Nazareth Care Charitable Trust

Nazareth House - Cheltenham

Inspection report

London Road
Charlton Kings
Cheltenham
Gloucestershire
GL52 6YJ

Tel: 01242516361

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Nazareth House - Cheltenham on the 7 and 11 February 2019. Nazareth House - Cheltenham provides accommodation and personal care to 63 older people and people living with dementia. It also provides short term respite care for people. At the time of our visit 43 people were using the service. Nazareth House is located in the Charlton Kings area of Cheltenham. This was an unannounced inspection.

At our previous comprehensive inspection in June 2018 we found the provider was not meeting five of the regulations. We found people's risks had not always been assessed and they had not always received their medicines as prescribed. Additionally, staff did not have access to training and support. People did not receive person centred care and access to stimulation which would have benefitted their wellbeing. People's dignity and privacy were not always respected. The provider did not have effective systems to monitor and improve the quality of service people received.

Following the June 2018 inspection, we met with the provider and the previous registered manager to discuss the actions they were planning to take to improve the service.

We completed a focused inspection in October 2018 to follow up on enforcement actions we issued against the provider following our June 2018 inspection. We found improvements had been made in relation to the concerns we identified at our June 2018 inspection. The management of people's prescribed medicines and risks had improved, the governance systems were increasingly effective and staff had received some support and training. However, further improvements were required to the safe management of people's medicines and the training and support staff received.

At this inspection in February 2019, we found continued improvements had been made to the safety of the service, staff training and support and the provider's quality assurance systems. However, we identified concerns where staff had not followed the guidance and expectations of the manager and the provider when managing people's medicines. This placed people at risk of not receiving their medicines as prescribed. The provider and manager were aware of these concerns and informed us of the immediate actions they planned to take.

A registered manager was not in place at the service. The provider had recruited a manager, who had previously been the registered manager of the service. The manager was in the process of registering with CQC. This manager was supported by representatives of the provider and a head of care. 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.

The provider and manager had systems in place to drive the quality of care people received. While these systems had led to improvements, they were not always consistently being monitored and implemented by

senior care staff. Senior staff did not always complete and update records when people's care was delivered, such as topical cream charts. Senior staff did not always provide all staff with a detailed shift handover. During and following our inspection the manager provided us with an action plan of how they were planning to address these concerns and ensure quality was maintained within the home.

People, their relatives and staff felt staffing had improved at Nazareth House - Cheltenham. There was a high level of agency staff usage to ensure people's needs were met however the manager and provider ensured agency staff were block booked to maintain consistency. The provider was taking action to address staffing concerns through ongoing recruitment. Care and nursing staff felt they were supported by the manager and head of care. However, further improvements were required to ensure staff received effective supervision (one to one meetings with their manager) and training.

People were now receiving person centred care and meaningful engagement from care staff. Care staff were attentive to people's needs and supported people's wishes and preferences.

People were cared for in a clean, safe and well-maintained home. The provider and manager carried out effective checks to ensure the service remained safe and met people's needs. Significant refurbishment work was being carried out at the home. Care staff followed recognised infection control procedures.

People were protected from the risks associated with their care. Care staff knew how to assist people with their needs and ensure their health was maintained. Staff understood their responsibilities to protect people from harm and to report any safeguarding concerns. Staff provided people with choice and worked to protect and maintain their legal rights.

People had access to a variety of food and drink. Care staff treated people with dignity and ensured they had any nutritional support required. Catering and care staff were aware of and met people's individual dietary needs.

People's relatives felt their concerns and views were being listened to and acted upon and spoke positively about the approachability of the new manager and head of care.

The provider had systems in place to drive the quality of care people received. There was an action plan in place to drive these improvements. Time and consistency was required to ensure the provider's action plan was completed, evaluated and improvements were effectively sustained and embedded.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have not escalated our action as we had identified improvements at this inspection following our inspections in June 2018 and October 2018. You can see some of the action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were at risk of not receiving their medicines as prescribed. Care staff did not always follow recognised good practices in relation to the management of people's medicines.

There were enough staff deployed to meet people's needs. People's requests for assistance were responded to quickly.

The risks associated with people's care were managed. People felt safe living at the home and staff understood their responsibilities to report abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Care staff did not have access to all the training and support they needed to meet people's needs. Care staff did not always benefit from an effective and structured supervision and appraisal system. The service was addressing these concerns.

People were supported to make day to day decisions around their care. People received the nutritional support they needed.

People were supported with their on-going healthcare needs, including rehabilitation to return to their own homes.

Is the service caring?

Good

The service was caring.

Care staff treated people with kindness and compassion when assisting them with their personal care.

People's dignity was promoted and care staff assisted them to ensure they were kept comfortable. People's independence and individuality were respected.

Is the service responsive?

Good

The service was responsive.

People had access to stimulation and engagement appropriate to their needs. People received care which was personalised to their needs.

Where people were at the end of their life they received support to keep them comfortable, in line with their wishes.

People and their relatives told us they felt involved and their concerns and complaints had been effectively listened to and acted upon despite changes in the management team.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Care staff did not always follow guidance and systems implemented by the manager and provider.

The manager and head of care were providing day to day management, with support from representatives of the provider.

The service had a service development plan to address concerns they had identified. These concerns reflected those found at this inspection. Time was needed to assess the effectiveness of these actions in driving and sustaining improvement.

Nazareth House - Cheltenham

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 check whether the provider was 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.

This inspection took place on 7 and 11 February 2019 and it was unannounced. The inspection team consisted of two inspectors. At the time of the inspection there were 43 people living or receiving respite care at Nazareth House - Cheltenham.

We did not request a Provider Information Return (PIR) for the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We spoke with two healthcare professionals and one commissioner about the service. We took this into account when gathering our evidence and making our judgements.

We spoke with nine people who were using the service and five people's relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 14 staff members including three care staff, three agency staff, two senior carers, activities co-ordinator, chef, the head of care, the manager and three representatives of the provider. We reviewed eight people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2018, we found people did not always receive their medicines as prescribed and care staff did not always follow recognised good practice in relation to the management of medicines. These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action and they sent us an action plan which stated how they would meet the regulations in full.

At this inspection we found the management team and provider had implemented systems in relation to the safe management, however care staff were not always effectively following these systems. This placed people at risk of not receiving their medicine as prescribed.

People did not always receive their medicines as prescribed and we found at times people had missed dosages of their medicines. For example, we counted the stock of 12 people's prescribed medicines to check whether people had received all their medicines as prescribed in January and February 2019. We identified that since the end of January 2019 people had not always received their medicines as prescribed. When we counted one person's prescribed medicine stock we found more doses than we expected to find. This meant that people had missed their prescribed medicines and were placed at risk of their health and wellbeing being negatively impacted.

People were at risk of not always receiving their topical cream medicines as prescribed. Care staff did not keep an accurate record of the support they had provided people in relation to their topical creams. The head of care and manager was aware of these concerns and were taking action to ensure staff maintained a current record of the support they had provided people regarding topical creams. This included the creation of a folder which contained people's daily records. Senior care staff, alongside the head of care would be responsible for ensuring these records were completed and any concerns identified and reported.

Additionally, care staff did not always take appropriate action when people's medicine stocks were low and needed to be replenished. One person had not received one of their prescribed medicines as they were not available. Care staff had not effectively sought this medicine to ensure it was made available.

Systems were in place, which would enable staff to identify when people had not received their medicines as prescribed and any gaps in medicine administration records. However; these systems had not been followed by care staff. We discussed these concerns with the manager and head of care. They promptly implemented an action plan, which included a daily stock count to help reduce errors and ensure any concerns could be identified and people's wellbeing maintained.

People were at risk of not receiving their medicines as prescribed as staff did not always follow recognised safe medicine management practices. These concerns were a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt the home was now safe. Comments included: "I am comfortable here, things are

sorted"; "Definitely feel safe here" and "I am safe here, I'm not sure why I wouldn't be." One relative told us, "I wasn't concerned beforehand; however, I can see things have improved. I think it's safe here."

People were protected from the risk of abuse. Care staff had knowledge about the types of abuse and the possible signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I feel entirely comfortable going to (head of care) and (manager). They take things onboard." Another staff member added that, if they were unhappy with the manager's or provider's response, they would speak to the local authority's safeguarding team or the CQC. They said, "We all know we can contact the local authority and CQC."

The manager and provider were responding to and acting on, any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the service had ensured all concerns were reported appropriately, for example to the local authority and CQC.

People told us there was enough staff deployed, on a daily basis, to meet their needs and they felt there were now more staff available to meet their needs. Comments included: "There are enough staff around, I would like less agency staff though"; "The staff help me when I need it" and "Sometimes they're busy, however I don't think we wait too long."

Staff told us there were enough staff to meet people's needs. Staff comments included: "We have enough staff, sickness can be a problem. However, we have regular agency"; "I think staffing is an issue everywhere, however we have enough staff to meet people's needs" and "We are reliant on agency, however we have enough staff around." We observed there were enough staff to meet people's needs. People's call bells were answered promptly and staff had time to spend with people doing ad-hoc activities.

At present the service was using agency staff to ensure there were enough staff. Agency staff were block booked to maintain continuity of care from agency staff that knew people. We spoke with four agency care staff who informed us they worked at Nazareth House – Cheltenham frequently. We observed two of these staff members engaging with people and they seemed comfortable and relaxed in the agency staff's company.

The provider and manager had continuous recruitment taking place with the aim of building the staff team and fostering continuity of care. The manager spoke openly about the challenges of recruiting and developing a strong and consistent staffing team. They were working alongside representatives of the Board to attract staff to work at Nazareth House and were focusing on developing staff skills and support to reduce staff turnover.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People were protected from the risks associated with their care. For example, one person's health needs had recently changed. Staff identified the person was struggling with some of their food and drink. They sought healthcare professional advice, which included changing the texture and consistency of the person's food and drink.

Care staff kept a clear record of the support people required and the support they requested. Where they had identified continuous concerns, they ensured appropriate healthcare professionals were called. One

person's care records had been updated to state how often they required repositioning to relieve the pressure on their skin. Care staff we spoke with were aware of this. One member of staff told us, "We are aware when people need repositioning and the support they require to maintain their health and wellbeing."

Where people required support with their mobility, there was clear guidance in place for care staff to follow. For example, one person had a piece of mobility equipment to assist them to transfer from their bed to a wheelchair or lounge chair. Their care plan detailed the support they required and how care staff needed to safely support them. Prior to our inspection the person was choosing to spend more time in bed, due to an increase in pain. Care staff were supporting the person with their prescribed pain relief to ensure they were comfortable.

People's specific risks had been identified and clear assessments were in place on how to assist them with their needs. For example, one person was at risk of fainting or anaphylactic shock due to an underlying healthcare condition. There were clear documented protocols of how staff should manage these situations, including guidance on the use of medicines and contacting emergency medical services.

People could be assured the premises were safe. The manager informed us a representative of the provider was involved in ensuring the service was safe whilst refurbishment work was being completed. Where building work was being carried out people were protected from the risk of harm. These areas were cordoned off. Day to day maintenance issues were identified and addressed to ensure the home was safe and fit for purpose.

People were protected from the risk of infection. Care and nursing staff followed recognised best practice to prevent the risk of infection spreading throughout the home. For example, care staff wore personal protective equipment (PPE) when they assisted people with their personal care. PPE is single use items, such as gloves and aprons, used during personal care. Care staff explained how they used the equipment to reduce the risk to people. One member of staff said, "All staff have the equipment they need, I think we work well with infection control." We observed staff wearing and removing PPE and followed recognised best practice. Housekeeping staff told us they had the equipment and resources they needed to ensure the home remained clean and free from infection.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in October 2018, we followed up on enforcement action we issued the provider following our June 2018 inspection. We found staff did not always have the skills and formal support they needed to meet the needs of people living at Nazareth House - Cheltenham. This concern was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found effective action was being taken to address staff training, supervision and appraisal and the requirements of the regulation were now met. However, improvement was still needed to ensure staff were always effectively supported, developed and skilled to undertake their role effectively.

People and their relatives felt most of the staff were well trained and had the skills they required to meet their needs. Comments included: "The staff are all positive and they know what to do"; "The staff are good, I can't fault what they do for me" and "I find the staff know how to help me, some of them are fantastic."

During this inspection staff informed us they now felt supported by the manager, head of care and provider. Comments included: "We (staff) are happier. The staff skills are improving. (Manager) is encouraging lots of training"; "We've had more training, including training on medicines which are helping us to improve things" and "I think I have the training and skills I need, I want to develop further." Staff also told us their access to training continued to improve. One member of staff said, "I'm on team leader training. Two of us seniors are doing it. It's made me feel more appreciated. I've also just done my NVQ 3. I feel more comfortable in the home; the training has given me more confidence and skills."

The manager and head of care had a plan of training for staff working at Nazareth House – Cheltenham. They had engaged with local training providers and had enabled for the home to have a dedicated training room. Staff were using this room to complete recognised moving and handling training. The manager and provider had identified where staff required additional training and they were focusing on developing the leadership skills of senior care staff, including supervision training.

Staff were starting to receive supervision (one to one support meetings) and there were plans in place to ensure all appropriate staff received an appraisal. Completion of these were still ongoing from our last inspection. One member of staff said, "I haven't had one yet. However, I feel supported." Another care staff told us, "I am due to do supervisions. I've been allocated staff I need to supervise. We've been trained and the head of care will sit in with us on supervisions to make sure we're doing it right."

People's consent and agreement was asked for by staff before they delivered their care. We observed staff asking people if they were happy for staff to support them with specific tasks. For example, when staff assisted one person with their nutritional needs. The staff member provided the person with a choice and respected the person's wishes in a prompt and efficient manner. We observed another member of staff supporting a person with their mobility. They discussed the support the person required and gave them information and time they needed to decide on what they would like to do. The staff member respected the persons' choice.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the principles that underpin this. The 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.

Staff spoke about the MCA and how they assisted people with their choices. One member of staff told us, "We promote people's choices and individuality, we don't do things to people." One person told us, "We always offer choice, such as at meal times. Where people don't have the capacity to decide then this has been assessed and we work in the least restrictive way in their best interest."

The manager, head of care and provider ensured where someone lacked capacity to make a specific decision, a mental capacity assessment and if necessary a best interest decision was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they were to leave the service unsupervised. The provider made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

The provider and manager were aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. The manager and provider had ensured where decisions were being made in people's best interests, these were documented alongside an assessment that showed that they did not have the mental capacity to make the specific decision independently.

People told us they enjoyed their food and the quality and provision of the food had improved since our last inspection. We observed people enjoying their lunch time meal, receiving support to enjoy this as well as extras such as snacks including a cheese and cracker selection and a selection of desserts. Comments included: "The food has got so much better, we have more variety", "I get my food and drink, plenty of it and I enjoy it, I have no complaints" and "I enjoy my meals, it's usually good food".

Where people had specific dietary needs, these needs were met. For example, where people required a soft diet, meals were provided in accordance with guidance from a speech and language therapist. All meals, including soft meals were presented in a pleasant manner, ensuring people could see the different colours and taste individual foods. The home used moulds to shape pureed food into shapes relevant to the food type, the chef said, "If it's pork, we use the moulds to make it look like a sausage. Even if the food is pureed it helps the resident relate it to the food." The home's chef told us they had the equipment and knowledge they needed to provide different textured diets to meet people's dietary needs and preferences in a dignified way.

The chef was knowledgeable about the needs and preferences of people. The chef spoke about the meal time routine they had implemented prior to our last inspection in October 2018. They told us this routine was successful in ensuring people benefitted from a positive and stimulating dining experience. This routine included assisting people in their own bedrooms prior to the meal being served in the dining rooms. The chef explained people had a choice of meals, and with time, requests could be catered for, for example, one person enjoyed chicken every day. On both days of our inspection, we saw the chef talking with people in the dining rooms, seeking their views on the meals they received.

People had access to health and social care professionals. Records confirmed people had been referred to a

GP, continuing healthcare professionals, occupational therapists and physiotherapists. Additionally, people were supported to attend appointments when required (when families were unable to escort their relatives to appointments). People's care records showed relevant health and social care professionals were involved with people's care. One person had recently chosen to undergo an operation, they had discussed this with staff and their family and clear records were in place in relation to the support the person required.

The premises were suitable to people's needs. Building work was taking place to increase access to two of the home's units, increase the size of the home and provide newly refurbished rooms. Changes were also happening in areas of the home to aid the support people received. This included room refurbishment, including new carpets. The provider had plans to refurbish and change the layout of the home's entrance to provide additional meeting places for people and their relatives. They had plans to create a café/bistro area for people to enjoy. These works were planned to be carried out in 2019.

Good

Is the service caring?

Our findings

At our last inspection in June 2018, we found people's privacy and dignity was not always being respected. Care staff did not always engage with people in a respectful way or respect their choices. These concerns were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action and they sent us an action plan which stated how they would meet the regulations in full.

At this inspection we found the manager and provider had taken effective action to meet the relevant regulation.

People and their relatives spoke positively about the caring nature of staff employed at Nazareth House - Cheltenham. Comments included: "I like the staff, they are caring"; "They're really nice. We can have a good chat" and "They do their best, I do think they care."

People enjoyed positive relationships with all staff. Throughout the inspection the atmosphere throughout the home was friendly, inviting and lively in the communal areas with staff engaging with people in a respectful manner. We observed when care staff assisted people with their needs they did so in a kind and compassionate manner. Staff promoted people's choices and respecting people's wishes. For example, three people enjoyed singing well know songs which were popular during their life with a member of staff. The staff member asked what songs people would like to sing and encouraged them to be involved in a positive way.

People were supported by care staff who were patient and worked at the persons pace. We observed care staff assisting people to mobilise around the home. They supported people to walk by providing gentle encouragement and only physically assisting if the person required. The staff member talked with the person throughout, ensuring they were comfortable. They enjoyed friendly conversations.

People were supported to maintain their personal relationships. For example, People and their relatives told us that visitors could visit at any time and there were no restrictions in the visiting times. One person told us, "My family visit me. We can go out for lunch or stay here." One person's relative said, "I can visit any time. Staff are always make me feel welcome."

People's dignity was respected by care staff. For example, when people were assisted with their personal care, staff ensured this was carried out in the privacy of their room. People living at Nazareth House - Cheltenham were treated with dignity and respect and their wishes were respected. For example, staff ensured doors were shut when personal care was being provided. They ensured that, when entering a person's room, they knocked on the door and clearly acknowledged the person, so the person was clearly aware of their presence. Where someone had had an accident, staff supported them with patience and respect and ensured they received support to maintain their comfort. Care staff told us how they ensured people's dignity was respected. Staff spoke positively about reporting concerns if they felt people's dignity was not being respected.

People were able to personalise their bedrooms. For example, people had decorations or items in their bedroom which were important to them or showed their interests. For example, one person's room contained photos of their family and people who were important to them. One person told us, "This is my room, its exactly the way I like it."

People, where possible were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and their wants and wishes regarding their end of life care. This person had also decided that they required resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

Good

Is the service responsive?

Our findings

At our last inspection in June 2018, we found people did not always receive care and support which was personalised to their needs. Additionally, staff did not always keep a current record of people's care and support. These concerns were breaches of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We asked the provider to take action and they sent us an action plan which stated how they would meet the regulations in full.

At this inspection we found the manager and provider had taken effective action to meet the relevant regulations.

People received care which was tailored to their individual needs. The manager and head of care had been reviewing people's care assessments alongside people and their relatives through resident of day. This is a scheme where the needs and views of one person are the focus of staff members attentions. People's care plans were personalised and where possible reflected people's views regarding their care, support and wellbeing needs. For example, one person's spiritual and religious needs had been recorded, including the support they wished to have at the end of their life.

People benefited from stimulation and social interaction which was personalised to their individual needs and preferences. We observed care staff (both permanent and agency) engaging with people and providing them with stimulation which met their wellbeing and spiritual needs. For example, prior to the lunch meal people engaged in a pre-meal prayer, which was led by a member of staff. Throughout meals, staff engaged with people throughout. There was a pleasant atmosphere within the dining rooms, with staff promoting people's choice and encouraging people to do as much for themselves as they could. People enjoyed friendly conversations about the food and things happening within the home.

Care staff took time to engage with people in their rooms and in the homes lounges. Staff sat with people engaging them with discussions and singing. Staff (including agency) knew people's preferences and the things they enjoyed. For example, one person told us that staff knew they enjoyed having a bath. They said, "They make time to help me have a bath. I really like it." Staff told us that they had the time to engage with people and promote their wellbeing.

People enjoyed engagement and activities with the activity co-ordinator. People told us there were things for them to do living at Nazareth House. Comments included: "(The activity co-ordinator) is really good, they've really set things up here" and "I tend to keep to myself, however there is always lots for us to do." The activities co-ordinator offered a regular programme of activities and spent time individually with people who could not attend the group sessions. Regular exercise classes were taking place and we heard many examples of how this had helped people to remain active, strengthened their mobility and reduced their risk of falling.

The activity co-ordinator engaged with people with musical sessions and other activities which people enjoyed and got fully engaged with. This included arts and crafts sessions and musical sessions. The activity

co-ordinator discussed how people had done their own pantomime performance at Christmas including playing musical instruments and using shadow puppets. The activity co-ordinator had previously carried out poetry sessions collated a book of people's poems. These books were available for sale with the monies going back into the activity fund for the home. The homes Sister Matron was also looking at different activities people could enjoy, including an interactive table. They were focused on increasing the engagement of the home in the community and how this engagement could benefit the people living at Nazareth House – Cheltenham.

Staff were responsive to people's changing needs. For example, staff could recognise changes in people's healthcare needs and seek the support of relevant healthcare professionals, such as speech and language therapists and occupational therapists. One person had their dietary needs reassessed and staff had received guidance on the repositioning support of the person.

People's relatives were informed of and involved in any changes in their relative's needs. For example, people's relatives told us they were involved in resident of the day meetings and could be involved in people's care. Care records showed that where people's needs changed, the service informed their relatives and involved them in their care. For example, one person was being supported with pain relief and arrangements regarding an upcoming hospital appointment.

People were supported at the end of their life and to maintain their comfort and stay at Nazareth House – Cheltenham. At the time of our inspection no one was receiving end of life care. Many people moved to Nazareth House – Cheltenham due to the religious connections the home maintained. People's religious views regarding their end of life care and the support they wished to receive had clearly been documented.

People and their relatives knew how to make a complaint if they were unhappy with the service being provided or if they had any concerns. For example, one person's relative told us they felt the manager was approachable and would deal with their concerns. They told us, "Everything I've discussed gets sorted."

The manager and provider kept a record of complaints and compliments they had received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. The service worked with healthcare professionals when dealing with people's concerns to ensure they received effective on-going support.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2018, we found the provider and the management had taken action to meet aspects of Regulation 17. We found systems had been implemented however further time was required to ensure these improvements were effective and consistently embedded. Following the inspection, the provider continued to send us an action plan regarding Nazareth House – Cheltenham and the improvements they were planning to undertake.

Following our October 2018 inspection, a new manager had been appointed, who was in the process of registering with the Care Quality Commission. They had previously been the manager of Nazareth House – Cheltenham and had a focus on driving improvements. The manager had identified improvements were required in relation to the management of home and staff responsibilities, including the responsibilities or senior care staff.

At this inspection we found further improvement had been made to the monitoring of the service. However, more improvement was needed to meet the requirements of this regulation.

Systems implemented by the manager and provider were not always being adhered to and monitored by senior staff. For example, senior staff were not always following recognised safe management of medicine processes when administering medicines. Additionally, staff were not always meeting the expectations of the manager in relation to updating people's care records, ensuring monitoring charts were being correctly completed and ensuring staff received a detailed handover. Senior staff were given responsibility to manage these processes, however systems implemented by the provider had not been followed.

One member of staff told us they did not always have a detailed handover and therefore was not always informed in regarding people's changing needs. They told us, "I haven't been on shift for ten days, I had no handover of concern." They explained they had been informed of a change of one person's dietary needs. They were planning to review the person's care plans regarding this change. The manager had delegated responsibility of the handover process to senior care staff, however these processes had not been followed, and the manager and provider had not identified concerns in these procedures.

Senior care staff had not always ensured people's records were current and reflect of people's needs. Staff told us about one person's changing dietary needs. However, this person's care plans and found that it had not been updated with this change since 23 January 2019. There was a risk that the person may be placed at risk of aspiration as important information regarding their dietary needs had not been effectively communicated. This concern had not been identified by senior care staff or the management to ensure current healthcare professional guidance was recorded on the person's plan.

Handover records were not always consistently completed and did not provide a clear record of people's current needs and details. Handover notes detailed what people had been doing, however had not provided clear guidance for care staff to follow in managing people's needs. We discussed this concern with the manager who informed us they would take immediate actions to ensure the handover process was effective

at ensuring staff had the information they required to meet people's needs. The manager also provided us with an action plan during the inspection, regarding how they planned to ensure people's records were current and contemporaneous.

Staff did not always follow the systems implemented by the manager and provider. This meant people could be placed at risk of unsafe care and treatment. These concerns were a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the ongoing improvements they had experienced at Nazareth House – Cheltenham. They all appreciate the return of the manager, who had previously worked at the home. Comments included: "'I'm glad (manager) is back, they're very approachable"; "There is more structure (with the management and staff). The staff have come through the difficulty well" and "Things are more organised now. Staff have a bit more structure. It's not perfect, but its better."

Staff told us they felt their voice were listened to and respected and that communication between them and the provider had improved. Staff told us they felt valued by the provider and the manager. Comments included: "I definitely feel more valued. There is more training and more recognition. (Manager) gave me flowers for completing my NVQ3 (qualification in health and social care)"; "We receive a bit more feedback, the positives and negatives" and "(Manager) listens to us, there is more support now, things are addressed."

The provider and manager had a comprehensive service improvement plan with the focus of improving the service people received. The area manager and interim manager had provided us with an updated copy of this action plan every week since our last inspection. The action plan had been updated during our inspection with concerns we had identified. Where actions had been identified, such as ensuring people's care plans were current and accurate and improving the management of people's medicines, these actions were allocated to a designated member of staff and were reviewed frequently to monitor improvements being made. For example, progress on the completion of people's care records. The service had identified improvements that had been made, and that some staff required additional training and support in relation to maintaining an accurate record of people's care and support. The improvement plan identified improvements were being made, however further time was required to ensure actions had been completed and systems implemented by the provider were comprehensively embedded.

The provider had implemented a range of audits to enable them to ensure improvements were being made and review their progress. These included audits on pressure ulcer risks, bed rails and home and equipment safety. Where actions had been identified these informed the providers service improvement plan.

People and their relatives' views were now being sought and were starting to be acted upon. The provider, manager and area manager had ensured people and their relatives were aware of the improvements they were making to the service. A copy of the home's current CQC rating and service improvement plan was on display at the home's entrance, people could be supported to review this if they wished. People spoke positively about the information they received. Staff, including the chef, spoke with people on a daily basis, talking to them about their views and ensuring they felt listened to and respected. People and their relatives were heavily involved in care reviews and this enabled people to take control of their care.

Representatives of the provider carried out monthly checks of the service, where support had been provided by a representative of the provider or a healthcare professional this was clearly recorded in their service improvement plan. Healthcare professionals felt they had been appropriately involved and spoke positively about the continued improvements the provider was making. The service was signed up to take part in a care pilot being carried out in Cheltenham with the assistance of the local care home support team.

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 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medicines as prescribed. Staff did not always follow recognised best practice. Regulation 12 (1)(2)(f)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not always operate systems to ensure people received safe care and treatment. Staff did not always receive the information they required. Regulation 17 (1)(2)(a)(b).