

Nazareth Care Charitable Trust

Nazareth House - Manchester

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nazareth House – Manchester is a nursing home providing personal and nursing care for adults over 65 years. The home is registered with the Care Quality Commission (CQC) to accommodate a maximum of 66 people. At the time of our inspection there were 27 people living in the home.

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

Care and support was provided to people by a team of staff who were dedicated, passionate and committed to their roles. Staff were caring and always sought to ensure people were treated in a dignified and respectful way.

Managers and staff had worked to address issues found at the last inspections to improve the management of medicines. We found systems in place to manage people's medicines were safe. We have recommended the service continues to monitor the management of medicines to ensure the improvements made are sustained.

Leadership and management was effective. It was evident throughout the inspection the new registered manager and new wider leadership team had made a positive impact; this was supported by feedback which was wholly positive. Leaders now led by example, creating and embedding a culture where people felt valued, and their individual contributions recognised.

Systems for audit, quality assurance and questioning of practice had improved with clear lines of accountability now established. The provider fully understood the importance of maintaining systems and processes which support good governance. Credible data now being gathered from internal audit and quality assurance meant themes and trends could be identified early, which in turn helped managers and staff to identify risks sooner and take remedial action.

Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so. There were enough appropriately trained and skilled staff to meet people's needs and to keep them safe. We were assured any future new admissions into the home would be done on a phased basis to ensure safe staffing levels were maintained.

The provider had commenced a significant premises improvement and refurbishment programme. Improvement works included redecoration of communal areas, people's rooms, new flooring and plans to significantly enhance the outside space. To best support people living with dementia and memory problems, we have recommended the provider consults national best practice guidance for creating a dementia friendly environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and those important to them were involved in planning their care. Staff evaluated the quality of care provided involving the person, their families, and other professionals as appropriate.

A desire to re-establish Nazareth House – Manchester as a valued place within the local community was a recurring theme amongst everyone we spoke with. At the heart of this, was renewed commitment made by leaders and staff to a set of shared core values. This was underpinned by the well-established and valued association with the roman catholic church. People affectionately referred to the 'Nazareth House family' a family that welcomed people of all faiths, and those of none, and one which embraced and celebrated people from diverse backgrounds.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 11 October 2022). This service has been in Special Measures since April 2021.

The provider worked collaboratively with local authority and healthcare partners to implement an improvement plan, to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nazareth House - Manchester

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 Health and Social Care Act 2008.

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

This inspection was carried out by an inspector, a medicines 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 – Manchester is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nazareth House – Manchester is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people to understand their experiences living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also telephoned 6 relatives to obtain their feedback.

We spoke with the registered manager, clinical lead/deputy manager, regional manager, interim support manager, 7 members of the care team, members of the administration team, and members of the activities team.

We reviewed medicine administration records and looked at medicines related documentation for 8 people. We also reviewed care records and records related to safety, audit and quality assurance.

Is the service safe?

Our findings

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

At our last inspection in August 2022 we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we found the provider had not ensured the safe and proper management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1)

- Medicines were stored safely and securely. Staff completed training and were assessed to ensure they administered medicines safely.
- Information to support staff to safely administer 'when required' medicines were in place and were person centred, detailing when to give the medicine to people.
- The site of the application of topical patch preparations, was documented and rotated. There were body maps and supporting information available to staff, so they knew where to apply topical preparations such as creams.
- We found one person had not had their topical creams applied as prescribed. We spoke with the clinical lead about this and remedial action was taken.
- The correct processes were not always followed for people who were having their medicines given covertly, hidden in food or drink. We spoke with the clinical lead about this and remedial action was taken.
- The service completed audits and had identified shortfalls; the appropriate action was taken to improve the management of medicines.

We recommended the provider continues to monitor the management of medicines to ensure the improvements made are sustained.

Staffing and recruitment

- Staffing levels and recruitment were safe. People spoke positively about staffing. Comments included, "I'm more than happy at the moment. Massive improvements in staff continuity. In the past the residents didn't know who would be looking after them from one day to the next, but it has definitely improved a lot in recent months"; "There seems to be more regular staff now and not as many agency workers. [Relative] recognises the staff more now and the familiarity really helps as [Relative] has Alzheimer's" and "Staffing seems to have improved, and we are again seeing continuity of staff so that [Relative] can develop relationships with the staff looking after [Relative]"
- 27 people were accommodated in the home at the time of our inspection. However, despite this low number, the provider had remained committed to maintaining staffing levels that well exceeded actual requirements.

- As the provider moved to a position of being able to accept new admissions, we spoke at length with the registered manager about the importance of adopting a phased approach. A dependency tool was in place to aid decision making in respect of safe staffing levels versus people's health and care needs.
- Pre-employment checks had been carried out to ensure the suitability of prospective new employees, this included with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People recognised care and support they received was delivered in a safer environment. Comments included, "I do feel better and safer living here" and "I feel more reassured now when I leave after visiting my [Relative]."
- The introduction of 'Safesteps' had been a key improvement to help keep people safe. Safesteps is a digital falls risk assessment tool that provided a standardised and practical approach for falls management, aligned with national best practice guidance.
- Implementation of RESTORE2 was another key improvement. RESTORE2 is a physical deterioration and escalation tool for care settings that helps staff to recognise when a resident may be deteriorating or at risk of physical deterioration.
- Other new and emerging risks were acted upon in a timely manner. This included responsive reviews of care plans and risk assessments, and information sharing between staff. Untoward events were investigated, and remedial actions taken. Lessons learned information was widely shared to reduce the likelihood of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- A robust framework was in place which sought to protect people from the risk of abuse. Staff knew how to recognise and respond to potential signs of abuse and were aware of local safeguarding procedures.

Preventing and controlling infection

CQC continues to seek assurances that services can respond to COVID-19 and other infection outbreaks effectively. Several people had tested positive for COVID-19 in Nazareth House – Manchester at the time of our inspection. However, all those affected had been vaccinated with mild to no symptoms reported

- The home had achieved 93% compliance at the last infection prevention and control audit completed by the local authority.
- We were assured the provider was doing everything reasonably practicable to prevent visitors from catching and spreading infections.
- We were assured the provider was supporting people living in the home to minimise the spread of infection.
- We were assured the provider had systems in place ready to admit people safely into the home.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- No blanket restrictions were imposed on people visiting family and friends in the home. Infection risks were managed on a case-by-case basis with people fully consulted throughout. One relative told us, "I can't fault the carers, they have been absolutely brilliant. They bent over backwards during COVID-19."

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.

At the last comprehensive inspection in December 2019, we rated this key question Good. At this inspection the rating for this key question has remained Good.

Staff support: induction, training, skills and experience

- Recent changes in key personnel, coupled with initiatives to improve recruitment and retention of staff had resulted in positive outcomes. For example, all newly recruited staff now received a comprehensive induction, with new nurses benefiting from up to 3 weeks spent supernumerary as part of their individual familiarisation programme.
- Training, development, and one-to-one supervision for all staff had improved.
- Learning was a blend of in-person and online e-learning. People spoke positively about these improvements. Comments included, "Training has massively improved, and it's been great to get back to face to face training" and "We've had refresher training for things like moving & handling, dementia awareness and use of fluid thickeners."
- Improvements were still ongoing to establish an effective clinical skills and continuous professional development framework for nursing staff. However, nurses spoke with enthusiasm about the potential future opportunities this presents, including aspirations to bring as much learning and development as possible in-house.

Supporting people to eat and drink enough to maintain a balanced diet

- The mealtime experience was a daily celebration of the good quality home cooked food that was on offer. The catering team took great pride in ensuring food was nutritious with a variety of menu choices always on offer.
- People's dietary preferences were accommodated, including those based on cultural or religious beliefs.
- People were complimentary about the food and drink offer in the home. Comments included, "On the whole, I'm very happy with the food"; "If I don't like what is on the menu then I can choose something else" and "Couldn't wish for any better meals."
- Risks to people associated with eating and drinking were detailed in care records, discreetly displayed in serving areas within dining rooms, and reinforced during handover meetings. Information was also shared with the catering manager who knew people's dietary needs well.

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

- The provider had commenced a significant premises improvement and refurbishment programme. At the time of this inspection, 2 of the 4 accommodation units were closed whilst work was ongoing.
- Improvement works included redecoration of communal areas, people's rooms, new flooring and plans to significantly enhance the outside space.
- Whilst the works were ongoing, we spoke with managers about the importance of not missing an opportunity to create an environment that truly supported people's independence. For example, improving

wayfinding signage, flooring and colour scheme that would help people living with dementia or memory loss to better navigate and orientate themselves in and around the home

We recommend the provider consults national best practice guidance for creating a dementia friendly environment.

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

- People's needs were assessed and evaluated in line with local and national quality standards and guidance. This helped to ensure the delivery of care was lawful, whilst ensuring people's personal choices were respected.
- Systems were in place for pre-admission assessments before people were accepted to move into the home.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Historical issues centred around poor and miscommunication between staff in the home and external agencies had been resolved. Professional relationships had been re-established with staff and agencies now working together, with the mutual aim of striving to keep people safe and well.
- As mentioned in the Safe section of this report, new systems had been introduced to ensure people received timely care in response to a medical condition that was likely to deteriorate. This helped to ensure care and support was provided in the most appropriate setting.
- Staff, along with supportive relatives or friends where appropriate, helped to ensure people accessed hospital and other healthcare related appointments.

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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- The end-to-end management and oversight of DoLS was operated effectively. This included DoLS applications being submitted timely, conditions contained within authorised DoLS being adhered to, and expiry dates monitored.
- Staff we spoke with had acceptable underpinning knowledge about MCA and DoLS relevant to their area of work within the home.

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.

At the last comprehensive inspection in December 2019, we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- Care and support was delivered by a dedicated, caring and compassionate team of staff. This was evidenced through our observations in communal areas and positive feedback provided by people. Comments included, "The staff are friendly, I have no worries about any of them, they all seem very good at their job"; "I know [Relative] is well looked after there. [Relative] is always in clean clothes and [Relative] fingernails are always clean."; "The staff are so lovely. They care for me very well" and "Obviously I would've liked to have remained in my own home but now I'm here, I couldn't wish to be in a better place."
- People benefited from staff who knew them well. This meant people's individual characteristics, likes, dislikes and personal preferences were fully recognised and respected by staff.
- Ensuring people's pastoral needs were met was a standout feature of the care and support provided. This was underpinned by the well-established and valued association with the roman catholic church. People affectionately referred to the 'Nazareth House family.' A family that welcomed people of all faiths, and those of none, and one which embraced and celebrated people from diverse backgrounds.
- Staff understood the importance of promoting and maintaining privacy and dignity when providing care. Comments from staff included, "When I provide personal care, I always ensure people's dignity is maintained; it's important for people's self-respect" and "I also knock and wait before entering a person's room. As the moto states in the entrance to the home, we work in people's home, they don't live in our workplace."

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

- People, and those important to them, were often involved in decisions about their individual care journey. Comments included, "I have been asked my opinion, but I don't much care for all that now at my age. I'm happy with things though" and "I am involved with [Relatives] care plan. [Relative] needs are changing. They now have a lot more regular visits from the GP, we discuss [Relative] needs and the district nurses are going in regularly too."

Is the service responsive?

Our findings

At our inspection in February 2022 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were regularly involved and consulted about social activities. This included bringing in a wide range of external community groups, performers and entertainers. This resulted in a rich and diverse programme of year-round activities, events, and celebrations.
- We observed the latter end of a communal music and singing session. The joyful singing and laughter were a testament to how much people enjoyed such sessions. Comments included, "Hasn't it been a lovely morning" and "It makes you happy."
- The activities coordinator was passionate about resident engagement. Their enthusiasm was infectious, and they were held in high regard. A relative told us, "[Activities Coordinator] is unbelievable. Amazing! They do activities and I have watched them, and they know all their needs. Mum thinks the world of them."
- The provider was recruiting additional activities staff. Once in post, this would provide additional capacity within the activities team, particularly for more tailored, one-to-one and person-centred activities to be delivered in future.
- One person was actively involved in carrying out research to source opportunities for grant funding, which would enable the purchase of a minibus. If successful, this would open a world of opportunities for people to access the wider community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An electronic care planning system was in place. Staff had access to the electronic care plans via handheld devices which meant key information could be accessed and updated at the point of care. Comments from people included, "[Relative] does have a care plan. Staff are on the ball. They tell me everything that I need to know about [Relatives] care" and "I recently contacted [community health professional] who hadn't been listening to the staff team and [Relative] was losing weight. It was actually the home that raised the concerns and thankfully we addressed it and got things improved"
- Training had been provided to staff in relation to the electronic care system, but some staff acknowledged they were still learning aspects of the system 'on the job' and did not yet always understand the functionality and benefits of the system. We spoke with the provider about this and stressed the importance of assuring themselves that relevant staff were competent users.

End of life care and support

- People nearing the end of life were supported to remain in the home wherever possible. This meant people could be cared for in familiar surroundings, supported by people they knew well and could trust.
- Conversations with people around their wishes for end of life care were done so with compassion and sensitivity. This helped to ensure people's wishes were fully understood and an integral part of their care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- We observed staff engaging with people who had sensory and communication support needs. Staff demonstrated awareness, skills and understanding of people's individual communication needs and knew how to facilitate good communication. This helped to ensure people were involved and felt included in daily life.

Improving care quality in response to complaints or concerns

- The provider had a framework in place which supported people, and those important to them, to raise concerns and complaints easily.
- The registered manager treated all concerns and complaints seriously. Complaints were investigated and learned lessons from the results, sharing the learning with the whole team. Comments included, "The new manager has an open-door policy and I would go in if I felt I needed to but it's going very well at the moment and I'm happy."

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 our inspection in August 2022 we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At the last inspection the provider failed to ensure systems and processes to support good governance were in place and operated effectively. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17(1)

- A new leadership team was now well established and making a positive difference.
- Systems for audit, quality assurance and questioning of practice had improved with clear lines of accountability now established.
- Credible data was now being gathered from internal audit and quality assurance systems which meant themes and trends could be identified. This shift to a proactive rather than reactive approach, helped managers and staff to identify potential risks sooner and act to take remedial action.
- We spoke at length with the registered manager and other leaders, about the importance of maintaining momentum and not compromising on quality and safety going forwards. The provider fully understood the importance of maintaining good governance and high-level assurances were provided that this remained an ongoing high priority for all.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and other leaders led by example and had worked hard to embed a new positive culture in which people felt valued and their individual contributions recognised. Comments from people included, "[Registered Manager] is very approachable and listens. They seem to be well liked by the residents and staff and is getting things done"; "When I walk in now, the whole place just feels better. More structured, more organised, cleaner. I can see it coming back to how it used to be. There is a more positive feel to the place" and "Since [Registered Manager] arrived there has been a massive improvement. It's a lot happier place. The dining room is laid out nicer and you can just see improvements happening everywhere."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- A desire to re-establish Nazareth House – Manchester as a valued place within the local community was a recurring theme amongst everyone we spoke with. At the heart of this, was a renewed commitment made by leaders and staff to a set of shared core values. Involvement of people, those important to them, and involving the wider community was recognised as an ongoing priority.
- A regular programme of residents and relatives' meetings took place. People's involvement and feedback was valued and taken seriously. Comments included, "They do have regular residents' meetings and a monthly one for the relatives. The relatives meeting isn't very well attended but they do inform us when they will be by the newsletter and emails. They have also started to put a sign up in the reception area"

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

- The registered manager and staff fully understood their legal responsibilities around duty of candour.
- Untoward events were responded to and investigated in timely manner. Comments from people included, "They do contact me when they need to. There was a recent incident where [Relative] had a fall and they contacted me straight away. It has improved in that regard no end. They listen and the seniors in particular play a big role in [Relatives] care and wellbeing" and "They do contact me a lot more now if there are issues, it didn't used to happen, but in the last six months or so I have seen a really big improvement."