

Nazareth Care Charitable Trust

Nazareth House - Cheltenham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nazareth House – Cheltenham is a residential care home providing accommodation and personal care for up to 63 people aged 65 and over. There were 46 people living there at the time of our inspection.

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

The provider and registered manager had made improvements to the service. This had included improvements to how people's prescribed medicines were managed. Staff had received training and support to administer and manage people's prescribed medicines and told us they felt comfortable with managing this. Management systems had enabled the service to identify any concerns and take remedial action. The provider was arranging a meeting with their supplying pharmacist with an aim to improve how people's medicines are managed.

The provider and the manager had taken steps to develop good governance systems to monitor the quality of care people received. Further improvements had been planned to start shortly after this inspection. The service had implemented a service improvement plan however representatives of the provider spoke openly about the impact Covid-19 had on the development of these systems. Further improvements were required to ensure that quality assurance systems were effective at driving improvements.

People and their representatives told us they felt the home was safe and discussed improvements they had identified. Some relatives and healthcare professionals felt that communication needed to improve within the home. People's views were being sought about the quality of the service they received and systems being developed by the provider were aimed at driving improvements.

The provider had infection control processes in place to protect people and prevent the spread of infection. There was plenty of personal protective equipment (PPE) for staff to use. Staff accessed PPE, and most staff followed the providers guidance and expectations.

The provider ensured staff were of good character to work in the service. Where concerns had been identified with staff conduct, they took appropriate action. Staff received training, however the provider expressed that training plans had been impacted by the Covid-19 pandemic and plans were in place to address this.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 20 September 2019).

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 September 2019. The service is now meeting the requirements of this regulation.

We also imposed conditions on the provider from 9 January 2020 in relation to Regulation 17 (Good Governance) and Regulation 9 (Person Centred Care). These conditions still remain in place at this time.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met the legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (service name) on our website at www.cqc.org.uk.

Follow up

Following this inspection we will arrange a meeting with a representative of the provider and the registered manager as part of our regulatory duties. We plan to arrange a meeting with relevant stakeholders and the provider to discuss the service with an aim 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Nazareth House - Cheltenham

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 team consisted of three inspectors.

Service and service type

Nazareth House – Cheltenham 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.

There was a registered manager at Nazareth House - Cheltenham. 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.

Notice of inspection

This inspection was announced. Due to Covid-19 pressures we gave the service 24 hours notice of our visit.

What we did before the inspection

The provider had not been asked to complete a provider information return prior to our 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. We reviewed information we had received from the provider, including statutory notifications and monthly information received from the provider and used all of this information to plan our inspection.

Before we visited Nazareth House – Cheltenham, we asked the service to provide us with contact details for people's relatives and healthcare professionals.

During the inspection

We visited Nazareth House -Cheltenham on 28 July 2020. We spoke with four people who used the service about their experience of the service. We spoke with six people's relatives or representatives through telephone calls.

We reviewed a range of records; this included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with two regional quality managers, two senior care staff, one member of care staff and a domestic.

On the 29 July 2020 we spoke with six members of staff including four care staff and two domestic staff.

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 Requires Improvement. At this inspection the rating had improved to good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made to reduce the risk to people not receiving their medicines as prescribed, which included improvements ensuring people's prescribed medicines were readily available. The service had implemented a system which enabled them to address medicine administration errors and take effective action. The provider had plans to make further improvements and ensure these improvements were sustained. At this inspection improvements had been made and the provider was now meeting the relevant regulation.

Using medicines safely.

At our last inspection the provider had failed to ensure people received their medicines as prescribed. Care staff responsible for administering people's medicines had not always taken appropriate action to ensure people's prescribed medicines were in stock and available for administration. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines as prescribed. The provider had taken action to ensure staff followed good practice in the administration of people's medicines. This action, included training and competency assessments.
- Care staff recorded when they had administered people's prescribed medicines and kept a daily record of people's medicine stocks. This enabled staff to identify any mistakes and ensure people received the appropriate support.
- People's medicines were stored in securely and in accordance with manufacturers guidance. The provider was arranging a meeting with their supplying pharmacy to discuss improvements to how medicines were supplied to ensure these medicines were consistently available.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. One member of staff told us, "I would report any concern to my manager."
- The provider was aware of their responsibilities in reporting any concerns or incidents of abuse. Notifications had been completed appropriately, however one complaint had not been followed up with investigatory notes and documentation. These records were made available and explanations received after the inspection.

Assessing risk, safety monitoring and management

- All health and safety checks had been completed and all equipment had been serviced and checked to ensure it was safe.
- Staff understood people's needs and how to protect them from avoidable risks. For example, staff discussed people who were at risk of falls. This included the equipment required, such as crash mats and sensor mats. During the inspection one person's sensor mat had been misplaced following the person moving rooms. A staff member ensured this was moved immediately and staff were informed of the importance of making sure the mat remained in place.
- One person would be at risk if they left the home unaccompanied. Staff were aware of this person's needs and were able to discuss the support they required. One member of staff told us, "We have 30-minute observations to keep them safe. We encourage them to come along with us to help with tasks, this gives them company and keeps them safe."

Staffing and recruitment

- There were enough staff to meet people's needs. We saw that staff were quick to respond to people's needs and answered call bells promptly. A person told us, "They look after us well here, I love sitting in this lounge and they get me things if I want them."
- Staff told us there were enough staff to meet people's needs. Comments included: "Staffing levels are very good at the moment" and "Staffing is very good. The management team are providing us with more training and staff. It's got much better."
- There had been some use of agency staff during the COVID-19 pandemic and the home were actively recruiting for permanent members of staff before, during and after the inspection. All agency staff had been booked in advance and only worked at Nazareth House to minimise the risk of a further COVID-19 outbreak.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and Barring Service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with at risk groups.

Preventing and controlling infection

- The service had implemented a file which contained information in relation to PPE, infection control practises, cleaning schedules, risk assessments for staff and visitors in response to the Covid-19 pandemic. These documents had all been updated in July 2020 in accordance with guidance from Public Health England and other organisations. We saw visitors arriving and sitting outside, all socially distanced to spend time with their relatives.
- Effective cleaning practices were in place. The services we visited were visibly clean and tidy throughout. Staff had received training in infection control practices. One staff member told us, "Yes it was very difficult at the beginning, but we have great teamwork and supporter each other." Another member of staff said, "We have everything we need, and enough staff to keep the home clean and free from infection."
- The provider had a COVID-19 emergency response plan in place, which gave specific detail regarding the pandemic and plans were in place for a potential second wave as well as seasonal flu.

Learning lessons when things go wrong

- Where people had fallen, the management team carried out root cause analysis and a falls tracker to review prevention measures. These were effective in preventing similar occurrences.
- The provider had taken action following an incident in the service. They had changed one unit into a secure, dementia friendly unit. This included a secure garden area for people to access and freely move through. One member of staff spoke positively about this change and the impact it had on people and staff.

They said "The environment has been adapted to [person]. There have been fences put into the garden in case they try to leave the home."

- Systems were in place for staff to report and record any accidents and/or incidents. Complaints were documented and actions taken to minimise associated risks. Any concerns were reported to the senior management team and reported to other professionals 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 Inadequate. At this inspection this key question improved to requires improvement. 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.

At our last inspection the provider had not operated effective good governance systems to maintain and improve the quality of care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed conditions on the providers registration for Nazareth House – Cheltenham. These conditions required the provider to submit monthly information in relation to the management of the service. We identified improvements at this inspection, however the service were not consistently meeting the regulation. The conditions remained in place following this inspection.

Continuous learning and improving care

- The provider had plans to implement new systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. They planned to roll these systems out the week following our visit. These systems would give the provider information on each service. These would be based on a schedule of thematic audits which the home would complete. Any action would be allocated and followed up to ensure appropriate action had been taken. Staff were due to receive training on this during August 2020.
- The registered manager and deputy manager carried out a range of audits, which included people's prescribed medicines, clinical governance and people's care plans. Medicine management audits identified shortfalls and where improvements were required. These audits evidenced that action was being taken to address these concerns. Care plan audits identified shortfalls, however, in the audits we reviewed it was difficult to evidence that action had been taken to address these shortfalls. We discussed this with representatives of the provider who informed us this would be addressed through their new governance systems. They had hoped to have these systems in place as well as ensure people's care plans were current and person centred, however the impact of Covid-19 had delayed these actions.
- The provider had a service improvement plan for Nazareth House – Cheltenham. This plan focused on concerns identified through external inspections, the provider's internal quality processes (which included audits and quality visits). Each action had been allocated to a key member of staff, and the progress was monitored and checked before being signed off. A number of actions had been signed off or were due to be signed off. Some actions, such as staff meetings and resident of the day implementation had passed the deadline set by the provider, however actions were still ongoing.

While improvements had been made the service was still in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The positive conditions

imposed following our last inspection, July 2019 remain in place at this time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People's relatives and healthcare professionals told us that communication could be improved. Comments included: "I don't feel that I am always listened to"; "I don't feel we are kept informed enough. There are too many changes of manager" and "I think there are ways in which we could be better informed. I think updates could be more based on the person. However, I do think they would let us know if anything was wrong." We discussed these views with representatives of the provider who informed us they would address these concerns.
- People's relatives and healthcare professionals felt that aside from communication the care people received had improved. Comments included: "There are signs of improvement, there is still a way to go. The food has improved significantly"; "We have noticed some improvements, it seems more organised and there is more consistency. We are fond of the home" and "I feel the home is well managed."
- Care staff were provided with clear information about people's needs, the providers expectations. Staff informed us that communication had improved and they now received the information they needed. Comments included: "The lines of communication aren't working for me"; "The manager is working hard to make improvements" and "We have noticed some improvements, it seems more organised and there is more consistency. We are fond of the home." The provider had also set up weekly calls for all staff, this enabled staff to have a direct route of contact with the CEO of the provider. Staff had used this route of communication to voice an issue which had been appropriately addressed.
- Care staff told us their views were listened to and helped inform change within the service. One member of staff told us, "I absolute love the new manager – they are absolutely the best manager I have ever worked for. They will listen to you, take on board your comments and will do something about it." Another member of staff said, "I feel my ideas are listened to and acted upon."

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

- Staff were supported by the registered manager and provider and understood their individual roles in supporting people. Comments included: "The manager is very supportive. They are the best we have had. We get more communication" and "Since the manager arrived, there has been a huge difference. They communicate what is expected to meet people's needs."
- The provider and registered manager did not always have a clear overview of the training needs of all staff. The provider discussed that at the inspection that the pandemic had impacted their training plans and quality systems they planned to implement. They showed the new systems they were implemented which would show training completion. They also discussed the training courses they had booked. Staff discussed the need for more dementia training, which the provider recognised and was planning.
- The registered manager and provider was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

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

- Relatives spoke positively about the ethos and caring culture of care staff. Comments included: "Whenever I have had something to discuss, managers respond quickly"; "The staff are very nice and I feel they genuinely care about their residents" and "Staff are very, very good and caring. I feel I can phone at any

time."

- Care staff were encouraged and supported to reflect on how they supported people. Staff spoke positively about how they were supported to discuss people's care and assist each other. One member of senior care staff discussed how they were worked with care staff and challenged any shortfalls in practice. Staff were supported to reflect on incidents and any concerns, for example when medicine administration errors had occurred.

Working in partnership with others

- Representatives of the provider told us they were working with other partners, such as a pharmacist from the local Care Home Support Team, to help embed changes they had made to their medicine management practices. They were using this support to discuss how medicines were supplied to the service from the pharmacy.

- Prior to the inspection, some concerns had been raised to CQC by other agencies and healthcare professionals. At this inspection we found improvements had been made following our inspection in 2019. Representatives of the provider discussed there had been some communication difficulties with some external agencies. Following the inspection, we plan to be involved in a multi-agency meeting to discuss how to support the service to continue improving as well as sustaining these improvements. The provider and external agencies felt this was an appropriate action.