowledge and experience

- Staff told us they were well supported and received supervisions regularly. Records showed not all staff had received an individual supervision in the past three months, although the registered manager had

scheduled more in and some group supervisions had also been held.

- People felt permanent staff were well trained and could safely meet their needs. Staff told us they received a thorough induction when they started in post and completed regular training.
- Specific training was sourced based on people's needs, such as dementia awareness and safe use of bed rail training.

Supporting people to eat and drink enough with choice in a balanced diet

- People's specific dietary needs were catered for. For instance, the chef provided vegetarian and diabetic meals as well as lactose free meals. A menu was available that reflected a choice of meals.
- Feedback regarding meals was positive and people told us they had choices and alternatives were always available. One person said, "I like jam butties and that is what they will sometimes do for me when I ask."
- Refreshments were available throughout the day including biscuits and snacks and people told us they had enough to eat and drink.
- Regular dining experience audits were completed to help ensure people continued to enjoy their meals.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met. A visiting health professional told us staff were knowledgeable, made appropriate and timely referrals and communicated well with their service.
- When other health and social care professionals were involved in people's care, this was incorporated within their plans of care.

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

- Bathrooms were adapted to ensure they could be accessed by all people.
- A lift was available to assist people to upper floors.
- People were encouraged to personalise their rooms and we saw that rooms contained people's own furniture, pictures and other belongings.
- A planned refurbishment of the whole home was due to commence.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them with their health needs and arranged for the doctor to visit if they were unwell. One person told us, "[Staff] are good I had a chest infection and they called for the doctor straight away."
- Referrals to other health and social care professionals were made in a timely way. Records showed involvement from health professionals such as speech and language therapist, optician and a Parkinson's nurse.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated with kindness and compassion by staff and their family members agreed. One person told us, "Oh I do like it here, it's a lot better than being sat at home on your own, at least I have someone to talk to, they have always been great with me the staff."
- We observed staff listen attentively to people and respond kindly when talking to people. We saw positive, familiar interactions between people living in the home and staff and people spoke positively about the support they received from permanent staff.
- Permanent staff knew the people they supported well, including their needs and preferences. This knowledge was used to develop individual plans of care that reflected the support people wanted and needed.
- Staff told us they were aware they worked in people's homes and that people did not live in their workplace.

Supporting people to express their views and be involved in making decisions about their care

- A service user guide and statement of purpose was available to people, which provided information regarding the service and what people could expect.
 - People were consulted regarding their care and supported to make decisions in relation to this.
 - Information regarding advocacy services was available to people if they had nobody to support them to make decisions.
 - People told us they were able to make choices about their care, such as when they wanted to bathe, what activities they wanted to participate in, or where they wanted to eat.
- People could share their views regarding the service through regular meetings with people and their relatives, as well as completion of quality assurance surveys. Relatives did not always feel that changes were made based on their feedback.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff knocked on people's bedroom doors before entering and that personal care was provided in private.
- Staff told us they always encouraged people to do as much for themselves as they could and this was promoted within people's care plans.
- People told us their dignity and privacy was always respected by staff.
- Records regarding people's care and treatment were stored securely to maintain people's privacy and confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we found the registered provider to be in breach of Regulation as care plans did not reflect people's needs accurately and planned care was not always evidenced as provided. Since then, care plans had been reviewed and rewritten.
- The plans in place were detailed and person centred, providing information regarding people's needs and preferences. There was evidence that planned care had been provided.
- Care plans had been reviewed regularly and it was evident that people and their families had been involved in the development of the plans of care.
- There were not always specific plans regarding people's medical conditions. We discussed this with the registered manager and they were in place before the end of the inspection.
- Staff were responsive to people's individual needs. One person had an adaptation fitted to their call bell to ensure they could call for staff support when they required it.
- The service was meeting the Accessible Information Standard as they assessed, recorded and shared information regarding people's communication needs.
- An activity coordinator was in post and a range of activities were available within the home. People told us there were not as many activities as there used to be. One person told us, "The home used to be busy with various activities, singers, bingo, hobbies, crafts etc. However, it's not been as good as there is only one lady now but we believe they are recruiting someone else so that should make things better." The registered manager confirmed that a second activity coordinator would soon be appointed. Regular external entertainers also visited the home
- Staff were aware of and met people's religious needs. The home has a chapel within it that people can access for mass three times per week. The Sisters of Nazareth, who also live within the grounds, regularly visited people within the home, not just people who had a catholic faith.
- A vicar from a local Church of England church also visited each week.

Improving care quality in response to complaints or concerns

- A complaints policy was available within the home and people told us they knew how to raise any concerns they had. Relatives agreed they knew how to raise concerns and felt they would be listened to.
- The registered manager maintained a log of complaints received and we saw that they were investigated and responded to appropriately. They told us that complaints would be received positively and used as an opportunity to improve the service.

End of life care and support

- Although nobody was receiving end of life care at the time of the inspection, staff had undertaken training to enable them to support people effectively at the end of their lives.
- End of life care plans were in place for some people. These plans reflected people's wishes and any

arrangements they had made for the end of their lives.

- Staff worked with other health professionals to support people during these times, such as the district nurse and nurse practitioner from the GP practice. Emergency healthcare plans had been developed to help ensure people received effective care.
- Staff told us the nuns sit with people receiving end of life care, so they are never alone.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The systems in place to assess and monitor the quality and safety of the service were not always effective.
- Systems were not in place to check all areas of the service. For instance, to ensure the right number of skilled staff were available to meet people's needs, or to ensure staff recruitment records contained all of the required information.
- When actions were identified through the audit system, they were not always addressed, such as those actions identified on the fire risk assessment. Comprehensive care plan audits had been completed that identified a number of actions. They had since been reviewed and many of the identified actions had still not been completed. The registered manager told us as the head of care was now back in work, the care plan audits would be followed up and actioned by them regularly.
- Medication audits had been completed and identified issues gaps in the monitoring of room and fridge temperatures and the need to record the application of creams. We found the same concerns were still present during the inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A 'resident of the day' audit had recently been completed which included a full review of people's care and treatment.
- Responsive action was taken to some issues raised during the inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was run by a registered manager and provider. The registered manager was supported by regular visits from the area manager.
- The registered manager was working through an action plan they developed after starting in post. They worked on the action plan with the local authority quality team.
- The registered provider had upcoming plans for a full refurbishment of the home, including a new call bell system, creation of en-suite bedrooms and updating of all areas of the home.
- The registered manager engaged with everyone using the service and their relatives.
- Feedback regarding the management of the home was positive. Staff told us they had seen improvements since the registered manager had been in post. A relative told us, "With regards to the communication from the management team, this is very good and we are notified quickly if any hospital appointments are needed or opticians have visited."

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

- A visiting health professional told us they felt care was well managed, that staff communicated well and that they had no concerns regarding the service.
- Ratings from the last inspection were displayed within the home and on the providers website as required.
- The registered manager had a good understanding of their role and responsibilities. Staff were provided with a staff handbook when they were employed and this provided information regarding their role and the policies and procedures of the service.
- Staff told us Nazareth House was, "A good place to work" and there was good teamwork.

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

- Systems were in place to gather feedback from people, including meetings and surveys and a complaints process.
- Staff meetings were also held to enable staff to share their views and receives updates regarding the service.

Working in partnership with others

- The registered manager and staff maintained good working relationships with other agencies, such as the GP practice and other health and social care professionals.
- The registered manager participated in local initiatives to help improve quality, such as the 'red bag' scheme for hospital admissions and the extended GP service.
- They also used the 'tele triage' system to access timely medical advice.
- The service worked with local education establishments and supported young people to achieve part of their Duke of Edinburgh award by volunteering in the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Identified risks regarding the environment had not been addressed to ensure people remained safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor the quality and safety of the service were not always effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	People's needs were not always met in a timely way. The high use of agency staff impacted on the consistency and quality of the care people received.