

Nazareth Care Charitable Trust

Nazareth House - Lancaster

Inspection report

Ashton Road
Lancaster
Lancashire
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Tel: 0152432074

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04 May 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection visit at Nazareth House took place on 04 May 2016 and was unannounced.

Nazareth House is registered to accommodate 41 people who require nursing and personal care. Accommodation is provided over four floors with one double room and 39 single rooms, all with en-suite facilities. Established in 1899 by the Sisters of Nazareth, the home is set in landscaped gardens, which include a wildlife pond. There is also a greenhouse for people who like gardening and a sensory garden area for people to relax in. Amenities are within easy reach, such as shops, pubs, library, cafes, museums, leisure facilities and public transport links.

The service had a registered manager in place. 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.

The home had a Sister Superior, who is in charge of delivering spiritual support to people who live at Nazareth House. However the home accepts people from all religious backgrounds. The home holds a daily Catholic Mass and other services are held by visiting clergy. There are several nuns who live at Nazareth House who provide social care and spiritual guidance.

At the last inspection on 23 September 2014, we found the provider was meeting the requirements of the regulations that were inspected.

During this inspection, we observed people being supported with their lunch. People did not always receive the appropriate support at mealtimes.

This was a breach of Regulation 14 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Meeting nutritional and hydration needs.) You can see what action we told the provider to take at the back of the full version of the report.

During our lunchtime observation staff did not always treat people in a caring way that ensured their dignity and respect was maintained.

This was a breach of Regulation 10 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Dignity and respect.) You can see what action we told the provider to take at the back of the full version of the report.

We found there were concerns regarding staffing levels to meet the needs of people who used the service. This was in relation to people being supported on the residential side of the home.

We have made a recommendation that the provider reviews staffing levels at the home.

We saw staff had received training in abuse and understood their responsibilities to report any unsafe care or abusive practices. Staff we spoke with told us they were aware of the safeguarding procedures. One person told us, " I feel happier here because I'm never on my own at night. I'm safe."

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff responsible for assisting people with their medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and appropriate arrangements for storing medicines were in place.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Comments we received demonstrated people were satisfied with the care they were given. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care.

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive and approachable and would listen and act on concerns raised.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people they supported and their relatives for input on how the service could continually improve. The registered manager had regularly completed a range of audits to maintain people's safety and welfare.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments to reduce potential harm to people who lived at the home.

Concerns were raised regarding the amount of staff deployed in the home to meet people's needs.

Recruitment procedures the service had were safe.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported effectively to meet their nutritional needs.

Staff did not always ensure food was presented in a way that was easy to eat.

The registered manager was aware of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguard [DoLS] and had knowledge of the process to follow.

Staff had received the appropriate training and supervision to meet people's needs.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always treated with dignity and respect and were not responded to promptly when they required support.

Staff spoke with people with appropriate familiarity in a warm, genuine way.

People were looked after by a staff team who were person-centred in their approach and kind.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

People were offered spiritual guidance should they want it.

People were encouraged to participate in a wide variety of activities that were available daily.

People's concerns and complaints were listened to and responded to accordingly.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had a visible presence within the service. People and staff felt the registered manager was supportive and approachable.

The registered manager had acted on the quality of the service provided. There were a range of quality audits, policies and procedures in place.

People had the opportunity to give feedback on the care and support delivered.

Nazareth House - Lancaster

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection team consisted of one adult social care inspector, a specialist advisor and an expert by experience. The specialist advisor had a nursing background with experience of older adults, dementia and safeguarding. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care home. The expert by experience had experience of dementia care.

Prior to this inspection, we reviewed all the information we held about the home, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. At the time of our inspection there were no safeguarding concerns being investigated by the local authority. This helped us to gain a balanced view of what people experienced who accessed the home.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home. We observed how people were supported during meal times and during individual tasks and activities.

During this inspection, we spoke with a range of people about this home. They included the registered manager, the Sister Superior, two nuns, one nurse and six staff members. We also spoke with 11 people who lived at the home, three relatives and one visiting health professional. We spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to five people who lived at Nazareth House, Lancaster and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were comfortable in the company of staff supporting them. One person who lived in the home told us, "I feel very safe. That's one thing; I was always wary at night going to bed on my own. The priest said to me I've never seen you more relaxed. It's because I'm more secure." A second person said, "I feel safer here – oh yes, my goodness."

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding of vulnerable adults training. There were procedures to enable staff to raise an alert. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff told us they would raise an alert if they had any concerns about inappropriate practice or conduct regardless of who it was. Training records we reviewed showed staff had received safeguarding training.

We looked at staffing levels, observed care practices and spoke with people being supported with their care. The deployment of staff throughout the day was organised. Nazareth House has people living on four floors. The third floor is for people requiring nursing care. This floor has its own team of staff and a nurse. The remaining three floors are for people who require residential support.

There were three staff identified to support people within the residential areas and they worked between three floors. When we inspected, we saw one person living on a residential floor required two staff to help with their moving and handling. During this time only one staff member was available to monitor and care for people on the three residential floors. Staff told us they were concerned that staffing levels were not safe. We spoke with the registered manager about staffing levels and were told they were being discussed with senior management.

We recommend that the service review their staffing levels in relation to supporting people who live within the residential areas of Nazareth House.

During the inspection, we undertook a tour of the home. We found the home to be clean, tidy and well-maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

The water temperature was checked from taps in five bedrooms and two bathrooms and we found all were thermostatically controlled. This meant the taps delivered water at a safe temperature and minimised the risk of scalding. Window restrictors were present and operational in the five bedrooms, one lounge and two bathrooms we viewed. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling.

We spoke with the registered manager on how they managed accidents and incidents. They told us they documented all accidents and incidents on their computer care system. The accidents were then reviewed

and any additional support required to keep people safe was sought. For example, one person had an appointment with their GP and was referred to a specialist falls team for support. The team visited and assessed the person and suggested strategies to reduce the risk of further falls. This showed the registered manager had a system to monitor people's safety and seek support and guidance to manage the risks.

There was an up to date fire plan and weekly testing of smoke alarms. This showed the provider had systems to minimise risk and protect people in the event of an emergency.

We found call bells were positioned in bedrooms close to hand allowing for people to summon help when they needed to. Throughout our inspection we tested and observed the system and found staff responded quickly to the call bells. Regarding the call bells one person told us, "I rang the alarm once by accident and people appeared from everywhere." A second person said, "They answer your calls promptly."

A recruitment and induction process ensured staff had the relevant skills to support people. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at five staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people from unsafe recruitment of potential employees. The DBS check helped employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. The registered manager checked any gaps in employment during the interview process.

During this inspection we observed the afternoon medicine administration with the qualified nurse. We also looked at the storage of medicines at Nazareth House. The home followed the relevant NICE guidance related to the management and review of medicines. The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. People received their prescribed medicines at the appropriate time. The nurse signed the medicine administration recording form (MAR) after each person had received their medicine. One person told us, "The staff give me the medicine. Wherever you are they'll find you. It's great for that. I know what the medicine is for." The storage and disposal of medicines including controlled drugs were stored securely. The nurse we watched give medicines to people had recently completed medicine proficiency with the local pharmacy. This showed the medicines were managed and administered safely.

Is the service effective?

Our findings

People and relatives we spoke with were complimentary and positive about the care provided at Nazareth House. One person told us they were impressed by how quickly staff had got the GP to visit when they were ill. A relative of another person told us, "As soon as [my relative] is not well they tell me. They know what's going on all the time."

We observed lunchtime service in two dining rooms. One small dining room only had one table and three people were sat waiting for lunch when we joined them. The starter was soup and one person needed help to eat this. One staff member started to provide support with the soup then left. After 10 minutes a second staff member sat and finished helping the person with the soup.

A second person sat at the table, struggled to reach the soup and appeared not to be able to see the cutlery clearly. They made many attempts to eat the soup over several minutes, before staff offered support. They ate their main course independently but slowly and with some difficulty. During dessert staff offered support. One staff member initially offered support then got up and left. They were replaced by a second staff member. The second staff left the person twice to collect dishes from outside the dining room and put them in the kitchen. There was no conversation or explanation given to the person who had received support on where they had gone and if they would be returning.

This was a breach of Regulation 14 HSCA (RA) Regulations 2014 (Meeting nutritional and hydration needs.) The provider failed to ensure that food was maintained at the right temperature for the whole mealtime.

The second observation happened in the larger dining room. The meal served was pork casserole with vegetables, with a lighter option of a sausage in a bun. The pudding was either rice pudding or ice cream. There was a choice of cold drinks with tea or coffee served at the end of the meal. One person declined both meal options and was provided with an alternative. They ate half of the alternative and half the dessert. One of the Sisters of Nazareth was present in the dining room. They suggested there might need to be closer monitoring of what people were eating. Staff did offer support to people. One person was asked if they would like their food cut up and this was done. Their relative was present, they told us, "They are diabetic. They ensure they have the correct food." Another person had adapted cutlery and another person a special bowl so they could manage their food and it did not fall off their plate.

We received mixed messages about the food served at Nazareth House. One person told us, "The food is good but rather adventurous at times." A second person told us, "The food is prompt, good and varied. I like everything." The chef had attended a residents meeting to discuss the food. The registered manager had started a menu group for people to look at the quality of the food served. One Sister told us they were thinking of asking people from, 'The Friends of Nazareth House' to come once a month and sample the food. The Friends of Nazareth House are a group of volunteers who support the home. This showed the registered manager had listened to people's views on the food served and sought to monitor its quality.

The provider had achieved a food hygiene rating of five. Services are given their hygiene rating when it is

inspected by a food safety officer. The top rating of five means the home was found to have very good hygiene standards.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review training needs, roles and responsibilities. Regarding supervision a staff member said, "I have mine with the registered manager, they are a good sounding board." Records confirmed staff had the opportunity to reflect on their strengths, achievements, future and ongoing training needs.

We spoke with staff members, looked at the training matrix and individual training records. Staff members we spoke with said they received induction training on their appointment. Staff received mandatory training on safeguarding, MCA, infection prevention and control, fire safety, nutrition and diet and moving and handling. One staff member told us, "The registered manager is good with the training." The registered manager also was a trainer. They delivered training to staff on dementia and MCA. They told us it was effective having a trainer on site. On the day of our inspection we saw one staff member had a meeting with their external training assessor. They were working towards a level three diploma in team leadership. We joined the meeting and the staff member told us the course was hard but they felt supported by the provider. They told us they were glad for the opportunity to achieve the qualification.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application. We saw evidence in the care plans of mental capacity assessments and DoLS applications and paperwork. We also saw best interest decision statements in the care plans. At the time of our inspection there were six applications with the local authority awaiting approval. The registered manager told us they communicated regularly to check on the progress of the applications.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. During our inspection one health care professional visited the home to manage ongoing treatments. They told us they visited the home at least twice a week, and felt that the home had a very good relationship with the GP practice. People also told us they had visits for physiotherapy, hearing tests and chiropody. We noted evidence of joint working with community mental health teams, hospital services and the care home support team in care plans. We saw the registered manager had applied for training for the trained staff on managing skin and soft tissue injuries. This had been organised by the care home support team. The registered manager told us they felt lucky they were able to access the care and support team. They told us anything they are unsure of, they could ring the team for guidance as they were very helpful.

Is the service caring?

Our findings

During our inspection we received many positive comments about the caring environment in Nazareth House. The core values of Nazareth House of love, compassion, respect, and justice were displayed in the reception area of the home. One person told us, "The staff are wonderful. Both night staff and day staff. They do what they can for you." A second person told us, "I couldn't fault any of them, they're absolutely marvellous." A third person said, "They are caring, they treat you as an individual. The best thing is that they are caring."

However we observed people being supported with their lunch at Nazareth House. A person sat in a wheelchair was pushed to the dining table whilst lunch was being served. They requested to stay in their wheelchair whilst they ate their lunch. The staff member responded, "No" with no further explanation. This person repeatedly asked questions and raised concerns about being late to meet a visitor. They did not always get a response from the staff member. They asked if they could eat their dessert on their lap. They were told, "No" by a staff member with no further explanation. After the main meal, the person requested to leave the table to use the bathroom. Staff responded by offering dessert. The person ate dessert then asked again for support to leave the room on more than one occasion. They became distressed and asked for their walking frame and suggested they would leave unsupported. Staff did eventually help the person to leave the dining room. We spoke to the registered manager about this who told us the person did ask the same questions repeatedly. They stated they would look into the incident and review the person's care plan.

This was a breach of Regulation 10 HSC (RA) regulations 2014 (Dignity and respect.) The provider had failed to ensure that staff had treated people with dignity and respect and communication was respectful.

We were told one person had a daily paper delivered. Their relative told us, "He has a daily paper to look at the pictures, he can't read or write. He knows what's on the news. The staff talk to him and know him well." They further commented, "He's not stressed at all. He's very content here."

When speaking with staff, it was apparent caring relationships had developed. Care staff spoke about people in a warm, compassionate manner. One staff member told us, "If I get a good night god bless. I have had a good day. I've done good knowing someone has gone to sleep happy." A second staff member told us, "Every now and again, I have to think; that job can wait. I make time to care."

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings. Whilst walking around the home we observed staff members undertaking their duties. We noted they knocked on people's doors and waited for a response before entering. We spoke with people who were in their rooms and asked if staff respected their privacy. People we spoke with felt staff were very good at knocking on doors and waiting to enter.

Everyone we met was clean and smartly dressed. One relative told us, "Staff monitor [my relative's] clothes and let me know if anything needs replacing." A member of staff told us they took time supporting people to

choose the clothes they wanted to wear that day. "We help the ladies colour co-ordinate their clothes. It makes them feel good." This showed the registered manager had promoted a positive culture of respect for a person's home and their belongings.

Relatives we spoke with told us they were made to feel very welcome. Visitors were welcome to come without restriction, join in with activities and eat meals if they wish to. One relative confirmed this, "I can visit when I like." People were also able to keep in touch with family and friends by having the use of telephones in their rooms. This showed the provider valued and promoted positive relationships for people who lived at Nazareth House.

Care records we looked at all contained signed consent forms showing people had agreed to the care being provided. We spoke with the registered manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge and told us they had helped one person to get an independent mental capacity advocate (IMCA). The role of the IMCA is to work with and support people who lack capacity. They represent their views throughout best interests processes. Having access to an IMCA meant the rights and independence of the person were respected and promoted. This demonstrated there were processes in place to support people who wished to access advocacy services.

The plans were personalised around the person and held valuable small pieces of personal information. One plan stated the person likes to eat fresh pear chopped into small pieces. A second plan told us this person was a private person and a third plan told us the person likes to hold hands. This showed the provider had spent time with people and promoted their individuality.

We saw evidence staff had received training on end of life care from a local hospice. People had do not attempt cardiopulmonary resuscitation [DNACPR] forms within care plans. These were signed and ensured end of life wishes were valid and current. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. Regarding end of life support one staff member told us, "I see it as a privilege to help someone with their end of life care."

Is the service responsive?

Our findings

When talking with people there were a number of comments relating to people being able to express their individual needs at Nazareth House and be treated as individuals. People told us they were given choices. For example, if they wanted to have their breakfast in bed, they could. People told us they were able to shower when they wanted to and that they were able to do this for themselves. One person said, "The staff are there if needed. They take me into the shower but I shower myself." A second person told us, "If I ask for any help I get it. They answer your calls promptly."

People who lived at Nazareth House were able to express their diverse cultural and spiritual needs. As a Catholic home there is Mass daily at 9:30 am for all who wish to attend. One person told us they hadn't been to Mass for years but now went regularly and felt better for it. Another person told us the fact that they could attend Mass every day had been a key factor in them choosing to come to Nazareth House. However, other faiths and no faith are welcomed. There was a monthly visit by the Anglican vicar. One Sister told us there were people living at Nazareth House who followed no faith. We asked if this was a problem, she laughed and said, "Certainly not." We were told about a recent visit by a group of Muslim students. The visit had been enjoyed, and people we spoke with told us about the visit. This was celebrated in the newsletter on display in the reception area. This showed the provider respected people's diversity.

People are assessed before they move to Nazareth House. The registered manager told us they visited the person to see if their needs could be met at Nazareth House. They looked at if people would get along with everyone else. They told us, "The bed will stay empty if it's not right for people, it's not about filling a bed. It's about getting it right for people." We looked at care records of five people to see if their needs had been assessed and consistently met. We found each person had a care plan that detailed the support they required. The care plans were informative, current and we could see how staff supported people with their daily routines and personal care needs. The assessment had risk assessments of their physical health. These included nationally recognised assessment tools which identified the risk of getting a pressure sore and the risk of malnutrition. Any problems identified were documented in the care plan. Care plans were reassessed by staff as people's needs changed. One relative told us about their family members care, "They give me their care plan to read and I make comments at the end of it." This showed the provider had a system to assess health risks and develop personalised care plans.

There are 'residents' meetings at Nazareth House, relatives can attend these. The manager, Sister Superior and the chef were all present at the last meeting. The minutes showed the manager had suggested meetings were more frequent. All present agreed it would be a good idea. It was also documented that people were asked to become more involved in all aspects of the home, which was received positively. This showed the registered manager was seeking people's views and preferences to the care delivered.

We asked about activities at Nazareth House people we spoke with were very positive. There was a variety of activities which were tailored to individuals and to groups. One person told us, "There's plenty going on. Tonight, it's poetry, I love poetry. There's gardening, bible study and music. Wonderful singers. I'm never bored." A second person said, "There's always something going on."

The home had visits from local community groups. For example, a visit by the local cub scouts to celebrate their 100 year anniversary was planned. A local priest helped residents to do pottery and took the items away to fire in his kiln. There is a childrens nursery on the site run by Nazareth Care and there are strong links between that and the home. Recently there has been an Easter bonnets making activity and children from the nearby nursery had visited and taken part.

People were able to go into the grounds and enjoy the garden (including the sensory garden.) We saw a weekly timetable of activities which included quizzes, crosswords and a visit from a local dog 'Benny'. This was part of a pets as therapy activity 'pat-a-dog'. There was a computer in the main lounge. The registered manager told us a local bank visited to help people learn computer skills and access the internet. For example, one person requested and was shown how to access internet sites showing information on historical Lancaster. There was a digital photo frame in the reception that showed photographs of people taking part in recent activities. It also held photographs of the garden and their flowering plants. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

There is a group called Friends of Nazareth House which runs special events such as a Summer Fete and a Christmas Fair. One relative who enjoyed joining activities told us, "They have celebrations and special things for every high day and holiday."

The service had a current complaints procedure which was made available to people and was clearly visible in the reception area. The procedure clearly explained how a complaint should be made and how this would be responded to. People told us they would be comfortable with complaining to the staff or the management team if and when necessary. One person said, "If I was unhappy about anything I'd discuss it with the family first and I would talk to staff." A second person told us, "I've no worries but I'd be happy to talk to the Sisters." One relative commented, "I've never complained about anything while [my relative] has been here. If I was unhappy I'd talk to his primary carer and then the manager if necessary. They make a point of telling you who it is." At the time of our inspection the registered manager had received no formal complaints.

Is the service well-led?

Our findings

During our inspection we observed a conversation between one person who lived at the home and the registered manager. They asked the registered manager to do something for them and they said, "I'm on the job." They replied to the registered manager, "I know, you do a good job." They then commented to us, "I knew [registered manager] wouldn't let me down."

Staff told us they involved in developing the service. They told us they felt supported by the registered manager and felt that they could question practice. Staff received regular feedback from the registered manager in a constructive and motivating way. One staff member told us, "The registered manager is fantastic. They are very supportive." A second staff member told us, "I fully respect him. He's very good. He tells you how it is, he's honest."

The registered manager had procedures to monitor the quality of the service being provided; regular audits had been completed. These included monitoring the environment and equipment, maintenance of the building, infection prevention and legionella checks. There was a comprehensive monitoring system for ensuring checks were completed and current. For example, we saw an action plan which highlighted tasks to be completed, who was responsible and the target date for completion. There was also a forecasted plan to relocate and improve the laundry. This showed the registered manager had a system to maintain quality whilst seeking to improve the environment.

Nazareth House had been assessed by an external organisation based on feedback and reviews. Reviews of the care provider could only be submitted by people who lived at the home or their family and friends. The provider scored 9.8 out of 10. This showed feedback on the care and support delivered was positive. We spoke with the registered manager about this who told us, "It's about being remembered for delivering quality care. It is about providing care people deserve."

During recent floods which left the home without power, directors of Nazareth House travelled from London and Manchester to provide support. They organised emergency lighting and hot food and drinks. In response to the flood they created an emergency plan to combat any future crises. This showed all levels of the service took responsibility in supporting people at the home.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider is required to notify us about and working with other agencies to maintain people's welfare.

Staff told us there were regular meetings with the registered manager. There was a daily meeting with staff on shift that looked at issues in the home, illness or hospital admissions. There was a monthly staff meeting for the full team. Minutes of the last meeting included what staff should write on the computer based care system. There was regular 'residents' and relative meetings where feedback on care was sought. The feedback we saw was all positive. For example, 'I can't find anything wrong all the time I have been here. I am a very honest person.' And 'I am happy here, the staff are wonderful'.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider had failed to ensure that staff had consistently treated people with dignity and respect and communication was respectful. Regulation 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	The provider failed to ensure that food was maintained at the right temperature for the whole mealtime. Regulation 14 (1)(4)(d)