

Nazareth Care Charitable Trust

Nazareth House - Manchester

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nazareth House – Manchester is a care home registered to provide nursing and residential care for up to 66 older people. At the time of inspection 58 people were using the service. People of all religious faiths are welcomed.

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

At our last inspection medicines were not always managed safely. Quality assurance systems were not robust. At this inspection we found ongoing issues with medicines management and the governance of the service.

Although we identified continued concerns around the safe management of medicines and good governance, we identified other key areas in which improvements had been embedded and sustained. We found improvements to the environment, training and staff deployment had been made.

We found shortfalls in the homes approach to safety. An electrical conditions report completed in March 2016 highlighted the electrical wiring systems needing to be replaced. We found this work had not been completed. During the inspection we were provided with high level assurances from the provider this work would take place in January 2020.

People's care plans did not always contain sufficient or accurate information for staff to be able to support them. End of life care plans were not always in place for people. We recommend the provider develops end of life care planning for people.

Complaints were dealt with in accordance with the organisation's complaints procedure, people said they knew how to complain. People were supported to engage in activities in the home and in the community.

Incident and accidents were recorded and dealt with appropriately. However, the service needed to develop systems that analysed patterns and trends in order to reduce the likelihood of such events occurring in future.

Staff were supported through induction, training and supervision. The management team had identified gaps in staff training at the last inspection and clear timescales were provided for when this would be completed.

Staff knew how to safeguard people from abuse. Staff were recruited using systems which reduced the risk of unsuitable candidates being employed.

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

consent from people when assisting them.

The management team had been responsive to feedback from health professionals and commissioners, however, the provider had not been pro-active in identifying the issues raised themselves. The provider's audit systems were not always robust enough to monitor, assess and improve the safety and quality of the service in all areas.

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

Rating at last inspection

The last rating for this service was requires improvement (published 3 July 2019).

Enforcement

At our last inspection we served requirement notices for Regulations 11, 12, 17 and 18. Although improvements had been made in certain areas, this did not reflect a sustained approach. At this inspection we have identified breaches for Regulations 9, 12 and 17.

Why we inspected

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, 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. On the second day, the inspection was carried out by one inspector and an assistant inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information we had received through our ongoing monitoring of the service and feedback we received from the local authority and the community infection control team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 21 people living at Nazareth House – Manchester and 10 people's relatives about their experience of the care provided. We spoke with 17 members of staff including, the regional manager, registered manager, the deputy manager, seven care workers, four nurses, the chef and the two activities co-ordinator. 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 reviewed records relating to the care people were receiving and the management of a care home. This included, the medicine systems, five care plans, training and supervision records, audits, records of servicing and maintenance and a sample of policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There continued to be a risk that people could be harmed.

Using medicines safely

At the last inspection in April 2019 we found medicines were not always managed safely. When audits were done they did not evidence that medicines were always administered as prescribed or could be properly accounted for. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some but not all improvements had been made and the provider continued to be in breach of regulation 12.

- People could not have some of their prescribed medicines because there was no stock available in the home for them. If doses of medicines are missed it puts that person's health at risk of harm. One person had missed one of their medicines for 11 days.
- We found one person was prescribed a medication to treat rigidity. We found this person had missed this prescribed medication for 5 days.
- We found the service had not queried why one person had missed their vitamin B12 injection that was prescribed to treat low levels (deficiency) of this vitamin. The vitamin B12 injections were not listed on five people's MAR's, meaning there was no complete up to date record of prescribed medicines.
- One person was prescribed pain relief patches to be applied once a week. We found the prescribers instructions had not been followed and the person did not have these patches applied for four weeks. The management team were not aware of this omission.
- People did not always have written guidance in place for staff to follow when they were prescribed medicines to be given "when required". When guidance was in place it lacked detail at times.
- Records about the use of creams were not always completed and when they were they did not always show that creams were applied as prescribed.
- During the inspection we observed a senior care worker administer one person's instilled eye drops without washing hands or wearing gloves. We raised this observation with the registered manager.

This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of the above concerns, we asked the registered manager to make several safeguarding referrals to the local authority.

Staffing and recruitment

At the last inspection in April 2019 we found there was a lack of suitably skilled and experienced staff which meant people were not safe. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Staff rotas confirmed staffing levels remained consistent. The provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service. The workforce was used flexibly to cover any shortfalls and the use of agency staff had greatly reduced since our last inspection with the introduction of permanent and bank staff.
- We spoke with staff about staffing levels and whilst no concerns were raised, staff made reference to the fact the home was not full, so the current staffing deployment was safe. Comments included, "There is less agency, the staffing levels has improved. I feel we have enough staff" and "Currently the staffing levels are fine."
- The provider took appropriate measures to ensure robust pre-employment checks were undertaken to ensure only suitable staff were employed at Nazareth House - Manchester.

Assessing risk, safety monitoring and management

At the last inspection in April 2019 we found aspects of the environment was not safe and people did not always have risk assessments in place particularly around prevention of falls. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- We identified improvements in people's risks assessments. We found risks had been assessed with risk management plans to guide staff on the action they needed to take to mitigate the identified risks. For example, we found newly developed risk assessments were in place for people who were at risk of developing pressure ulcers. These risks assessments guided staff on the importance of the person receiving turns at specified intervals to help reduce this risk.
- At the last inspection we found that there were no key pad locks on stairwells, which meant people who lived with dementia could access them leaving them exposed to the risk of falls. During this inspection we found these locks had been installed.
- During our tour of the home we found the environment was safe with no potential trip hazards, as noted at the last inspection. However, we queried whether the satellite kitchens contained a risk assessment due to the electrical appliances being easy to access. The registered manager felt the satellite kitchens did not pose a current risk. The manager confirmed a risk assessment would be completed and reviewed regularly to ensure the satellite kitchens were always risk assessed taking in to consideration people living at the home.

Systems and processes to safeguard people from the risk of abuse

- Systems and procedures which sought to protect people from abuse were operated effectively. Staff knew how to safeguard people from abuse. They knew the signs of abuse and were confident any concerns they raised would be dealt with appropriately.
- The registered manager and wider staff team understood local safeguarding arrangements and records confirmed safeguarding concerns continued to be reported to the relevant authorities.
- People who used the service told us they felt safe. One person told us, "I find this the safest place I have ever been, doors are locked, and no one comes in if they don't need to be here." One person's relative also commented, "We brought my nana here because this is the safest place for her."

Preventing and controlling infection

- The home was clean throughout and was free of malodours. Throughout the inspection we observed housekeeping staff cleaning communal areas and people's rooms. We received positive feedback from

people regarding the cleanliness of the home. Comments included, "The care home is improving massively, the surroundings smell fresh and my bedroom is kept tip-top clean" and "There was a time when the place was just not clean, the place looks tidy now."

- Records showed staff were provided with training relating to infection control. Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff and people to use throughout the home.
- The home retained a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA), who are regulators for food safety and food hygiene.

Learning lessons when things go wrong

- Analysis of accidents and incidents was not robust. Although accidents and incidents had been reviewed by the management team and we found appropriate remedial action had been taken, there was insufficient detail around post-incident actions and lessons learnt. The registered manager and regional manager acknowledged this feedback and confirmed this was something the service was in the process of developing.

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 inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good: This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection in April 2019 we found a lack of appropriate support and training meant staff were not equipped to carry out their role competently. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- We saw an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. Although a small number of staff still required aspects of training there was a clear schedule in place detailing timescales when this would be completed.
- The management team also introduced regular spot checks to ensure staff were competent. People and their relatives told us staff had the right skills to meet people's needs. One staff member told us, "I think the training is much better and the managers are always reminding us when it needs to be done."
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- Staff told us they received regular supervision and appraisal, which they found useful. Records showed staff received feedback on their performance in supervision and that the manager checked their understanding in relation to key responsibilities for their roles.

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

- People had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and sleep routines. A person told us, "All of my care needs are attended to."

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

- At the last inspection we found the mealtime experience was poor, as people did not always get the support they needed at lunchtime. At this inspection we found improvement had been made.
- During the inspection we observed the lunchtime meal. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people who needed support.

- People told us meals were of a very good standard. Comments included, "The food is delicious", "You can eat whatever you say you like, there is no limit to what you can have", "You can have your meal anywhere you want, if you prefer to have it later, staff will respect your choice" and "Staff ensure that people have nutritious meals."
- Where people were at risk of malnutrition, meals were fortified to reduce risk. People nursed in bed had access to drinks throughout the day and where there was an identified risk, people's fluid intake was monitored.
- We met with the homes chef and they confirmed they were aware of people's modified diets, preferences dislikes, allergies, and cultural dietary needs.

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

- Care plans identified people's health needs with guidance for staff on how to support them. Care plans showed staff made appropriate and timely referrals to health professionals such as the GP, podiatrist, dentist or optician, when needed. During the inspection we spoke with a GP who regularly visited their patients in the home. The GP commented that they had seen a number of positive improvements since the new management team had been in place, but felt there was still room for further improvements.
- People told us they saw their doctor if needed or at a weekly round. People said they were supported to attend health appointments, opticians and dental appointments, so they would remain well.

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).

At the last inspection in April 2019 we found the provider failed to meet the requirements of the MCA, which meant people's rights were not always protected. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- We found the provider had a better oversight of the DoLS that had been submitted and when they were due to expire. We found appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.
- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "I always for the clients consent before carrying out any tasks."

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

- At the last inspection we found aspects of the environment were worn in presentation. At this inspection

we found a programme of refurbishment had taken place. The provider had recognised the need for refurbishment and new flooring replaced old carpets and four bathrooms had been upgraded.

- The environment was suitably maintained and adapted, where needed, to meet people's needs. There were accessible toilets and bathrooms throughout the home with hand rails. There was appropriate dementia friendly signage and lift access to all floors.
- The accommodation was light and airy. There was a fresh atmosphere throughout the accommodation.
- Nazareth House is a large purpose-built home that is attached to the convent of the Sisters of Nazareth. It is both simple and striking in design in parts. The home is situated in large well-kept gardens. The provider was in the process of reviewing the garden area, so it would be much more accessible for people.

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 inspection this key question was rated as Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we observed very caring and sensitive approaches undertaken by staff and some people we spoke with told us they were well supported and that their needs were met. Comments from people included, "Staff allow you do what you want to do", "I am happier here than when I was living alone at home, everything you need doing, it is done. I go to mass every day, the care home answers all my prayers" and "I have only been here for a few weeks and I know that I found a new home."
- People could attend a Catholic Mass, which was held once a day and other services were held by relevant visiting clergy. The Sisters of Nazareth offered Holy Communion in people's rooms to those people who wished to receive it but were not physically able to visit the chapel.
- Staff were also aware of the importance of supporting people in a non-discriminatory way which reflected their beliefs and cultural preferences.

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

- Staff understood the importance of involving people in decisions about their care. However, we found inconsistencies as not all the people and relatives we spoke with knew how they had been involved in decisions about their care. However, care plans reflected people's views and wishes about their care and treatment and had been updated when people's views or decisions changed. The registered manager provided evidence that care plan reviews would take place in the new year.
- Information about advocacy services was readily available to people within the home, should they need an independent person to advise them.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. People told us staff encouraged them to do as much as they could for themselves. One person told us, "I want to stay as independent as possible but with my [medical condition] I do need help."
- People told us staff were caring and treated them with dignity and respect. Comments included, "The staff here are lovely. I never feel worried when asking for help" and "Being in the right environment is important to me, and what attracted me to this place is that I want to reconnect to my faith."
- Staff promoted people's independence where they were able. The satellite kitchens allowed people to make their own drinks, rather than being reliant on staff support to do this. The management team did not want to restrict people's independence by having locked gates on the entrance to the kitchens.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Care plans continued to be varied in detail and how person centred they were. During the inspection we were informed by the management team they were aware all care plans needed to be reviewed and amended to ensure that they were all person centred and captured people's assessed needs. However, we found limited progress had been made in this area.
- The service continued to use the electronic care records system that many of the staff felt was beneficial. We were informed that this system should also hold aspects of monitoring charts to assist with analysis, but this was not in place and staff continued to complete paper copies while monitoring people's health needs.
- As previously mentioned in this report, we became aware of a medicines discrepancy that resulted in one person not receiving their medication for 11 days to manage their seizures. Upon reviewing this person's care plan we found guidance about managing this person's seizures was not in place. During the inspection the deputy manager updated this person's care plan to ensure this vital information was captured.
- We identified for one person some areas of their individual need had not been captured within their care records, such as their cultural needs.

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.

- The registered manager was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative way.

End of life care and support

- Information in care plans about how people wanted to be supported at this time of their lives was limited. There were no records to indicate any discussions had taken place with people or their loved ones to capture this information.
- We found the service was previously part of the Six Steps programme. However, during the inspection the registered manager informed us they were no longer accredited with the Six Steps. The manager felt this was due to changes in managers and the staff team which meant the accreditation had not been reviewed.
- Although care plans lack detail in respect of how people wanted to be supported nearing the end of their life. We found people's spiritual and emotional needs were met. For example, people's family members were welcomed at the service and could stay in a bedroom situated close to the chapel. This showed to us that

the home recognised and considered the importance of caring for the needs of all family members and friends. We continued to see positive feedback about the Sisters of Nazareth and how important it was for relatives to know that the Sisters were present as a person was nearing the end of their life.

We recommend the provider seek advice and guidance on developing meaningful end of life care plans and supporting staff to deliver care during this time.

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

- The provider employed two highly motivated activity coordinators and their roles were to provide a range of activities for people to engage in. The activities coordinators organised a programme of daily activities and events to provide people with physical and mental stimulation.
- People participated in activities that met their individual choices and preferences. Comments included, "The activities have improved since there is two girls now doing them", "I have been asking for people to come here to provide some musical entertainment for years, this week or last, there was finally groups that came to do ballet dancing, I was pleased with that" and "The home is buzzing with activities recently."
- On the first day of our inspection, we observed a small group of people sat in the large communal hall watching a young group of children singing Christmas carols and interacting with the people. The activities coordinators had created links with a local child minder group and this link had certainly gone down very well at the home.
- On the second day of our inspection, there was a great buzz within the service, as it was their annual Christmas celebration, this also included the staff team. Live music was arranged and there was a great atmosphere within Nazareth House- Manchester. The staff team encouraged everyone within the home to be involved, including some people who were cared for in their bedrooms.
- At the last inspection we found the service needed to also consider the social stimulation for people who were cared for in their bedrooms. Speaking to the activities coordinators they told us, "We have set aside Thursdays and Fridays for 1-1 to do nails, chat, play simple games, or getting to know a little bit more about individual resident, especially new ones."

Improving care quality in response to complaints or concerns

- Complaints had been appropriately managed in line with the provider's procedure. They were managed in a timely manner and an apology given where appropriate.

Is the service well-led?

Our findings

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

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

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

At the last inspection, we found systems to assess, monitor and improve the quality and safety of the service provided were not robust. This resulted in a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some but not all improvements had been made and the provider continued to be in breach of regulation 17.

- We found auditing systems for the safe management of medicines were not always effective. The provider had a range of audits to reflect on the quality of care and when improvements were required.
- Although we noted audits connected to the medicines at the home had identified shortfalls we were not assured the management team was proactive at ensuring improvements were being made when these errors were detected. The current auditing systems was not robust enough to demonstrate medicines were safely being managed.
- The service had an improvement plan in place. We noted this plan had identified all care plans needed to be fully reviewed. We found the progress in this area was limited and clear timescales for when this work would be completed had not been agreed.
- The provider was not always proactive at making improvements when these were highlighted. We reviewed the homes electrical conditions report that was completed in March 2016. One area that had still not been addressed was the electrical wiring, this needed to be replaced. During the inspection we were provided with written assurances from the provider this work with take place in January 2020. We will continue to monitor this.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were safely being managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- By law the commission must be notified of certain events in the care home. During the inspection it was identified that two required notifications had not been made concerning two medicines discrepancies. This

had meant that we did not have information so that we could monitor events within the home and take follow up action if needed.

Failure to notify the Commission of certain events is a breach of regulation 18 The Health and Social Care Act 2008 (Registration) Regulations 2009. This is being followed up outside of the inspection process.

- Staff were knowledgeable about their working roles and responsibilities. This meant people were supported by staff who knew them well.
- The registered manager felt supported in their role by the provider and had the resources they needed whenever they requested them.
- The ratings from the previous inspection were displayed as required under legislation.

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 management team understood their duty of candour responsibilities. During the inspection the registered manager informed us of a medicines error they had just become aware of, this showed an openness that the service was striving to make the necessary improvements and being open was the way forward.
- The management team were open about the areas of improvement required within the service and shared their service improvement plans with us.

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

- Most people, relatives and staff told us they felt listened to by the management team. Comments received from people included, "I think the home is usually managed well, [registered managers name] is very relatable and she is genuinely caring", "What I love about the new manager is that she is always willing to hear your views" and one person's relative told us, "[Registered managers name] brought 'Care' back into Nazareth House, before her, staff was just coming to work, and not so caring."
- Staff meetings continued to be held to keep staff updated with any changes to the delivery of people's care.
- Meetings took place for people and relatives where they could express their view and wishes, and an action plan put in place to make improvements based on people's feedback. The registered manager held open door sessions for people and relatives to drop into discuss any issues important to them.
- Surveys were in the process of being sent out to people, relatives and staff to gather their feedback. The registered manager confirmed the results would be analysed by the management team and they would provide feedback to the people at the home.

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

- People and their relatives had been offered the opportunity to comment on their experience of using the service. There were regular residents' and relatives' meetings at which people had been invited to suggest improvements to the service.
- Regular staff meetings took place to discuss any concerns they had or raise useful suggestions to make improvements. Staff told us that these meetings had improved, and staff felt listened to.
- The service worked with a range of professionals and outside agencies to meet people's needs.
- The management team worked positively with the local GP practice to resolve issues.
- The activities organiser had forged links with a local school and a child minder group.

