

Nazareth Care Charitable Trust

Nazareth House - Lancaster

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nazareth House is a residential care home registered to accommodate up to 43 people in need of personal care. Accommodation is provided over four floors with 43 single rooms, all with en-suite facilities. On the days of the inspection there were 38 people living at the home.

People's experience of using this service and what we found

We found failings within medicines processes and practices in the service. We could not be sure people always received topical medicines as prescribed and some good practice issues needed to be addressed. The provider's systems and processes for the oversight, quality monitoring and safety of the service had not been effective in anticipating and addressing some concerns we found during the inspection. This placed people at risk of harm.

There had been times when there were insufficient numbers of staff deployed on each shift to meet people's needs in line with assessed dependency. There were times when staff support was delayed due to a reduction in the numbers of staff available. The registered manager had recruited new care and activity staff and used agency staff if needed to address this.

We have made recommendations regarding effective recording systems, organisation values and transparency, as well as staffing reviews.

Checks of suitability for new staff had been completed before commencing work with vulnerable people. Staff told us they had received training relevant to their roles and when they commenced employment. Staff supported people to have access to health professionals and specialist support.

Safety needed to be promoted more consistently through the layout and hygiene practices within the service.

The need for improvement in some areas of practice and some risks in relation to fire and environmental safety had already been identified by external audits. The provider had acted promptly to change practices, organise necessary work and make improvements to mitigate those risks.

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

Rating at last inspection

The last rating for this service was Good (published 25 July 2018).

Why we inspected

We received concerns regarding governance, management oversight, risk management, medicines management, person-centred care and record keeping. A decision was made for us to inspect and examine

those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We reviewed the information we held about the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

The provider acted during and immediately after the inspection to mitigate risks found. This included improved monitoring and clinical supervision and medicines management and developing an action plan in response to the inspection findings. Actions to improve were already underway following external audits in key areas.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nazareth House on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of medicines and the systems used to oversee the quality and safe running of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Details are in our safe 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 - Lancaster

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an inspection manager.

Service and service type

Nazareth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

Inspection activity started on 27 September 2021 and ended on 1 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public and the fire service. We used all this

information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people who used the service. We spoke with three relatives about their experiences. We spoke with two health care professionals who visit the service. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers, care workers, domestic staff, catering staff and maintenance staff. To gather information, we looked at a variety of records. We reviewed in detail five care records, in paper formats and electronic. We looked at staff rotas, risk assessments, multiple medicine records and three recruitment files. A variety of records relating to the management and governance of the service, including policies and procedures were reviewed.

We looked around the home in both communal and private areas to assess the environment to ensure it met the needs and safety of people who lived there.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the new Fire risk assessments, additional training information and audits. We spoke with four more relatives and three staff, by telephone.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always receive medicines as they should. The application of individual creams was not being recorded and we could not be sure people were receiving these medicines as prescribed. There was also no evidence of risk assessments having been completed for paraffin-based emollients to keep people safe.
- Staff had not always followed good practice in record keeping to make sure people received their medicines safely. For example, there were no records of topical administration and handwritten charts had not always been checked and countersigned by two staff. Consistency was needed in recording running balances for medicines received and there was.
- People's medicines had not always been stored safely. For example, there was not always assurance eye creams were in date for use. Inappropriate items had been stored in the controlled drugs cupboard. The clinical rooms where medicines were kept were cluttered and there was no cleaning schedule to monitor this.

We found no evidence that people had been harmed however, medicines were not being properly and safely recorded and risk assessed where needed. This was a breach of Regulation 12 (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An external pharmacy audit had identified other shortfalls in medicines management. Improvements were in the process of being implemented and included in the home's internal action plan. Guidance to help staff give medicines 'when required' was in place. Medication was administered by senior care staff and they had received training to do this. Medicines were being storage rooms had daily temperature monitoring.

Staffing and recruitment

- There were not always enough staff to make sure people were assisted quickly and got help when they needed it. Staff we spoke with and duty records viewed confirmed this.
- People, their relatives and staff confirmed that on occasions the service had been short-staffed. People said, there had been times lately when staff had not always come when they rang their bell or returned to assist them quickly. We asked relatives about staffing levels and comments were mixed on staff availability and meeting people's needs. The registered manager told us this followed from short notice absences by staff, long term sickness and from some staff deciding to leave

We recommend that the registered manager and provider look at how using frequent staffing reviews can help to plan ahead so adjustments in staff levels can be anticipated and in line with changes

- The provider had systems in place to make sure appropriate recruitment checks were being undertaken before a person came to work in the home. We reviewed this process for three new staff to make sure the checks were being done. Two newly recruited care staff had started work and a new activity coordinator had been recruited. Recently, staff returning from long term sickness had relieved immediate problems on night duty.

Assessing risk, safety monitoring and management

- Care records were not always up to date and personal care information and risk assessments were not consistently recorded on the recently implemented electronic care planning system. A new system was being introduced using tablets for recording, but staff confirmed this was not reliable as internet connections frequently dropped off and information was lost. We could not be certain people had received adequate oral care and regular baths as reliable records were not available. However, people told us they were receiving personal care.
- Environmental risks assessments were in place, servicing, electrical and gas certificates were current, and checks were being done on emergency systems. One piece of equipment had not been properly assessed. A person had bedrails in situ that were not adequately risk assessed and were unsafe. This was addressed during the inspection.
- A recent fire risk assessment had been done and significant work was underway and scheduled to ensure all recommendations were met. This included to fire doors, the fire escape and improvements to fire safety in basement areas of the home. We saw people had Personal Emergency Evacuation Plans in place (PEEP's) but could not see recent reviews. Staff had received fire training but there were no Fire Wardens in place.

We recommend that the registered manager takes advice from a reputable source on the use of one effective recording system to until the technology infrastructure is in place to overcome current problems.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some furnishings, carpets and décor were worn, damaged and stained. External audits had made recommendations regarding this which were being acted on, this included new flooring and redecoration in line with a maintenance and audit action plan.
- We were somewhat assured PPE was used safely to minimise the risk and spread of infection. A staff member was wearing a non-regulation mask. The registered manager addressed this and improved PPE disposal during the inspection. Some equipment had not been cleaned. The registered manager changed the existing informal approach to equipment cleaning to make sure this was properly monitored. A daily management environmental walkaround was started to quickly identify issues.
- We were assured that the provider was admitting people safely to the service. We saw an example of good practice following a discharge when staff effectively followed policies and procedures to protect people from the spread of Covid-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We signposted the provider to resources to further develop and improve their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities around protecting people from abuse. They told us what action they would take if they believed anyone was at risk. Referrals had been made to the local safeguarding team
- Staff confirmed they had received training on safeguarding vulnerable adults via e-learning. They had also had access to on-line training on The Mental Capacity Act and Deprivation of Liberty safeguards and equality and diversity.

Learning lessons when things go wrong

- Medication audits had highlighted when recording errors had been made and action had been taken to help prevent reoccurrence.
- Following and during the inspection, the registered manager took action to start addressing shortfalls we had identified.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The provider's systems and processes for the oversight and quality monitoring of the service had not been effective in addressing concerns we found during the inspection. This had led to inaccurate, incomplete records that also lacked detail. We could not be assured people received safe care and treatment.
- The recent implementation of a new care planning system failed to consider how any problems arising might affect service provision and how they might be managed. When technical problems occurred it adversely affected recording, risk management and monitoring of service provision.
- Systems and practices had failed to identify the lack of completed documentation within care records and medicines documentation. Similarly, no one had identified that risk assessments were not being done for bed rails to ensure safety, the need for Fire Warden training and the increasingly poor standards of cleanliness.
- On a day to day basis practice oversight by management was lacking to promote good practices and dignity. For example, not identifying that equipment had not been cleaned, not monitoring records and dietary and nutritional intake, following up with staff on practice issues, record keeping and the shortfalls in some infection control practices. We noted one person looking dishevelled, another had food on their shoes, and one had on clothing that needed to be washed. One person at nutritional risk was not assisted or prompted with their meal and no alternatives offered.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). Documentation did not consistently contain up to date, accurate and complete information. There had been a failure to assess, monitor and improve the quality, safety and welfare of service users.

- External audits had been done and work started to address the identified shortfalls, notably in fire safety, medicines management and the building and environment. Issues raised through fire and environmental audits and risk assessments were being prioritised for improvement. Cleaning schedules and checks were being done and daily formal walk rounds by management done to pick up any issues quickly.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Visiting professionals spoke positively about their working relationship with the service. They told us there was good communication, appropriate information sharing and appropriate referrals to agencies and requests to visit. Weekly visits from an advanced nurse practitioner from the GP surgery had been effective in getting prompt referrals.
- People told us they were asked for their opinions and were comfortable giving them. Some recalled doing surveys to get their views and some had completed them with help from their families or activities coordinator.
- Staff spoke positively about working at Nazareth House and the support provided by the management team. One staff member said, "I love working here, the new manager is making some good changes." Relatives had mixed views with some feeling involved and listened to by management and staff and others who did not feel management was effective. Some relatives felt the management did not keep them sufficiently informed about things that happened in the home in a timely way.

We recommend the registered manager to take advice from a reputable source on formal systems to promote clear organisational values, transparency and access to information about how the home is being run for people.

Working in partnership with others

- The registered manager and staff team had established good working relationships with a variety of professionals within the local community.
- People had been referred to the appropriate external professionals and agencies for advice, treatment and support

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People did not always receive medicines as they should and medicines were not being properly and safely recorded and their use risk assessed where needed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Documentation did not consistently contain up to date, accurate and complete information. There had been a failure to assess, monitor and improve the quality, safety and welfare of service users.</p>