

Nazareth Care Charitable Trust

Nazareth House - Manchester

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Nazareth House Manchester is a care home registered to provide nursing and personal care. At the time of the inspection the service were supporting 38 people, the service can support up to 66 people. The service has a nursing unit and two residential units. At the time of our inspection electrical works were ongoing, following an electrical conditions report. This had resulted in people being temporarily moved within the service and being supported across two units.

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

During our previous inspection visits in April 2021 and July 2021 we found people did not receive safe care. At this inspection we found that the provider had made some improvements, but people continued to be at risk of harm. Medicines were not managed safely. Although staff had received training and training compliance had improved it was not clear how staff practice had improved to ensure people received a safe service that met their needs. Governance systems in place to identify shortfalls and ensure improvement were not effective.

Issues relating to the management of medicines have been identified at our last three inspections. At this inspection we found medicines had been out of stock for 15 people in the eight weeks prior. Protocols were missing for medicines which are given as required and instructions on topical medicines administration records did not include the necessary detail. Audits completed by the service had not identified the concerns we found relating to medication

Staff training compliance had improved since the last inspection. However, there were concerns about the effectiveness of training due to the ongoing concerns around medicines and maintaining detailed records of care and support provided to people. Staff we spoke with could not recall having a recent supervision.

The provider had made some improvements to the governance and oversight systems in place by introducing a wound care tracker and safeguarding tracker. The safeguarding log at the service and clinical key performance indicator document was not fully completed and up to date on the first day of the inspection. The providers overview document had failed to identify the repeated concerns in medicines and shortfalls we found at this inspection as they relied on the inaccurate medication audits.

Wound care plans were in place where required and record keeping around supporting people with pressure area care had improved.

Infection control practices at the service had improved. Staff were seen wearing appropriate personal protective equipment (PPE) throughout the service. Staff completed lateral flow tests before the start of their shifts, to reduce the risk of transmission of Covid-19 within the service. Following the last inspection additional nurses had been recruited, staff had been recruited safely.

People had end of life care plans in place. However, these often lacked detail. Following a reduction in activities, in part due to the Covid pandemic, the availability of religious services had started to increase. People were engaged in regular meetings about the service. Staff we spoke with were committed to driving improvement at the service. People told us they felt they could approach the manager, if they had concerns.

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

Rating at last inspection and update

The last rating for the service was inadequate (published 8 October 2021). At this inspection enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 15 June 2021.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

This was a focussed inspection looking at the Key Questions Safe, Responsive and Well led. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained inadequate. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the "all reports" link for Nazareth House – Manchester on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We have shared our concerns around medicines with the local safeguarding team. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Nazareth House - Manchester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors, a medicines inspector and an Expert by Experience on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day consisted of one inspector and a medicines inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally

responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the manager had applied to have Nazareth House – Manchester added to their registration.

Notice of inspection

The first day of the inspection was unannounced and the second day of the inspection was announced. Inspection activity started on 24 February and ended on 17 March 2022. We visited the service on 24 February 2022 and 2 March 2022.

What we did before the inspection

Nazareth House – Manchester has been in special measures since June 2021. The service had an action plan in place with the local authority following our findings on previous inspections. We reviewed the action plan. We reviewed information we had received about the service since the last inspection. We also contacted the medicines optimisation team at the clinical commissioning group. We used all this information to plan our inspection.

The provider did not complete the required Provider Information Return (PIR) within the agreed timeframe. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We have reported on this further in the well-led section of the report.

During the inspection

We spoke with nine people who lived at the service and two relatives. We also spoke with 15 people who worked at the service or at provider level. This included one registered nurse, nine care assistants, the deputy manager, manager, regional manager, quality manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We made further contact with the medicine's optimisation team and the local authority. We also reviewed information that had been requested from the service during the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection, the provider did not ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 12.

- Medicines were not always managed safely. Health care professionals told us they had concerns about the safe management of medicines and had tried to work with staff in the service to improve safety but felt that medicines were still not managed safely. During the inspection we found multiple concerns relating to the safe management of medicines.
- 15 people missed some doses of their prescribed medicines during an eight-week period prior to the inspection because there was no stock available in the service for them.
- Medicines that needed to be given at specific times were not always given at the correct times, and some medicines were given with an unsafe time interval between doses.
- Creams were not managed safely, although steps were taken to rectify this after the first day of inspection. One of the updated records shared with us however, showed one person's cream had not been applied as prescribed.
- Some people with swallowing difficulties were prescribed a thickener to reduce their risk of choking, but the information recorded was inconsistent or incorrect. Updated information was sent to us after the inspection and it contained similar errors and inconsistencies seen during the site visit, placing people at risk of choking.
- Staff had not taken any professional advice to check if some people with swallowing difficulties needed to have their medicines in an easier to swallow formulation, placing them at risk of choking.
- Protocols were in place for medicines which were prescribed to be given "when required." However, they did not contain enough information to ensure people were given medicines prescribed in this way safely and consistently. There was no information recorded to guide staff as to which dose to select when a choice of dose was prescribed. There were no records to show why these medicines had been given or if they had been effective.
- Records about medicines were not always accurate and did not show they could be accounted for or that they were administered safely as prescribed.
- A system was in place to make sure that medicines administered in a patch formulation were rotated safely but staff failed to complete the records properly.

- One person's strong pain killer medication was out of date and they had been given a dose when it was out of date.
- Medicines were not always stored safely. Creams were stored in bedrooms and waste medicines were not stored safely in line with current guidance.
- We made the provider aware that the oxygen within the home was not stored safely. The provider rectified this following the inspection.

We found evidence that may have resulted in people being harmed or exposed to harm, and systems were not in place or robust enough to ensure medicines were managed safely. 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.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place. Staff were aware of how to raise concerns.
- The safeguarding log was not up to date on the first day of the inspection. This was updated during the inspection and we were sent further information after the inspection. We report on this further in the well led domain.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in this area. The provider had met this requirement of regulation 12.

- One person told us, 'I feel safe and happy here.'
- Risks to people had been appropriately assessed and managed by staff.
- At the last inspection we found the provider did not have an accurate oversight of the needs of people living at Nazareth House, mainly people with pressure ulcers. At this inspection we found the service's approach and oversight of people's pressure area care had improved.
- The provider had implemented a wound tracker and the clinical lead had knowledge of the treatments in place for people with wounds. We found care plans had been completed to provide guidance to staff and timely referrals to the tissue viability team had been made.
- An electrical conditions report completed in March 2016 highlighted the electrical wiring systems needed to be replaced at the service. This was a significant task for the service to complete, but we were reassured to see works to the electrics taking place at the time of this inspection. The provider had appropriately assessed the works to keep people safe by moving people temporarily to different units in the service, whilst the works were undertaken.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

Preventing and controlling infection

At the last inspection we found staff did not always use appropriate control measures to prevent and control the spread of infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made in this area. The provider had met this requirement of regulation 12.

- Staff wore appropriate PPE throughout the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- At the last inspection people who were visiting people receiving end of life care were not completing lateral flow tests, as outlined in the government guidance. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made. The provider had met this requirement of regulation 12.

- At the last inspection, we recommended the service referred to government guidance to support people to visit the service safely as people were not being supported to visit in the evenings and at all times during the weekend.
- At this inspection we found visitors were able to visit people with no restrictions on the time of day. People visiting the service were required to show proof of a negative lateral flow test.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment

- At the last inspection we found appropriate risk assessments were not in place to assess the risk of people commencing work prior to their disclosure and barring service check (DBS) being completed. At this inspection, the provider recruited staff safely. Newly recruited staff had fully completed appropriate pre-employment checks prior to commencing work at the service.
- People told us, "Staff come and go and there seems to be a lot of agency staff." And, "The staff are caring and it's a happy staff team."

- At the last inspection the names of agency staff were not listed on the rotas and there were not always records to show that agency staff had completed an induction. At this inspection we found agency profiles in place, the names of agency staff listed on the rota and inductions completed by agency staff.
- We received mixed feedback from people about the staffing levels at the service. People felt the levels of agency staff used had increased. During the inspection we observed staff throughout the units and did not observe people waiting for care.

Learning lessons when things go wrong

- Staff recorded accidents and incidents appropriately. The incidents which had occurred in January 2022 had not all been reviewed by the manager at the time of our inspection. We report on this further in the Well-led domain.

Is the service responsive?

Our findings

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

We last rated this key question requires improvement as part of a comprehensive inspection in December 2019. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- At the last inspection, accurate records of feedback relating to complaints were not maintained.
- At this inspection we reviewed the complaints log. The log showed action had been taken in response to concerns. However, where meetings had taken place with relatives in response to concerns it was not always clear what the outcome was. We report on this further in the well led domain.
- Two relatives contacted us during the inspection and stated that their complaints had not been followed up effectively.
- People told us they felt able to raise concerns with staff and would speak to the manager if there was no resolution.

End of life care and support

- End of life care plans lacked detail to support people in a person-centred way at the end of their life. We report on this further in the Well led domain.
- The manager told us they would be implementing the six steps programme to aid improvements in this area.
- Staff had completed training in end of life care. Staff were knowledgeable about how to support people with compassion at the end of their lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people at the service have assistive technology devices such as 'Alexa.' One person told us they really enjoyed using this to access audio books.
- The regional quality manager was knowledgeable about the use of assistive technology and was exploring implementing more at the service.
- People's communication needs were recorded in their care plans.

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

- Staff mostly supported people to take part in activities they enjoyed.

- There was mixed feedback from people living at the service about activities at the service, due to the availability of the activities coordinator, and the impact of the COVID-19 pandemic on activities provision. People told us they had started to see improvements in provision.
- People were supported to attend religious services.
- During the inspection we observed people playing bingo. The staff were engaged and supported people to join in. People were observed enjoying this activity.
- One person told us, "I think that links with family and friends have been managed as well as possible through the pandemic."

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

- Since the last inspection, some care plans had been updated. However, further reviews to ensure the care plans were reflective of people's current needs were required.
- One care plan had not been updated to reflect the change in one person's enteral feed regime. We report on the need to ensure complete and up to date records of care and support provided to people in the Well-led domain.
- The provider told us they were planning to move to another, more user-friendly electronic care planning system.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and requirements, Continuous learning and improving care

At the last inspection the provider failed to ensure there was a robust governance system in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- This is the fifth consecutive inspection where breaches of regulation have been identified in relation to the safe management of medicines, good governance and maintaining up to date records.
- Following the last inspection, the provider increased their presence at the service to support the manager and help drive improvement. The support has been ineffective in some areas.
- Governance records such as complaint logs, safeguarding logs, accidents and incidents, and the clinical key performance indicators were available but were not always up to date and did not always include details of outcomes. Some of these records had not been recently reviewed by the manager.
- We found examples where responses to the local safeguarding team were not always completed in the given timeframe.
- Medication audits, completed by the management team, had continued to fail to identify concerns relating to medication. For example, we found records relating to the administration of creams lacked sufficient detail to guide staff on where they should be applied and how frequently. We found multiple examples of medicines which had been out of stock for people.
- The provider stated that resident dependency tools should be completed monthly. The dependency tools we reviewed in February 2022 were last updated in December 2021. We could therefore not be sure staffing calculations accurately reflected the staffing level required to meet people's current care and support needs.
- Services are requested on an annual basis to respond to a provider information request (PIR). The service did not provide a response to this request within the timeframe given.
- The training compliance at the service had improved since the last inspection. However, due to the continued concerns around the management of medicines, we are not assured that training in this area was effective.
- Nurses completed medication training as part of their induction. This was not always completed before they had their competency assessed in this area. The medication competency assessment states that

competency should be assessed following the training.

- At a staff team meeting in November 2021 staff raised concerns about the electronic medication administration record (EMAR) system. Concerns were raised around carrying forward medication. The provider had not driven improvement in this area as we found multiple errors during the inspection.
- We found the induction checklist for one member of staff indicated they had completed 77 topics including medicines, in one day. We were not assured this was sufficient time to cover these areas and that governance systems were effective in ensuring training provided was effective.
- We saw records of supervisions, at the time of the inspection, the supervisions which were due to be completed for February 2022 had not been recorded as completed. Staff we spoke with could not recall when they last had a supervision.
- The service were not consistently taking appropriate action to ensure information received from health care professionals was reflected in people's care plans and accurate records had been maintained. For example, the enteral feeding regime was changed by the dietician for one person and the care plan was not updated.
- The provider could not demonstrate sufficient continuous learning and improvement as we continued to find shortfalls and necessary improvements not made, despite the provider having an increased presence at the service.

The above evidence demonstrated people were placed at continued risk of harm through the lack of effective governance systems and the maintaining of accurate and complete records. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the time of the inspection, one of the residential units was closed, to enable essential electrical work to be completed. The work was taking longer than the initial timeframe shared which was causing concern for some people as they did not know when they would be returning to their rooms. One person told us, "Communication hasn't been too good."
- The provider explained that unfortunately, due to the nature of the work, there was no clear timeframe when this would be completed. The manager shared a letter they had sent to relatives explaining the reason for the ongoing work.
- Staff meetings were held where relevant topics were discussed. Staff told us that meetings had reduced during the COVID-19 outbreak. Daily meetings for staff had restarted in recent weeks. Staff told us this gave them the opportunity to discuss any concerns.
- People were invited to attend regular meetings at the service. People had the opportunity to discuss any concerns they had with the activities coordinator.
- The service had plans to gain feedback from people relating to the food provided at the service.
- Staff were committed to improving the service. However, staff explained the morale at the service was low due to the last inspection report.

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 provider had not demonstrated they understood their duty of candour responsibilities as they had not fully addressed the concerns identified at previous inspections.
- The provider submitted notifications to the Commission in line with their regulatory responsibilities.

- The rating of the last inspection was displayed within the service and on the provider's website.
- During the last inspection, the registered manager left the organisation. A registered manager from another service is now managing the service. This manager had submitted an application to update their registration to include Nazareth House Manchester.
- Staff spoke positively about the manager and told us they felt they were approachable. However, some staff also raised concerns about the manager's availability at the service.

Working in partnership with others

- The service had facilitated regular visits from the local authority to support improvements at the service.
- The service were working alongside the medicines team from the clinical commissioning group to move across to a new medicine ordering system at the service.