

Nazareth Care Charitable Trust

Nazareth House - Crosby

Inspection report

Liverpool Road

Crosby

Liverpool

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Tel: 01519283254

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19 July 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 and 19 July 2016 and was unannounced.

Situated close to shops, local facilities and public transport links, Nazareth House is a residential care home that can support up to 66 people who require accommodation and personal care. Located in spacious grounds, the accommodation is arranged over three floors. During the inspection, there were 61 people living in the home.

A manager was in post and they had applied to the Care Quality Commission (CQC) to become the registered manager. 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.

A safe environment was not always maintained. We observed chemicals around the home that were not stored securely. There were windows that were observed to have broken or no window restrictors on them in order to maintain people's safety. Vulnerable people had access to boiling water putting them at risk of potential injury.

We looked at people's care files and found that not all identified health needs were assessed and reflected in their care plans. This meant that staff may not have access to sufficient information to support people safely.

The care files we looked at showed staff had completed some risk assessments to assess and monitor people's health and safety. However not all risk assessments provided sufficient detail, such as some personal emergency evacuation plans.

We looked at the systems in place for managing medicines in the home. A medicine policy was available for staff and staff had completed training in relation to safe medicine administration. Medicines were stored safely and records showed they were administered as prescribed. We found that people's allergies were not always clearly recorded.

People we spoke with told us they felt safe living in Nazareth House and staff and visitors to the home agreed that care was provided to help keep people safe. We found that there were adequate numbers of staff on duty to meet people's needs.

Staff had a good understanding about adult safeguarding. We found that appropriate safeguarding referrals had been made and a system was in place to monitor the outcomes of referrals.

We looked at accident and incident reporting within the home and found that this was reported and

recorded appropriately. There was a system in place to report any maintenance work required and this was signed off when completed to ensure the home was kept in a good state of repair.

One person had an authorised Deprivation of Liberty Safeguards (DoLS) in place, however records showed and the manager confirmed, that there were other people who required a DoLS application but these had not been submitted at the time of the inspection.

We observed staff gaining people's consent during the inspection. We found that when people were unable to provide consent, the principles of the Mental Capacity Act 2005 were not always followed.

Staff completed an induction when then commenced in post. The manager told us that approximately 50% of staff required refresher training in what they considered to be mandatory training. Not all staff we spoke with had received regular supervisions to help support them in their role. No staff had received an annual appraisal, though staff we spoke with felt supported in their role.

People told us they received enough to eat and drink but we received mixed feedback regarding the choice and quality of the food.

No changes had been made to the environment to support people living with dementia since we made a recommendation regarding this during the last inspection. The environment had not been adapted to meet people's individual needs. There was no secure area for people to sit outside and the communal areas of all three floors of the home were similarly decorated.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

People told us staff were kind and caring and treated them with respect. We observed people's dignity and privacy being respected by staff, such as staff knocking on people's door before entering their rooms. Interactions between staff and people living in the home were warm and genuine.

Most care plans we viewed showed that people and their families had been involved in the creation of the care plans. Plans were written in in such a way as to promote people's independence.

People we spoke with told us that their religious needs were met. Nazareth House has a chapel within it and mass is held there daily for people who wished to attend.

We observed relatives visiting throughout both days of the inspection. The manager told us there were no restrictions in visiting, encouraging relationships to be maintained. For people who had no family or friends to represent them, contact details for a local advocacy service were available within the home for people to access.

Although the care plans we viewed were reviewed regularly, they did not always contain consistent information throughout the care file regarding people's needs.

Staff we spoke with demonstrated a good knowledge of people's individual care, their needs, choices and preferences and these were reflected within care files. Care files contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from admission.

People told us there were activities available for them to participate in should they choose to.

Processes were in place to gather feedback from people and listen to their views. A complaints procedure was available within the home; however this was not on display for people to access. People we spoke with told us they knew how to raise any concerns they may have and felt able to do so.

Not all actions and recommendations had been acted upon since the last inspection.

The provider employed an internal quality team who visited to assess the service and provided reports of their findings. The clinical director also visited the home regularly and completed checks as well as providing support and training to staff when required.

We viewed completed audits which included areas such as uniforms, care plans and medicines; however they did not identify all of the issues we highlighted during the inspection.

Feedback regarding the management was positive from people living in the home. People told us they knew who their manager was and that she was approachable.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

Care files were not always stored securely in order to maintain people's confidentiality.

The manager had notified CQC of events and incidents that occurred in the home in accordance with our statutory notifications.

The manager told us they had plans to further improve the service.

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.

Chemicals were not always stored securely. Windows did not all have working restrictors in place and vulnerable people had access to boiling water, putting them at risk of potential injury.

Not all identified health needs were assessed and reflected in people's care plans.

Medicines were stored safely and records showed they were administered as prescribed. We found that people's allergies were not always clearly recorded.

People told us they felt safe living in Nazareth House. There were adequate numbers of staff on duty to meet people's needs and safe recruitment processes were followed.

Staff had a good understanding about adult safeguarding.

Requires Improvement ●

Is the service effective?

The service was not always effective.

DoLS applications were not submitted for all people who may require one.

Consent was not always sought in line with the principles of the MCA 2005.

Not all staff had completed the provider's mandatory training and were not supported through regular supervisions and appraisal.

There was no secure area for people to sit outside in the grounds and the home had not been designed to promote people's independence and meet their individual needs.

Staff were supported in their role through induction.

We received mixed feedback regarding the choice and quality of food.

Requires Improvement ●

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and treated them with respect.

We observed people's dignity and privacy being respected by staff and interactions between staff and people living in the home were warm and genuine.

Most care plans we viewed showed that people and their families had been involved in the creation of the care plans. Care plans were written in in such a way as to promote people's independence.

People told us that there religious needs were met. Nazareth House has a chapel within it and mass is held there daily for people who wished to attend.

There were no restrictions in visiting, encouraging relationships to be maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always provide consistent information regarding people's care needs.

A complaints procedure was available within the home; however this was not on display for people to access.

Staff knew people well, including their needs, choices and preferences.

People told us there were activities available for them to participate in should they choose to.

Processes were in place to gather feedback from people and listen to their views.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Not all actions and recommendations had been acted upon since the last inspection.

The systems in place to monitor the quality and safety of the service were not effective.

Care files were not always stored securely.

Feedback regarding the management was positive from people living in the home.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

Nazareth House - Crosby

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 monitor progress since the last inspection in June 2015 when a breach in regulation associated with the Health and Social Care Act 2008 was identified and to check that the provider had completed the planned improvements.

This inspection took place on 18 and 19 July 2016 and was unannounced. The inspection team included two adult social care inspectors.

During this visit we completed a comprehensive inspection, but we also checked to see whether the provider had completed the actions they told us they would take following the last inspection in June 2015.

Before our inspection we reviewed the information we held about the home. We looked at the notifications the Care Quality Commission (CQC) had received from the service and we spoke with the commissioners of the service.

During the inspection we spoke with the manager, clinical director, the chef, six people living in the home, one relative and a visiting health professional that will be referred to as visitors, and six members of the care team.

We looked at the care files of four people living in the home, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

When we carried out a comprehensive inspection of Nazareth House in June 2015 we identified a breach of regulation in relation to keeping people safe. This included stairways that could pose risks to people, no secure outside areas for people to sit, concerns regarding the heating system and lack of automatic closures on doors to assist people to mobilise through doors safely. The 'safe' domain was rated as, 'requires improvement.' This inspection checked the action the provider had taken to address the breaches in regulation.

During this inspection we found that some improvements had been made within the home, however, other concerns regarding the environment were identified. We found that automatic closure devices had been fitted to doors to enable people to mobilise through them safely and stairways had been made secure with the use of a key code to gain access to them. This helped to maintain the safety of vulnerable people. The manager told us the heating system had been adapted to enable hot water to be pumped without the heating having to be on. The temperature of the home was comfortable during the inspection and people living in the home told us they had no concerns regarding the heating or hot water. Some staff we spoke with told us it could be very warm on the lower floors when the heating was on, as it has to be on high to ensure adequate heat reached the upper floors.

We observed chemicals around the home that were not stored securely. This meant that vulnerable people may have access to them and could be harmed. This was raised with the manager and on the second day of inspection we observed chemicals to be stored in locked cupboards for safety.

There were windows within the home that were observed to have broken or no window restrictors on them to restrict the amount the window opened in order to maintain people's safety. This was raised with the manager and since the inspection the manager has told us that the window restrictors had either been repaired or new ones had been fitted as required.

Each floor had a separate dining room which provided access to a kitchen area. There were hot water urns within the kitchens that vulnerable people were able to access. One staff member told us that a person living in the home who was confused had accessed the kitchen that morning in an attempt to make a cup of tea. This meant that people were at risk of injury or scalds. This was discussed with the manager during the inspection and since the inspection the manager has told us doors are being installed to separate the dining room from the kitchen to help ensure people's safety.

Some care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety and measure put in place to reduce those risks. We saw risk assessments in areas such as falls, mobility and pressure relief, however it was not evident that all risks had been assessed. For instance, one care plan reflected that the person required support and encouragement with meals and regular weight monitoring, however there was no nutritional risk assessment to show the person's nutritional risks had been assessed accurately. Records we viewed showed that the person had received appropriate support to meet their needs.

There was equipment available within the home to support people to evacuate in the event of an emergency and staff told us they had been trained to use it. Risk assessments had been completed to help identify the support people would require in the event of an emergency, including personal emergency evacuation plans (PEEPs). These PEEPs provided information on how to support the person to a safe place within the home, but did not always identify the support that would be required to evacuate the home, such as whether the person could use the stairs and if not, what equipment was most appropriate to support them. This meant that staff may not have the necessary information to ensure people could be safely evacuated from the home.

We also found that not all identified health needs were reflected in people's care plans. For instance, one person's file indicated that they had epilepsy, however there was no plan in place to guide staff on what actions to take and how to support the person should they have a seizure. This meant that staff may not have access to sufficient information to support people safely. Since the inspection, the manager has told us that care plans have been reviewed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. A medicine policy was available for staff and included guidance on areas such as actions to take in the event of a medicine error, self-administration, controlled drugs, safe administration and covert administration of medicines (medicines hidden in food or drink), though this form of administration was not in use at the time of the inspection. Staff we spoke with told us that they had completed training in relation to safe medicine administration. Competency assessments were being implemented by the manager and we observed completed assessments for one new member of staff.

Medicines were stored securely in locked trolleys and secured to the wall of the clinic room. We checked the stock balance of three people's medicines and found them to be correct. A medicine fridge was available and temperatures were recorded daily and were within recommended limits. There was a procedure in place regarding PRN (as and when needed) medicines and this had been completed for those people who required medicines administered in this way.

We found that eye drops and liquid medicines were dated when opened in line with good practice guidance and that controlled drugs were checked by staff on each shift to ensure the stock balance was correct.

We looked at people's MAR charts and found that allergies were not always clearly recorded. This meant that there was a possibility people may be administered medicines they were allergic to. This was raised with the manager and on the second day of inspection, we found that care files had been updated to reflect people's allergies and new allergy awareness forms had been created and were in place with people's MAR charts.

People we spoke with told us they felt safe living in Nazareth House and staff and visitors to the home agreed that care was provided to help keep people safe.

We spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. All staff we spoke with were able to explain how they would report any concerns. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available within the home. This enabled referrals to be made to the relevant organisations. We found that

appropriate safeguarding referrals had been made and a system was in place to monitor the outcomes of referrals.

We looked at how the home was staffed. On the first day of inspection there were 10 members of care staff on duty providing support to 61 people living in the home. People living in the home told us there were enough staff on duty to meet their needs and that they did not have to wait for support from staff. Most staff we spoke with told us that there were enough staff, though it could be busy at times. The manager told us they were recruiting new staff and that they used agency staff when required to help ensure people's needs were met.

The manager told us that there was no staffing analysis or dependency assessment in place to dictate how many staff were required to meet people's needs. They told us that additional staff were required as some people's dependency levels had increased. Since the inspection, we have been informed that a system was in place and that staffing levels were determined based on a review of accidents, regular feedback from heads of departments and dependency assessments of individual care plans.

We observed care being provided in a timely way and call bells were answered within a short period of time.

We looked at how staff were recruited within the home. We looked at four personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found that there were safe recruitment processes in place.

We looked at accident and incident reporting within the home and found that this was reported and recorded appropriately. The manager reviewed each report and there was evidence that appropriate actions were taken following incidents, such as referrals to other health professionals for advice and support. There was however no audit of incidents that had occurred within the home to help the manager assess any potential themes or trends and take necessary action to reduce the likelihood of further incidents. The manager told us that all incidents were recorded electronically and that the provider had discussed the need for an analysis function with the computer software providers and were looking at options regarding this.

Arrangements were in place for checking the environment to ensure it was safe. A fire risk assessment of the building was in place and fire safety checks were completed regularly, such as tests of the fire alarm and fire doors. Safety checks of equipment and services had been undertaken, such as hoists, lifts, water safety, emergency lighting and electrical equipment. There was a system in place to report any maintenance work required and this was signed off when completed to ensure the home was kept in a good state of repair.

There were no concerns raised regarding the cleanliness of the home and one person living in the home told us, "It is always clean and tidy." We observed paper towels and liquid soap available within hand washing areas in line with good practice guidance and hand gel was available for staff.

Is the service effective?

Our findings

During the last inspection in June 2015 we made a recommendation that the provider review the arrangements in place for assessing people's capacity and its practice regarding Deprivation of Liberty Safeguards (DoLS).

During this inspection we looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager told us that one person had an authorised DoLS in place and we observed that this was clearly recorded within the person's care file. Staff we spoke with knew who had a DoLS in place and most staff had received training regarding DoLS. We found however, that other care files we viewed reflected that people may require a DoLS authorisation and the manager confirmed that no further applications had been made. The manager told us that they had reviewed DoLS within the home and believed that approximately 50% of people living in Nazareth House would require a DoLS application but these had not yet been submitted. This meant that people may be deprived of their liberty unlawfully. Since the inspection the manager had told us they have begun submitting DoLS applications for those people who require one.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they always asked for people's consent before providing care and we observed this during the visit. For instance, staff knocked on doors before entering people's bedrooms and gained people's consent before providing personal care.

One care file we viewed reflected that the person's consent had been sought and recorded in areas such as photography and care planning. We found that when people were unable to provide consent, mental capacity assessments were not always completed consistently. The manager showed us one file that contained a mental capacity assessment that reflected the person lacked capacity to make the decision. Evidence of best interest decisions made were observed within the file and relevant people had been involved in those decisions.

Other care files however, did not evidence that consent had been gained in line with the principles of the MCA 2005. For instance, one person's care file contained consent forms regarding photography and care planning which indicated the person had the capacity to consent to these decisions. The consent forms however, had been signed by family members. The person did have an appointed power of attorney who

should have been consulted about all decisions regarding care, yet another family member had signed one of the consent forms.

Two care files we viewed did not contain any evidence of consent. This meant that consent was not sought in line with the principles of the MCA 2005. The manager told us that they were aware they needed to improve in this area and that the clinical director was in the process of providing training to all staff about consent and the use of mental capacity assessments.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff personnel files to establish how staff were inducted into their job role and found that there was a comprehensive process in place. Staff we spoke with told us they had completed an induction and felt it was sufficient. The induction was in line with the care certificate. The care certificate is an identified set of standards that health and social care workers should adhere to in their daily working life.

We looked at on-going staff training and support. The manager told us that approximately 50% of staff required refresher training in what they considered to be mandatory training. The manager aimed to create a training matrix to enable training to be monitored easily for each staff member, but this had not yet been implemented. Dementia training had been booked and the manager told us that 75% of staff had completed safeguarding training and e-learning was being arranged for other staff. Manual handling training was provided in house by staff who were qualified to provide this and staff we spoke with told us they had completed training in areas such as fire safety, medicine administration, safeguarding and dementia awareness. This meant that staff may not have the knowledge and skills necessary to meet people's needs safely.

We received mixed feedback from staff regarding supervision. Not all staff we spoke with had received regular supervisions to help support them in their role. The manager told us they planned to ensure staff received supervision every few months and the newly appointed head of care had begun completing some supervisions. Records we viewed showed that 12 staff members had received supervision in 2016.

No staff had received an annual appraisal and the manager was unsure when these had last been completed by the previous manager. Although most staff we spoke with felt supported in their role, not all staff agreed that they received sufficient support to assist them in their role.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we made a recommendation for the provider to review guidance on how to make the environment suitable for people living with dementia to assist them in maintaining their independence and with orientation. During this inspection we found that no adaptations had been made to the environment to support people living with dementia, but that there were plans to renovate the home in September 2016 and the clinical director told us that adaptations would be made based upon current best practice guidance.

During the last inspection we highlighted that people living with dementia were unable to access the outside areas of the home safely as they were not secure. During this inspection, we found that although plans were in place to renovate the garden area, no improvements had been implemented. The manager showed us plans for a sensory garden that was due to be commenced within a few weeks of the inspection.

People living in the home and staff were aware of these plans and told us they had been involved in the development of the plans. One person told us they had their own trees that were going to be planted within the new garden.

The home had three floors which were similarly decorated and some bathrooms did not contain signage to indicate that there was a toilet within the room. Bedrooms doors contained numbers and some contained people's names, but the environment was not designed to meet people's individual needs and help with orientation, particularly for those people living with dementia.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people about the food we received mixed feedback. People told us they received enough to eat and drink but not all people were happy with the choice and quality of the food available. Comments regarding the food included, "The dinners are poor", "There is no choice" and "It lacks variety." However other people living in the home described the food as, "Ok", "Fantastic" and "Good."

We spoke with the chef regarding the meals and they told us there were always alternatives available for people if they did not like the main meals. We observed menu's that evidenced a choice of meal and the chef told us they created the menu based on feedback they had received from people. Quality assurance surveys were provided to people twice yearly and we observed some completed surveys in the kitchen. These surveys contained mostly positive responses regarding the meals. Staff we spoke with agreed that people had choices regarding meals and that alternatives were always available. The manager told us that a food forum was due to be commenced which they believed would help to improve people's involvement in the creation of new menu's.

The chef was made aware of people's preferences and dietary needs and this information was available in the kitchen. The chef told us nobody living in the home had any cultural dietary requirements, but they did provide a coeliac diet, low fat, low salt and diabetic diets. For those people who required their meals to be liquidised, ingredients were blended separately and the chef told us they were purchasing moulds that would represent the original shape of the food to make it as appealing as possible.

The kitchen was in the process of refurbishment during the inspection and the service has been awarded a five star food hygiene rating.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, falls prevention team, district nurse, community matron, dietician and social workers. People living in the home told us staff arranged for the doctor to visit them if they were unwell and one person told us, "[Staff] arranged an appointment for me and even arranged the transport."

Is the service caring?

Our findings

We asked people who lived in the home whether they thought the service was caring and responses were positive. One person told us, "The staff are very good", another person said, "[Staff] are always willing to help me" and another person told us, "I feel well taken care of." People described the staff as, "Just lovely" and "Very friendly." Visitors we spoke with agreed and one visitor described the staff as, "Marvellous."

People living in the home and staff we spoke with told us they would recommend the home and one person said, "It's as good as being in my own home." One person told us that staff regularly tell them that Nazareth House is their home and that staff are there to help them.

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection, such as staff knocking on people's door before entering their rooms and referring to people by their preferred name. Personal care activities were carried out in private and people did not have to wait long if they needed support. Interactions between staff and people living in the home were warm and genuine. We observed one person who was confused and distressed and staff were able to offer support and reassurance to the person. We observed the staff using diversion techniques that were documented within the person's plan of care and this appeared to help the person become settled.

Most care plans we viewed showed that people and their families had been involved in the creation of the care plans. This was evident through recorded discussions, signed consent forms and information regarding people's past and family lives. Care files included information on how best to support the person; what is important to the person and what people admire about the person. This helped to ensure that people were supported by staff who knew them well.

From discussions with staff, we found they knew the people they were caring for well, including their needs and preferences. Care plans included information regarding people's preferences in areas such as diet, social activities, religion and daily routines. One staff member we spoke told us they always had bananas available for person as they often refused meals but would always accept a banana. Staff knew people's needs, including their specialist requirements, such as thickened fluids and what consistency their fluids needed to be.

Care plans were written in in such a way as to promote people's independence. For instance, staff were prompted to encourage people to make decisions and to always allow people time to attend to their own needs as much as they were able before providing support. People we spoke with agreed that their independence was encouraged and staff we spoke with agreed.

People we spoke with told us that their religious needs were met. Nazareth House has a chapel within it and mass is held there daily for people who wished to attend. People we spoke with told us staff supported them to attend mass should they choose to and felt that their beliefs were respected.

We observed relatives visiting throughout both days of the inspection. The manager told us there were no

restrictions in visiting, encouraging relationships to be maintained. People we spoke with told us their visitors could visit them whenever they wanted and that they were always made welcome. The manager told us family members were welcome to join their relatives at meal times and one person told us their relatives had joined them for Christmas dinner last year.

For people who had no family or friends to represent them, contact details for a local advocacy service were available within the home for people to access. The manager told us they would assist people to access advocacy services if required and that the home had good links with a local community voluntary service. One person living in the home was in receipt of support from an advocate which had been arranged through liaison with the person's social worker.

Is the service responsive?

Our findings

Although the care plans we viewed were reviewed regularly, they did not always contain consistent information throughout the care file regarding people's needs. For instance, one care file we viewed contained information regarding the frequency that a person required support to reposition. This was recorded twice within the file and both documents reflected different times. We discussed this with the manager who confirmed the frequency of support and records we viewed showed that this support was provided. The manager told us the care file would be updated to ensure it provided consistent information regarding people's care needs.

We looked at how people were involved in their care planning. People we spoke with told us that they were aware of their care plans and were happy with the care they received. Care plans were specific to the individual person and most were detailed and informative.

We viewed a number of care files that contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from admission. We observed care plans in areas such as personal care, mobility, nutrition, medicines, family, health and spirituality.

Staff we spoke with demonstrated a good knowledge of people's individual care, their needs, choices and preferences. Care files we viewed included some information on people's preferences. This included how people liked to spend their day, what activities they liked to participate in and what meals and drinks they preferred. People told us they had choice as to how they spent their day, such as where to eat their meals, whether to sit in lounges, whether to join in activities or spend time in their rooms. Care files evidenced people's choice with regards to their daily routines and staff we spoke with told us people could choose the gender of the care worker who supported them to meet their personal care needs if they had a preference.

Care files contained some information regarding people's life histories which enabled staff to get to know people, understand their experiences and backgrounds and provide support based on their preferences.

Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily verbal and written handovers between staff and through the use of a diary. This helped to ensure that staff were provided with sufficient information to meet people's needs. Staff told us they could also find information regarding people's needs by viewing their care files. Visitors we spoke with told us they were kept informed of any changes to their loved one's health and wellbeing. One visitor told us, "Staff call me and keep me informed on the phone."

People had access to call bells in their rooms to enable them to call for staff support when required. People we spoke with told us staff came quickly when they pressed their call bell.

We asked people to tell us about the social aspects of the home. Some people we spoke with told us they enjoyed reading or watching television, though they were aware other activities were available. People told us they had attended singing sessions, poetry readings, watched films on the big screen, a BBQ and made

crafts such as Easter bonnets. One visitor told us, "I see activities taking place, and [staff] make a fuss when it is someone's birthday." Another visitor told us that they observed staff engaging with people and had seen regular activities taking place. During the inspection we observed a staff member giving one person a hand massage and another person completing a jigsaw.

There was an activities room within the home and the manager told us one person enjoyed playing the piano. The manager told us that a carer was covering the activity coordinator role due to a vacancy; however the role was due to be filled on a permanent basis by another staff member within a few weeks. People told us there were enough activities available to them. The manager told us there was a laptop available for people to use which some people utilised to keep in touch with family members. Boosters were due to be fitted within communal around the home to improve the internet signal and an iPad had been ordered for people's use.

We looked at processes in place to gather feedback from people and listen to their views. Quality assurance surveys had last been issued to people in November 2015 and this was done nationally. The feedback had been analysed and results were displayed in tables. Overall comments reflected that people were happy with the care they received at Nazareth House, however it was identified that people did not know and would like to know who the board of trustees were. There was an action recorded to ensure that information regarding the trustees was displayed within the home for people to see. We were unable to see this information displayed within the home during the inspection.

There was a comments box available within the home for people to share their views and records showed that meetings were held with people living in the home and their relatives. The last recorded meeting was in May 2016 and issues such as activities, meals and planned refurbishments were discussed. Not all people we spoke with were aware of these meetings.

The manager had developed new ways of sharing information and gathering views, such as the newsletter that was available and the Friends of Nazareth House meetings.

A complaints procedure was available within the home; however this was not on display for people to access. People we spoke with told us they knew how to raise any concerns they may have and felt able to do so. The service user guide did contain some information regarding the complaints process, though this required updating. A complaints log was maintained by the manager and this showed that complaints had been managed in line with the home's policy.

Is the service well-led?

Our findings

Following the last inspection in June 2015, we identified breaches of regulation and made recommendations for improvement. The provider told us what actions they were going to take to meet the regulations and we found during this inspection, that most of these actions had been completed, though not all of them. There were plans in place to renovate the garden to provide safe and secure areas for people living in the home to access and enjoy. This has not yet been implemented though it was evident that plans were in place and people living in the home had been involved in the plans. We also made a recommendation to consider guidance regarding the environment to ensure it was suitable to meet the needs of people living with dementia. During this inspection in July 2016 we found that no changes had been made to the environment.

There was a service user guide available within people's rooms; however this contained out of date information. Since the inspection the manager has confirmed that the service user guide has been updated to include current information regarding the home.

During the visit we looked at how the manager and provider ensured the quality and safety of the service provided. The provider employed an internal quality team who visited to assess the service and provided reports of their findings. The clinical director also visited the home regularly and completed checks as well as providing support and training to staff when required.

We viewed completed audits which included areas such as uniforms, care plans and medicines. A medicine audit from October 2015 contained an action that people's allergies needed to be reflected on their MAR charts. We found during the inspection, that MAR charts did not contain information regarding people's allergies. The audit also indicated that first aid boxes needed to be replenished, however it was not recorded that this had been actioned. No other full medicine audits had been completed since October 2015. Two individual medicine audits had been completed in July 2016 but these only included stock checks of two people's medicines.

Care plan audits had been commenced in July 2016; however they did not identify the issues we highlighted regarding the care plans. The manager confirmed that no other audits had been completed within the home recently but that there was a care audit planner. This included a schedule of audits to be completed each month, including areas such as infection control, health and safety, staff files, food safety, accident and incidents and medicines. The manager told us that audits had not been completed as there had been no head of care in post for some time, but now that the post was filled, regular audits would commence.

The audits in place did not highlight all of the issues we identified during the inspection, such as those relating to consent, the environment and care plans. This meant that systems in place to monitor the quality and safety of the service were not effective.

We found that care files were not always stored securely in order to maintain people's confidentiality. We observed care file's stored in a cupboard in a corridor and the cupboard was unlocked and open. This

meant that people, who do not need it, may have access to private and confidential information regarding people living in the home. On the second day of inspection, we found that the cupboard was locked.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A manager had commenced in post and made an application to be the registered manager. This application was being processed by CQC at the time of the inspection. We asked people their views of how the home was managed. Feedback from people living at the home was positive. People told us they knew who the manager was and that she was approachable. Staff told us they felt the home was well-led and that they were encouraged to work as a team.

Staff we spoke with all felt able to raise any issues with the manager regarding the home or the people living there. Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home.

We looked at processes in place to gather feedback from people and listen to their views. As well as resident meetings and quality assurance surveys, there were also regular staff meetings held to ensure views were gathered from staff. Records we viewed showed that staff meetings took place every few months and covered areas such as plans for improvement, activities, new roles, mobile phone use and inspections. The manager also told us they held weekly communication meetings with the heads of all departments within the home and we viewed records from these.

The manager had notified the CQC of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Nazareth House.

The manager told us they had plans to further improve the service, including reintroducing 'policy of the month'. One policy would be discussed at staff meetings, during supervision and would be on display to help ensure staff were fully aware of the homes policies. The manager also told us they planned to commence a 'resident of the day' and this was due to begin the week after the inspection. This would include heads of departments having informal discussions with one person living in the home to get their views regarding all aspects of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure that the environment was suitable to meet people's individual needs and requirements. Regulation 9(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent was not sought in line with the principles of the MCA 2005. Regulation 11(1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used services were not always cared for in a safe environment. Not all risks were assessed and care plans did not always identify all of people's needs. Regulation 12(1)(2)(a)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment DoLS applications were not submitted for all people who may have required one. Regulation 13(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems were not in place to monitor the quality and safety of the service. Care files were not always stored securely. Regulation 17(1)(2)(a)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not supported in their role through regular supervision, annual appraisal and on-going training. Regulation 18(2)(a)</p>