

## Nazareth Care Charitable Trust

# Nazareth House - Crosby

### Inspection report

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13 May 2019

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Nazareth House is a 'care home', registered to provide accommodation and personal care for up to 66 older people. At the time of the inspection there were 52 people living in the home.

Accommodation is located over three floors and facilities include four lounges, three dining rooms, one large function room and a large garden area. A car park is available to the front of the building. There is also a chapel located on the site. This can be used by people living in the home and people within the community.

People's experience of using this service: We found there could be some improvements to the décor in some parts of the home, to support people living with dementia. On the ground floor, doors and walls were the same colour, potentially making it difficult for people to differentiate between the two. Other floors were more suited to those living with dementia. Staff told us there were people living with dementia on all three floors of the home. However, overall the home looked nice and décor was clean and fresh.

People told us they felt safe living in the home due to the support they received from staff. Staff understood the risks to people and the measures were in place to keep them safe. Safeguarding procedures were followed and incidents were raised with the appropriate professionals.

Staff were supported in their role and had access to relevant training to help ensure they had the necessary skills to meet people's needs.

People's medicines were managed safely.

Measures were in place to reduce the risks associated with the spread of infection. We found the home to be clean and well maintained. Environmental risks were assessed and well managed to prevent any harm to people.

Sufficient numbers of staff were employed to meet people's needs. Staff were caring and always promoted people's dignity and independence.

A system was in place to monitor applications and authorisations to deprive people of their liberty and any conditions attached to them. Consent to care and treatment was sought and recorded in line with the principles of the Mental Capacity Act. Staff supported people in the least restrictive way possible.

Care plans were detailed and contained information regarding people's preferences, likes, dislikes and routines. This helped staff support people in line with their preferences.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them. People could enjoy snacks throughout the day, and were able to choose alternative meals if they did not like what was on

the menu.

People were given the opportunity to take part in a variety of activities. People told us activities had improved recently.

People were supported to enjoy the best health outcomes possible, and staff were supported to do this by the systems the registered manager had put in place to promote good working with other health and social care professionals.

The registered manager notified CQC about important events which happened at the home, so they could be sure they were consistently meeting their legal obligations.

Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them. People, staff and relatives were highly complimentary about the managers. We were told the management team were approachable and responsive to any issues. Systems were in place to gather feedback from people.

Since the last inspection, the home had improved the systems in place to monitor the quality and safety of the service. At this inspection we found there was good oversight from the provider, and the registered manager was well supported.

People told us they would recommend the home to others.

Rating at last inspection: Requires improvement (Report published 12th May 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Nazareth House - Crosby

## Detailed findings

### Background to this inspection

**The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection took place on 9th and 13th May 2019 and was unannounced on the first day. The provider knew we were coming on the second day. The team consisted of one adult social care inspector, one assistant inspector and one Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

**Notice of inspection:** Day one of the inspection was unannounced and day two was announced.

**What we did:** Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection.

During our inspection, we observed the support provided throughout the service. We spoke with eight people living in the home, six relatives, three care staff, one maintenance worker, the registered manager,

regional support sister and the head of care. We looked at records in relation to people who used the service including five care plans, three medication records and we observed a medication round. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Details are in the Key Questions below.

The report includes evidence and information gathered by the inspector, assistant inspector and the Expert by Experience.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection this domain was rated requires improvement, and we made a recommendation regarding the management of medicines and associated records. At this inspection we found that improvements had been made. We have therefore changed the rating to good.

### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff told us they were trained and assessed as competent before they administered medicines.
- PRN (as and when needed) protocols were in place detailing how and when medicine should be given.

### Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks.
- Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm.
- Risks to the environment had also been assessed to help ensure people were safe. Daily checks were completed to maintain a safe environment.
- The provider had systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.
- Staff acted promptly to assist people if they needed support with their safety. People and staff were encouraged to raise any safety or well-being concerns, to further reduce risks.
- Personal emergency evacuation plans (PEEPs) were in place for people and detailed how staff would support people to evacuate from the home.

### Preventing and controlling infection

- The home was clean and well maintained.
- Staff received appropriate training in infection control and told us they understood and followed infection control procedures. We saw staff wearing appropriate personal protective equipment such as aprons and gloves. Hand washing signs were also visible throughout the home.

### Systems and processes to safeguard people from the risk of abuse

- People and a family member told us they felt safe. Comments included, "I'm safe, I'm secure and I just love the staff," "I feel safe because they look after us and take care of us" and "It's a very safe environment. I'm reassured knowing [my relative] is safe here."
- Staff received safeguarding training and had access to relevant information and guidance about protecting

people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.

- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

#### Staffing and recruitment

- People living in the home told us there were enough staff on duty. Comments included "I'm safe there are plenty of staff" and "There's plenty of staff."
- The provider maintained a rota and ensured there were enough staff on shift based on peoples assessed needs. Processes and procedures were in place to cover shifts where needed. We checked staffing rotas against the providers dependency tool and found there were always more staff on duty than the tool identified.
- Observations throughout the inspection showed staff responding to people's needs in a timely way.
- Recruitment processes were safe. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

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#### Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and feedback confirmed this.

At our last inspection we found some mental capacity assessments needed reviewing and this domain was rated requires improvement. At this inspection we found there had been improvements to this, and we have therefore changed the rating to good.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS were in place for people using the service to keep them safe from harm.
- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005. When people were unable to provide consent, the best interest process was followed which included involvement from relevant people.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- Where needed, people were supported with specific diets associated with their individual needs. For example, food which was soft.
- People told us they had enough to eat and drink and had a good choice of food. Comments included "The food is good, you can pick what you want" and "The standard of food is good; you get lots of choice."
- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or Dietician for advice.

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

- We found the décor in some parts of the home could be improved to support people living with dementia.
- The physical environment, within which people lived, was accessible and safe for people to move around.
- People told us they had personalised their own rooms.
- Bathrooms were adapted to ensure they could be accessed by all people.

- Equipment was in use to support people to move around the home independently.

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

- People's needs were assessed before admission to service.
- People were supported by staff who knew them well and supported them in a way they wanted.
- People and their relatives told us they were involved in developing and reviewing care plans.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager
- New staff members completed a structured introduction to their role. This included completion of appropriate training, and working alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care. In addition, the provider had also supported staff in obtaining other training provision. For example; diploma in health and social care.

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

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required.
- The registered manager had worked with local health care services to ensure people who were not registered with them could still access support. This supported people from out of the local area, and those not previously registered with services, to access healthcare services quickly.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity.

- People told us they felt staff protected their dignity and privacy. All the people we spoke to told us staff respected their privacy and always knocked on the door before entering.
- Staff clearly described how they protected people's dignity and privacy. We saw staff respecting people's privacy during the inspection.
- Records regarding people's care and treatment were stored securely.
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

Ensuring people are well treated and supported

- Staff knew the people they were supporting well and used this knowledge to support people in line with their preferences.
- People told us staff were kind and caring. Comments from people included, "They [staff] are very kind and lovely to me," "They [staff] would do anything to help. I'm very happy" and "The staff know me well."
- Staff spoke affectionately when they described people's needs and knew what was important to them.
- We observed positive, familiar interactions between staff and people living in the home throughout the inspection and staff spoke warmly of the people they supported.
- People were supported to receive care and support from others. When and where people needed support beyond the remit of the provider, an advocate had been sought. There was information about advocacy services available in the home.

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

- People told us they had choice and could make decisions about their support. People got up and went to bed whenever they chose and only took part in the activities they chose to.
- The provider held a food forum regularly. This was a meeting where people could discuss the planned menu and discuss any changes needed based on what people wanted. Food alternatives were also available if people decided they did not like something on the menu.
- Regular resident meetings and surveys were also completed. Records showed that people were asked their opinions and whether anything could be improved. We saw that action was taken based on this feedback.
- People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control,

- The registered manager told us the service had worked hard to improve people's care plans. We found people's care plans were detailed and had clear information about specific needs, and personal preferences. Care plans gave staff the guidance they needed to support people as they preferred.
- People and where appropriate, their representatives, were involved in the planning and review of their care.
- People told us they enjoyed a range of activities.
- The home had liaised with a local organisation to look after duckling eggs for a week at a time. After the eggs hatched, the service encouraged people living in the home to stroke them, and support cleaning and feeding them. Visitors were also able to see the ducklings. On the day of the inspection we saw this brought joy to many people.
- People we spoke with told us they could choose how to spend their day and felt staff knew them well.
- The service assessed, recorded and shared information regarding people's communication needs. We saw the provider had access to information in other formats when required.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The complaints log contained both complaints from people using the service and relatives. We saw complaints had been responded to appropriately.
- People living in the home and their relatives told us they would feel comfortable raising a concern.
- The registered manager displayed information on communal notice boards regarding what actions were taking place in response to complaints, feedback from people, audit findings and previous inspection findings. Relatives told us they liked this as it ensured they were kept up to date with improvements.
- During this inspection we could see the provider and registered manager had acted on previous concerns found during inspections and put measures in place to address these. This had improved quality of care overall.

End of life care and support

- Plans for providing care to people at the end of their life were based on people's wishes, needs and preferences. End of life care plans reflected the views of people and their relatives so people's needs would be met and their wishes respected.
- Staff we spoke with had received end of life training. They told us they would feel comfortable supporting people with end of life care when needed.
- A visiting healthcare professional told us the end of life support was excellent, caring and responsive to people's needs.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At the last inspection there were issues with the effectiveness of quality audit systems used to improve the quality of the home and the service was rated requires improvement. At this inspection we found there had been improvements, therefore the rating has been changed to good.

### Continuous learning and improving care

- There was an effective system in place for checking on the quality and safety of the service and making improvements.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.

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

- There was a registered manager in post, who had the support of the registered provider.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.
- Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Ratings from the last inspection were clearly displayed within the home as required.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

### Planning and promoting person-centred, high-quality care and support

- People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well.
- Staff were supported to provide good care and enjoyed working at the home. One staff member said, "We are like a family, we all help each other."
- Staff told us they felt listened to and that the registered manager was approachable.
- Relatives told us the service was well led. Comments included, "The management react quickly to any concerns or feedback. I raised issues with the décor and they are updating it."
- People we spoke with told us they would recommend the home to others.

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

- Systems were in place to gather feedback from people, and the management team responded to comments and suggestions made.
- Feedback submitted to an online care home review site in 2018 and 2019 was positive from relatives whose family members were or had been living at Nazareth House.
- Relatives told us the manager kept them fully informed of improvements made in the home.
- Staff received supervision and appraisals of their performance. Staff told us they had team meetings and felt able to express their views.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people.
- When referrals to other services were needed, we saw that these referrals were made in a timely way. For example, referrals to the falls clinic and physiotherapy to maintain people's mobility.