

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 well-led?

Requires improvement



Overall summary

The inspection took place on the 15 October 2015.

Nazareth House – Southend is registered to provide accommodation and care with nursing for up to 64 people some of whom may be living with dementia. The service consists of two units St Josephs and Maris Stella. St Joseph's unit provides nursing care and Maris Stella provides residential care. There were 56 people living in the service on the day of our inspection.

At our last inspection in December 2014 we had concerns about staffing levels, pressure area care and the effectiveness of the quality monitoring system and there was no registered manager in post. A breach of legal

requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the required improvements. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Nazareth House - Southend on our website at www.cqc.org.uk

At this inspection we found that the service had improved in all of the areas that we reviewed.

A registered manager was now in post. A registered manager is a person who has registered with the Care

Summary of findings

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 and associated Regulations about how the service is run.

There were sufficient numbers of staff provided to meet people's needs. Staff provided people with appropriate pressure area care where needed and regular audits in regards to pressure area care had been carried out.

The provider had taken steps to mitigate the risks to people and address the shortfalls found at the last inspection. This included improvements to staffing levels, the recording of pressure area care and more effective checks to monitor the quality and safety of the service. However, these measures need to be embedded and sustained over time to ensure people are provided with a consistently safe quality service. The overall rating of the service will not change at this time.

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?

The service was safe.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term delivery of consistent good practice.

We will review our rating for this key question at the next comprehensive inspection.

There were sufficient staff on duty to meet people's assessed needs.

Requires improvement



Is the service effective?

The service was effective.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term delivery of consistent good practice.

We will review our rating for this key question at the next comprehensive inspection.

The need for pressure area care had been identified and staff had taken appropriate actions.

Requires improvement



Is the service well-led?

The service was well-led.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term delivery of consistent good practice.

We will review our rating for this key question at the next comprehensive inspection.

There was an effective system in place to assess and monitor the quality of the service people received.

There was a registered manager in post.

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 had met the Legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 15 October 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience and knowledge about similar services.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 23 of the people using the service and one of their relatives, the registered manager and 19 members of staff. We reviewed 10 people's care records and seven staff's training and support records. We also looked at a sample of the audits and staff rotas.

Is the service safe?

Our findings

At our last inspection in December 2014 we found that there were not sufficient numbers of suitable staff to meet people's needs.

At this inspection we found that improvements had been made and more staff had been recruited.

The size and the layout of the building made it difficult for staff to be in attendance at all times in all areas. Staff told us that there were always two staff on each of the three floors but if they were supporting people in one area, other areas were not always attended by staff. To minimise the risk of people not receiving support when they needed it, the registered manager had met with people, their visitors and staff and had introduced the use of neck pendants to ensure that people received help quickly in an emergency. Throughout our visit we saw that staff responded to call bells relatively quickly.

Some people told us that help would come quite quickly; others said that they had waited for up to 10 minutes for assistance. One person said, "Staff are very good and attentive and they come quickly to help me." Another said, "I like that I can be as independent as possible and I buzz if I want a cup of tea and they make me one quickly."

People said that there had been a high turnover of staff. One person said, "The staff are never unkind or thoughtless but they are always changing. I would prefer some continuous care and would like the same person or people to put me to bed on a regular basis." This was discussed with the registered manager who told us that they had been thinking about how they could improve this for people. They said that people living in the service would be sitting on the interview panels to ensure that prospective

staff had the right qualities, skills and attitude for the job. Two people told us that they had been approached by the registered manager to consider sitting in on the interview panels for new staff. One person said, "Of course, we would view them differently because we know what it's like to be on the receiving end of care. I think it's a very good idea." The other person said, "We would be able to sort the good from the bad, absolutely."

Staff told us that there was always a qualified nurse on duty in St Joseph's unit and that there was a new head of care in post. One said, "I am always very busy but I think there are enough staff." Another told us, "We are busy but we have a lot of support staff to help." The staff duty rotas over an eight week period showed that a minimum of 14 care staff had worked in the morning, a minimum of 12 care staff had worked in the afternoon and eight care staff had worked throughout the night. The level of occupancy at the service had dropped by 10 people in August 2015 so the registered manager had adjusted staffing levels to reflect this.

In addition to care staff and qualified nurses there were activities co-ordinators, domestic staff, catering staff, administrative and maintenance staff. This showed that there had been sufficient staff on duty to meet people's needs however, the size and layout of the building presented challenges for staff to always meet them without slight delays.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term delivery of consistent good practice.

We will review our rating for this key question at the next comprehensive inspection.

Is the service effective?

Our findings

At our last inspection in December 2014 we found that pressure area care had not always been effective.

At this inspection we found that improvements had been made.

People told us that staff understood their needs. One person said, “The good ones [staff] don’t need telling, they look after me well. I have a skin condition that needs to be treated daily. The staff do a good job because my skin is completely clear at the moment.”

Staff told us that there were clear plans in place for managing people’s pain and pressure area care. One said, “[person’s name] returned from hospital with a pressure sore and it is taking a long time to heal. The tissue viability nurse is involved and gives us good advice.” The records confirmed this and showed that the person had been fully involved in their wound and pain management plans.

Nutritional assessments had been carried out and they had been regularly reviewed. One person’s nutritional assessment showed that they had lost weight due to them

having a poor appetite. As a result of the weight loss staff were to offer the person lots of encouragement to eat a pureed diet and they were to thicken all fluids to ensure that the person received sufficient food and hydration to minimise the risks of developing pressure ulcers.

There were wound care plans in place and photographs of pressure ulcers had been correctly dated to ensure they were current. There was information about people’s pressure area care available and it had been updated to reflect people’s changing needs.

The pressure area care policy had been discussed with staff in August 2015 as part of the service’s review of the ‘policy of the month’. Staff had sought advice and guidance from the tissue viability nurse and had followed their instructions where required.

While improvements had been made we have not revised the rating for this key question; to improve the rating to ‘Good’ would require a longer term delivery of consistent good practice.

We will review our rating for this key question at the next comprehensive inspection.

Is the service well-led?

Our findings

At our last inspection in December 2014 we found that 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.

At this inspection we found that improvements had been made and there was now a registered manager in post. People told us they had confidence in the registered manager. They said that she was very approachable and visible throughout the service. One person said, "The registered manager always has her door open and I know I can go to see her if I need any help. She has acted for me before so I am confident in her."

Staff told us that the registered manager was a good manager and was supporting them well. They said there was a very open culture in the service where communication between staff and management was encouraged.

People felt that their views and preferences were fully taken into account when decisions were being made about the running of the home. We saw that feedback from these meetings had been displayed on notice boards, in a prominent place, for people and their visitors to see. One person said, "The registered manager holds a surgery every

Wednesday afternoon to give people the opportunity to discuss anything. We have regular monthly meetings that staff encourage us to attend. They go round one by one asking us if we are satisfied, or if we have any problems." Another said, "Staff tell us how important it is for us to air our views, and listen to others."

The service continued to carry out regular audits of its systems and processes and there had been regular monthly checks made on people's pressure area care records. The checks showed that the incidence of acquiring pressure ulcers in the service had not increased and that where people had been admitted from hospital with pressure ulcers appropriate actions had been taken.

The provider had taken steps to mitigate the risks to people and address the shortfalls found at the last inspection. This included more staffing, better pressure area recording and a more effective quality assurance system. However, these measures need to be embedded and sustained over time to ensure people are provided with a consistently safe quality service. The overall rating of the service will not change at this time. To improve the rating to 'Good' would require a longer term delivery of consistent good practice.

We will review our rating for this key question at the next comprehensive inspection.

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