

Nazareth Care Charitable Trust

Nazareth House - Southend

Inspection report

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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



Overall summary

This inspection took place on 1 December 2014 and was unannounced. At our last inspection in June 2014 we had concerns about safeguarding people from abuse, the management of medicines, staffing, supporting workers and assessing and monitoring the quality of the service. The provider sent us an action plan and had worked towards completing the actions in the plan. Improvements had been made in all areas, however further improvements are required to ensure that the service meets the requirements of the regulations in relation to ensuring there are sufficient staff.

Nazareth House provides accommodation, personal care and nursing care for up to 64 older people who may be living with dementia. The service consists of two units St Josephs and Maris Stella. St Josephs unit provides nursing care and Maris Stella provides residential care. On the day of our inspection there were 58 people living in the service.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People felt safe and secure living in Nazareth House and they were protected from abuse and harm. Staff and managers understood and applied safeguarding procedures.

There was not sufficient numbers of suitable staff to meet people's needs.

Medicines were being managed safely and effectively. Risks to people's care and welfare had been assessed and they had been involved in decision making. People had been supported to have sufficient food and drink and their healthcare needs had been met.

The recruitment practice was thorough. Staff training and supervision had improved and staff were better supported to do their work. The service had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Although there was some good practice with regards to pressure area care we found an issue of concern which did not trigger a timely response to the deterioration in the person's nutritional status so improvements are needed in this area.

People were cared for by kind and caring staff who treated them with dignity and respect and understood their needs. People had access to advocacy services should they need them.

People's needs had been assessed and the service was responsive to their personal, social and spiritual needs. They had as much choice and control over their lives as was possible. Staff responded quickly to people's needs.

People's complaints and concerns had been listened to and acted upon.

Management had carried out regular checks on systems and practices. However, the monitoring of people's pressure care needs had not been adequate and had not identified the issues raised in this report. This means that the checks had not been effective.

People had been involved in regular meetings to discuss any issues or concerns and actions had been devised as a result of them.

At this inspection we found that the service was in breach of regulation 22 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities 2014).

You can see what actions we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not safe

There was not sufficient skilled and experienced staff on duty at all times.

People told us that they felt safe and that staff treated them with dignity and respect. Staff had a good knowledge about how to keep people safe. They had received regular training in a range of safety subjects.

Medication was well managed.

Requires Improvement



Is the service effective?

This service was not always effective

People had not always experienced positive outcomes with regards to their pressure area care.

People were cared for by staff that were well trained and supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Requires Improvement



Is the service caring?

This service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been fully involved in planning their care and had access to advocacy services when needed.

Good



Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and they had been fully involved in planning and reviewing their care.

People were empowered to make choices and have as much control and independence as possible.

Good



Is the service well-led?

This service was not well-led

Regular audits had not identified the risk to people's care and welfare and there had been no registered manager in post since April 2014.

Staff were positive about the current management team.

Staff understood their role and were confident to question practice and report any concerns.

Requires Improvement



Nazareth House - Southend

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 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.

This inspection took place on 1 December 2014 and was unannounced. The inspection team consisted of two inspectors a specialist advisor, (tissue viability nurse,) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 provided in the PIR and any other information that we held about the service. This information included notifications. Regulation 18 of the Health and Social Care Act 2008 requires providers to notify us about certain events.

During our inspection we spoke with 14 people who used the service, five visiting relatives, the interim manager, deputy manager and 13 members of care staff. We reviewed 15 people's care records and six staff recruitment files. We also looked at the service's policies, audits, staff rotas, complaint and training records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in June 2014 we had concerns about whether the service was safeguarding people from abuse, how the service managed medicines and whether the service had sufficient staffing. The provider sent us an action plan and had worked towards completing the actions in the plan.

At this inspection there were not sufficient numbers of suitable staff to meet people's needs. People told us that sometimes they had to wait too long for staff assistance. We heard the call bell sounding throughout our inspection and on two occasions it clicked into emergency mode because staff had not attended to people in time. Staff told us that they had lots of different agency staff and that they had to keep explaining things to them which meant that people had to wait longer than necessary to have their needs met. One visiting relative told us, "There was an incident recently that was a direct result of agency staff who do not know how to meet my relative's needs and preferences." They said that they worried about their relative's safety because of the lack of permanent staff.

The interim manager told us that twelve new staff had recently started work and that others were waiting for employment checks to be completed. The new starters and leavers list showed that although 12 staff had started work, eight had left in a six month period and this meant that the service was still effectively short of staff. The staff duty rotas showed that over a two week period 28 shifts had been covered by agency staff. The lack of permanent staff meant that people had to wait for help for much longer than necessary because agency staff had to seek information from permanent staff before they carried out their duties.

This was a continued breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found that people were protected from abuse and harm. The service had trained their staff to understand and use appropriate safeguarding policies and procedures and the staff we spoke with had a good

knowledge of how to apply them. There were notices displayed around the home reminding staff of the process for reporting any concerns. Appropriate referrals had been made where necessary.

People told us that they felt safe and secure living in the home. One person said, "I do feel safe living here, the staff are all nice." Another person said, "It is safe here, the staff take care of that and are they all help me to keep me safe." One visiting relative said, "I don't visit very often but when I do it is always very nice and it always feels safe."

People were protected against the risk of the service employing unsuitable staff. This was because there was a good recruitment process in place. Staff told us that it was thorough. They said that they had not been able to start work until all of their employment checks had been carried out. Staff files contained all of the relevant documentation as required by law.

Medication was being managed safely and effectively. People told us that they had received their medication when needed. Staff told us that they had received medication training and that their competence to administer had been regularly assessed. Risk assessments were in place for a person who was able to administer their own medication, records had been completed appropriately and policy and guidance had been followed. People had received their medication as prescribed and in a safe way.

Risks associated with people's care and welfare needs had been assessed. People had been involved in taking decisions about risk. For example, one person was at risk of developing pressure sores so it was assessed that they required turning at night to minimise the risk. The person did not want to be disturbed throughout the night and the risks and benefits of turning them had been fully discussed with the person taking the Mental Capacity Act 2005 into account and they had signed to say that they had recognised and accepted the risk.

There were notices displayed around the home to raise awareness and remind all staff of the need to be vigilant about health and safety risks. Staff had received training in health and safety and there were named 'Champions' for infection control and health and safety to help minimise risks in these areas.

Is the service effective?

Our findings

At our last inspection in June 2014 we had concerns about how the service supported its staff. The provider sent us an action plan and had worked towards completing the actions in the plan.

At this inspection staff told us that they felt better supported to carry out their work. They told us that they had recently had a lot of updates in their training in areas such as infection control, health and safety, medication and dementia care. Two senior staff had started a national vocational qualification at level 5 and were in training for management posts. Staff we spoke with had a good knowledge about their role and of people's individual needs and how to meet them. They said that supervision had improved recently. Staff had the knowledge and skills to provide safe effective care.

Although we saw some good practice with regard to pressure area care it was not always effective. For example, for one person a nutritional assessment had been carried out in May 2014 and it had not been reviewed until November 2014. This was a significant gap and as a result would not have triggered timely concerns of deterioration in nutritional status. Photographs of pressure ulcers were incorrectly dated because the camera's date settings were wrong. Advice from a visiting professional about pain relief had not been followed and may have left the person in pain and discomfort. Improvements need to be made to ensure that all of the people who use the service receive appropriate pressure area care that meets their individual needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to

make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice.

One person had a DoLS authorisation in place which had been complied with and had been recently reviewed. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and they showed a good knowledge of the process and how it was used. Mental capacity assessments had been carried out where required and staff were fully aware of them and what they meant for people. People's consent had been sought for taking their photographs and for sharing their information. People told us that they had agreed to their care and support and had signed their care plans if they were able to do so.

People were supported to have sufficient food and drink. One person said, "The food is very good here and you get a choice every day. I never have any complaints about the food." Another person told us, "The food is good, it is always hot enough and if I don't like what is on the menu I can have something else." We could see for ourselves that people could choose what to eat from a choice of freshly prepared food. Lunchtime was relaxed and informal and staff interaction with people was good. Relatives had discussed meals at a recent relatives meeting and they had stated that if anything the portions were too big. The interim manager said that they were looking at diets as a result of discussions and would be introducing finger foods to encourage people to eat more food when needed.

People's routine healthcare needs were met. People told us that they saw their GP or nurse when they needed them. Care records showed that a range of healthcare professionals had visited people when required and that staff had accompanied people to hospital appointments.

Is the service caring?

Our findings

People told us that all of the staff were caring and nice. They said they were happy with the care they received. We saw and heard staff talking with people and supporting them with their everyday needs and they did so in a kind and caring way. They listened to what people had to say and spoke with them respectfully. One person said, “I am well looked after, they [staff] are all very nice to me.” Another person said, “All of the staff are nice, all of the time.”

Staff had a good knowledge about people and their individual needs. Relatives told us that the permanent staff knew their relatives well. They said that they understood their relative’s individual needs and that they met them in a caring way. They said that although the agency staff were caring they did not have the time to get to know their relative’s diverse needs because they had to familiarise themselves with the building and the other staff.

There was information about the service available for people and their relatives to access when needed. This included advocacy services, the service’s values and charter of rights. People told us that they were actively

involved in making decisions about their care. Where people were unable to make decisions for themselves there were clear assessments in place to describe how decisions would be made.

People’s privacy and dignity was respected. We observed staff knocking on people’s bedroom doors and waiting for a positive response before entering the room. There were do not disturb notices on people’s doors when staff were supporting them with their personal care. People told us that their care was ‘very good’ and that staff always respected their privacy. People told us, and their care plans confirmed, that their independence was encouraged and that staff respected their wishes.

Staff talked about people in a kind, caring and understanding way and they told us about how they worked together with people’s families and other professionals to achieve the best outcomes for the person. Visiting relatives told us that they came and went without restriction and that they always felt welcome.

Staff were aware of people’s end of life wishes. There was good information in the care files which included Preferred Priorities for Care (PPC). The PPC is a document that sets out people’s plans for their future end of life care. This gives a person the chance to think about, talk about and write down what they would like to happen in regards to their care when they reach the end of their life.

Is the service responsive?

Our findings

People told us that the service was response to their needs. There were pre-admission assessments which detailed people's individual needs prior to their admission. People said that staff frequently talked to them about their changing needs. There were on-going assessments in place such as for people's nutrition, pressure area care, mobility and medication. This meant that people's needs were continuously being assessed for any changes.

The care plans contained a range of information relating to people's individual requirements. They included good information about people's likes and dislikes. They described people's individuality in areas such as their mood and personal preferences. For example, one care plan stated, '[person's name] is a very neat person and prefers that clothing and towels are freshly laundered' Another example was, '[person's name] may get frustrated and angry at their inability to carry out their own personal care, so may lash out verbally or physically.' There was clear information in this care plan stating how staff were to manage the person's frustration. Staff were able to tell us about the actions described in the care plan and how they dealt with them.

People's spiritual needs were met. They told us they were able to go to daily services. We saw that information about religious services together with religious papers such as, Bible Alive and Catholic Herald were readily available in the hallway. One person's end of life wishes had included a visiting priest. The care plans included information about people's cultural and spiritual needs.

Where possible, people were given choice and control over their day to day lives to ensure that their care was personalised and responsive to their individual needs. However, there was a need for improvements to people's social care needs. For example one person's care plan stated, 'Staff to encourage [person's name] preferred activities.' There was no information about what their preferred activities were.

We observed staff throughout our visit and noticed that they worked carefully with people. One visiting relative said, "The service is very good. The staff acts quickly if we have any concerns." We saw that permanent staff and regular agency staff provided people with good personalised care. However, there were a number of agency staff working who may not have had the individual knowledge required to provide people with consistency of care.

Comments, complaints and compliments were encouraged and people told us that they knew how to complain. The service had a good up to date complaints policy and procedure. The provider told us in their Provider information Return (PIR) that there had been nine complaints made in the past 12 months. They had been fully recorded, explored and responded to in good time to the satisfaction of the complainant. The interim manager told us that changes to the laundry system had taken place because of their learning from the complaints made.

Is the service well-led?

Our findings

At our last inspection in June 2014 we had concerns about how the provider assessed and monitored the quality of the service. The provider sent us an action plan and had worked towards completing the actions in the plan.

At this inspection we found that the service had carried out regular checks as detailed in their action plan. Medication, hand washing, clinical waste, dependency levels and pressure sore audits had taken place. However they had not always been effective in identifying the risks to people's care and welfare. For example, a recent pressure sore audit had not identified the issues that we found at this inspection.

There has been no registered manager in post since April 2014. The service had been managed by two different interim managers and a deputy manager since then. The current interim manager told us that they were not intending to apply for registration because they were temporary. The regional manager was supporting the interim manager and visited the service at least three times each week. They told us that they had advertised for a manager and that they were hoping that a suitable applicant would apply. They have since told us that a new manager has been appointed. They are due to take up their role in February 2015 and that their registration will be applied for as soon as they start work.

Staff told us that it had been difficult with all the management changes but they felt that things had settled

down since the deputy manager started work. One staff member said, "The deputy manager is very good, you can go and talk to them about anything and they will listen and act on what you say."

People told us that they had meetings which their relatives were also invited to. They said that the provider also wrote a regular newsletter. They said that the newsletter welcomed new residents and talked about forthcoming activities and events. People had been kept up to date with management arrangements, planned resident and relatives meetings and the events that were on offer that month.

Regular staff meetings had taken place. Staff confirmed that they had participated in them and that they had been able to raise any issues or concerns. There had also been different staff meetings held for groups of staff that found it difficult to attend meetings, such as for night staff. The notes showed that areas of non-compliance and how the service would become compliant had been discussed. Staff said that communication had improved since the regular meetings had started. They said that they felt the interim manager and deputy manager listened to what they had to say and that they were learning more from the meetings.

People told us that they felt that staff and managers were fair, they said that they could talk to them without worrying. One visiting relative said, "The home's management advised me of changes in a timely manner and I thought that was good." The service displayed its mission statement and values in various places around the home where people could see them. Staff told us that they adhered to them at all times and that the person using the service always 'came first.'

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>The registered person had not, at all times, ensured that there were sufficient numbers of skilled and experienced persons employed to meet people's needs. Regulation 22, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities 2014).</p>