

# Nazareth Care Charitable Trust

## Nazareth House - Northampton

### 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

This unannounced comprehensive inspection took place on the 11 December 2018.

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

Nazareth House – Northampton can accommodate up to 50 people in one purpose built building. The service provides residential care for older people including people living with dementia. At the time of this inspection 47 people were using the service.

At the last inspection in September 2017, the service was rated 'Requires Improvement'. We made a recommendation about the environment specific to meet the needs of people living with dementia. We saw at this inspection the environment has improved which enhanced people's well-being.

At this inspection, we found the evidence supported an improvement in rating of the service to Good.

There was a registered manager in post. 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place and provided detailed information and guidance for staff about the potential risks people faced. The service learnt from incidents and accidents and acted to mitigate the risks of them occurring again.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. People were supported by sufficient numbers of staff to meet their needs.

People were supported to take their medicines as prescribed. Infection control procedures were in place and followed by staff to protect people from the risk of infection.

Staff were supported, supervised and completed induction and development training. This helped to ensure they had the skills, knowledge and expertise they needed to perform their roles. Suitable training was provided to ensure people's needs were met.

People's needs were assessed, and people were supported to maintain good nutrition and access healthcare to maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in place in the service supported this practice. Staff had received training and information which enabled them to provide care in line with the guidance of the Mental Capacity Act 2005.

The provider made the necessary improvements to the premises, which included two bedrooms and a small hallway restructured into two large bedrooms, refurbished bathrooms including new accessible bathing equipment and redecoration of an area where people living with dementia were supported.

People received care from staff that knew them well and consistently treated people with dignity and respect. People were supported to maintain their independence and staff protected people's right to privacy.

People and their representatives were involved in developing their care plans, which enabled them to receive care and support in line with their preferences. People and relatives were involved in reviews of people's care to ensure the care provided met people's current needs.

A process was in place which supported people to raise concerns and complaints. People felt confident their concerns would be listened to and acted on.

People, relatives and staff had confidence in the leadership and governance of the service. The provider had effective systems in place to monitor the quality of all aspects of the service to ensure people received good care. Actions were taken, and improvements were made where required.

## 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.

People were protected from the risk of harm and staff were confident in their responsibilities to safeguard people from the risk of abuse.

Staff were safely recruited and there were enough staff to meet people's needs and keep them safe.

People were supported to take their medicines safely and as prescribed. People were protected by the prevention and control of infection.

Incidents and accidents were monitored and analysed, and lessons were learnt to reduce the risk of re-occurrence.

### Is the service effective?

Good ●

The service was effective.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to stay at the

home to ensure that all their individual needs could be met.

People were encouraged to maintain their interests and take part in activities.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

**Is the service well-led?**

**Good** ●

The service was well led.

People and staff were supported through effective leadership and management of the service.

People and staff could share their views and make suggestions about the service and these were used to develop the service.

Outcomes of quality checks and audits were analysed and used to drive improvements within the service.

# Nazareth House - Northampton

## **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.

This comprehensive inspection took place on 11 December 2018 and was unannounced.

The inspection team consisted of two inspectors 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.

Before the inspection, we asked the provider to complete 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 improvements they plan to make. We reviewed the completed PIR and took this into account when we made our judgements.

Before the inspection we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During the inspection, we spoke with seven people who lived in the home for their views about the services they received. We also spoke with four relatives of people who lived in the home. We spoke with ten staff, which included four care assistants, one team leader, one Sister of Nazareth who was supporting the service, the lead administrator, the head of maintenance, the deputy manager and the registered manager. We also spoke with a visiting health professional.

We observed care and support in communal areas including lunch being served. Some people who lived at the service were not able to describe their views of what the service was like; we undertook observations of care and support being given. We also 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 looked at the care records of seven people and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, medicine administration records, maintenance schedules, training information for staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

At the last inspection in September 2017 improvements were needed to ensure the premises were properly maintained, medicines were safely managed and risk assessments reflected people's needs. At this inspection we found the necessary improvements had been made and sustained.

People looked relaxed and comfortable in the presence of the staff and told us they felt safe. One person said, "I feel safe because the staff know me so well." Another person said, "I am safe because the staff are always here to help, it is a comfort knowing I can ring my call bell at night and they are here quickly." A relative commented, "[Person] is safe; they have all the help they want; I am really happy with the care [person] receives."

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team was readily available to staff. One member of staff told us, "I wouldn't hesitate in reporting any concerns, I would always raise it with the manager [registered] and of course if I wasn't happy I would report externally". The registered manager had contacted the local safeguarding team when any concerns had been raised. Any lessons learnt had been recorded and shared with staff.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided, for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. The information recorded for each person was kept up to date and was regularly collated which helped the team leaders and registered manager to monitor people's general health and well-being and keep them safe.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service.

There was sufficient staff to meet people's care needs. The registered manager regularly reviewed the staffing levels to ensure that there were enough staff to meet people's changing needs. People told us that staff responded to them in a timely way. One person said, "They [staff] always come quickly if I need them." One relative told us, "There always seems to be enough staff, I can always find staff around if I want to talk to someone." We saw that there were always staff available in communal areas so that they could promptly respond to people when needed.

People told us they received their medication safely. One relative said, "I am often here when [person] has their tablets; they always say what they are for and they say it in a way that [person] understands, which I



think is really nice." Records showed that staff received refresher medicines training and their competencies to administer medicines were observed. We saw that staff followed the procedures for administering medicines to ensure people received their medicines safely. Records also showed that people received their medicines as prescribed and the systems for the ordering, receipt, storage, administration and disposal of medicines were being appropriately managed.

People were well protected by the prevention and control of infection. Cleaning schedules were followed and completed to ensure that all areas of the service were clean and protected people against the risk of infection. Staff had access to gloves, aprons and hand sanitisers and we saw they used these and changed them between tasks.

Systems were in place to support staff to record, report and analyse incidents and accidents within the service. These were audited by the registered manager and discussed with staff and, where appropriate, people using the service, to identify any lessons that could be learned. For example, accidents and incidents were closely monitored to identify any trends, and the type of incidents, such as falls, or behaviours that challenged to identify the possible cause and put in place strategies to mitigate the risks of any repeat incidents.

# Is the service effective?

## Our findings

At the last inspection in September 2017, improvements were needed to ensure the staff had the skills and knowledge to undertake their role and responsibilities and to meet people's needs, specifically for people living with dementia. The induction process for new staff also required strengthening. At this inspection we found the necessary improvements had been made and sustained.

Staff received training that was relevant to their roles and responsibilities, ensuring they had the skills and knowledge required to support people effectively. One member of staff said, "Training has really improved in the last twelve months; we have lots of training." Induction training was provided for new staff that consisted of a mix of face to face, and e-learning courses. New staff who had not got a nationally recognised qualification undertook the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of all care staff in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care'.

Records showed that staff supervision meetings were planned and took place as scheduled. The meetings gave staff the opportunity to discuss their performance, development and ongoing training needs. In addition, general staff meetings took place to discuss the needs of the service and to cascade information from the provider to the staff team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 the mental capacity to take 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.

Records showed that capacity assessments had been carried out for all people using the service. The assessments identified where people required help to make decisions, and where they lacked the mental capacity to make certain decisions. All staff had received training on the MCA to ensure they consistently worked in line with the principles of the act. One person said, "The girls [staff] are very kind, they always ask me if helping me is okay." Discussion with the staff demonstrated they understood the importance of enabling people to make their own choices and decisions. We saw that DoLS applications had been made to the local authority for all people using the service and the provider was awaiting decisions on these applications from the local authority. The reasons for the applications were in relation to people not having the capacity to safely leave the building unescorted.

People were supported to maintain a healthy diet. People told us they were happy with the food they received, and that the meal choices and portion sizes were ample. One person said, "The food is very good it is always nice and hot. I have plenty of hot drinks and the occasional glass of wine." Another person said, "I think the food is excellent, I always have a cooked breakfast. It is like living in a hotel."

The staff knew people's dietary needs and food intolerances and ensured that appropriate meals were provided. When people required pureed foods, we saw that food shaped moulds were used to assist with the presentation of the food and made the food look more appetising. We observed that people were offered a variety of drinks throughout the day and snack stations were available and contained fruit and snacks. The staff closely monitored and recorded the food and fluid intake for people that were at risk of not eating and drinking sufficient amounts.

The registered manager undertook weekly audits of the meal time experience for people living at the home. This included observations of staff interactions with people, the atmosphere and the quality of the food and presentation of the food. Where improvements could be made this was given to staff in feedback sessions. For example, on one occasion, desserts were placed on the table before people had finished their main meal and on another occasion the background music was too loud which distracted people from their meals.

People were supported to have access to healthcare services in response to ill health and routine health checks. One person said, "The doctor visits every week and I can have a visit from them if I want one." A relative said, "The staff are really on the ball, [person] had a chest infection and they called the GP in and kept me updated."

Records showed that the GP and district nursing staff regularly visited the service. One visiting health professional told us that the staff were very knowledgeable about the people they cared for and they had no concerns with the home. The registered manager said they had good support from the local GP surgeries and other healthcare professionals involved in monitoring people's healthcare needs. Records also showed that staff contacted healthcare professionals in response to any deterioration or sudden changes in people's health and the staff acted on the instructions of the health professionals.

The provider had made improvements to the premises, which included two bedrooms and a small hallway restructured into two large bedrooms, refurbished bathrooms including new accessible bathing equipment and redecoration of an area where people living with dementia were supported.

## Is the service caring?

### Our findings

People continued to be treated with kindness and respect. We observed staff spoke to people by name and in a gentle and un-hurried manner, always gaining consent before assisting anyone with a request or task. People said they felt they were treated as individuals, and their preferences were upheld. One person said, "The staff know me really well, all of them are kind. I have my favourite staff but all of them are lovely and treat me like a princess!" One relative said, "We cannot fault them [staff], they really go the extra mile, and they got to know [person] really quickly and helped them settle well. "

People had developed positive relationships with the staff supporting them. A relative said, "This isn't the first home that [relative] has been in; but it is definitely the best. They really do care."

Information was available about people's preferences and choices regarding how they wanted to be supported by staff and staff respected people's choices. We observed staff interacted with people in a genuine caring manner, gaining consent, for example when serving meals offering people an apron and asking, "Is it okay to put this apron on to keep your clothes clean while you have lunch?" and "Would you like of cup of tea instead of fruit juice."

Staff said they promoted people's independence; they encouraged people to make decisions and offered assistance when needed. Staff told us it was their responsibility to ensure people had everything they wanted and were comfortable. One member of staff said, "We treat residents with respect, this is their home and we try and do everything we can to help them and make sure they are comfortable."

People said staff protected their privacy and dignity. One person told us, "They treat me with dignity and respect, in fact, that was something I worried about before moving here, I laugh to myself about that now!" People had been asked if they had a preference of male or female carers; their preference was recorded in the care plans and staff said they always respected this.

People were encouraged to express their views and to make choices. Records showed that resident meetings took place on a regular basis. Advocacy services were available for people, but at the time of the inspection no one using the service required the support of an independent advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Relatives said they could visit at any time and were always made to feel very welcome. Staff had informed relatives that an inspection was in progress and encouraged relatives to talk with the inspection team. Relatives told us staff were, "Brilliant", "Always have time to listen" and "They don't always get it right first time, but they listen and take it on board

# Is the service responsive?

## Our findings

At the last inspection in September 2017, improvements were needed to ensure that people's care plans contained enough detail to provide person centred care to people. At this inspection we saw that the improvements had been made and sustained.

People's care and support needs were assessed before they came to live at the home to establish whether their needs could be met. The assessments formed the basis of initial care plans and risk assessments being put in place and these were updated as more information about the person was gathered. The care plans contained sufficient detail to inform staff on people's needs and preferences as to how they wanted their care to be provided. They had been produced with the involvement of people, and where this was not possible their chosen representatives had been consulted. One relative said, "I was involved in designing [person] care plans, they listened to my wishes." Another relative said, "I was fully involved from the very beginning; I helped with all the history and it is all in the care plan. I know staff read the care plan because they talk to [person] about their life history."

There was information about people's life history, spiritual needs, hobbies and interests that ensured staff understood what was most important to them. This enabled staff to interact with people in a meaningful way.

The service provided a variety of activities for people to enjoy and participate in. One person said, "There's plenty to do; I don't always join in, but I can if I want to." Another person said, "There is Christmas carols this afternoon, I can't sing but I am looking forward to it." Activities included children visiting from a local school to visit and sing songs, armchair exercises, crafts, cupcake icing and a knitting session. People also chose to attend mass in the church that was in the home.

The registered manager had also commissioned a specialist dementia activities person, who came to the home to engage people and their relatives in activities and in effective ways of helping people remember and communicate. These sessions had been successful and the person had been booked to assist people, their relatives and staff at a Christmas event at the home to enhance people's enjoyment of the activity.

There were systems in place to ensure complaints were managed appropriately. We saw the complaints were recorded along with the outcome of the investigation and the actions taken. One relative told us, "Things aren't always perfect, I have had to complain about a few things but they are minor things. What is important is the care is really good."

No end of life care was currently being delivered at the service. However, systems were in place should anybody require this care and people were supported with advanced decisions as they required. Staff had received training in end of life care. There was a flat on the first floor of the building which was offered to relatives to use when their loved ones were at the end of their life, so relatives had somewhere to stay or a space for some quiet time.

# Is the service well-led?

## Our findings

At the last inspection in September 2017 improvements were needed to ensure that audits relating to the quality and safety of the service were robust and identified areas that required improvement. We found at this inspection that the improvements had been made and sustained.

The registered manager was open and transparent; people using the service and relatives knew who the registered manager was, they said they were comfortable approaching the registered manager to discuss matters. A relative said, "I think the manger [registered] and deputy manager are really approachable. They are open to suggestions and they apologise if things are not as good as they should be. I can't ask for more than that."

During the inspection the registered manager was very visible, they knew everyone and interacted well with people. It was obvious they had good relationships with people, as people smiled and responded positively when the registered manager spoke with them.

There was a positive, inclusive and open culture, which centred on improving the service provided for people. The registered provider and registered manager placed a strong emphasis on continually striving to improve the service. They demonstrated to all staff the values, ethos and expectations of providing a high quality individual service to people and their families. The registered manager and senior team were innovative in their approach to providing care and support and encouraged the staff team to be the same. New ideas were actively sought to enhance the quality of service provided.

The staff we spoke with all demonstrated a good knowledge of all aspects of the service and the people using the service. They delivered care as described in the Statement of Purpose, safe, caring and within a friendly environment where people could maintain their dignity, privacy and be respected.

There were regular staff meetings with the registered manager, which kept staff up to date and gave them another opportunity to put forward suggestions. The minutes showed staff discussed staffing, staff rotas, training and areas where improvements were needed.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Regular audits were completed on the core values of the service by a Sister of Nazareth, the core values were compassion, hospitality, love, respect, patience and justice. The audits showed that people were happy with care they received and felt valued and respected.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. Staff understood their responsibilities in relation to 'whistleblowing', safeguarding, equalities, diversity and human rights and there were up to date policies and procedures to support them.

The registered manager kept themselves and the staff team up to date with legislation and best practice. The provider ensured any changes to best practice, medical alerts and changes in policies were cascaded to the registered manager in weekly management discussions.

The provider consulted with people using the service and their relatives to seek feedback on service provision, the feedback received was used to drive improvement of the service. Some of the comments made by people included, "Everyone is so lovely and willing to help out anyone who needs it" and "Friendly, caring and lovely environment."

We received many positive comments from staff about the service and how it was managed and led. Staff told us that the manager was very supportive and staff told us they were proud of the standards of care they provided. One member of care staff said, "Really good management team, they are always wanting the best for our residents and they won't accept poor standards."

We saw the rating from the previous inspection was on display in the front entrance of the service and on the provider website. The registered manager had submitted notifications of events to the Care Quality Commission (CQC) as required under law.