Nazareth Care Charitable Trust

Nazareth House - Birkenhead

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Nazareth House Birkenhead is a nursing home providing personal and nursing care to 51 people. At the time of the inspection, there were 46 people receiving support, some of whom were living with dementia.

People's experience of using this service and what we found
At the last inspection we identified a breach in regulation regarding the governance of the service. At this inspection we found that although improvements had been made and the provider was no longer in breach of regulation, further improvements were still required.

Systems were in place to help reduce the spread of COVID-19, however, staff testing procedures were not completed as frequently as government guidance recommended. Following the inspection, the registered manager told us they now visited the home daily to help ensure tests were completed and provided an updated matrix to evidence clearer oversight of staff testing.

Most people's care files included assessments of risks and detailed care plans to guide staff how best to support them. However, records in place for people receiving end of life care did not always provide clear information regarding people's current needs, risks or preferences.

Substantial refurbishment of the home was underway. Risks regarding this had been assessed to reduce impact on people and people told us Nazareth House was a safe place to live. Sufficient numbers of safely recruited staff were available to meet people's needs, although feedback regarding staffing levels was mixed. Systems were in place to help ensure medicines were stored and administered safely. Staff had received training in the management of medicines and had their competency assessed. Staff were aware of safeguarding procedures and how to raise any concerns. Records showed that referrals had been made appropriately to the local authority when required.

A range of audits were in place to monitor the quality and safety of the service and any identified actions were monitored through the service improvement plan until they were fully addressed.
Feedback regarding the quality of service people received was positive and relatives told us they were kept updated regarding any changes within the home, or with their family members health and wellbeing.

The registered manager was aware of their role and responsibilities and was responsive to the issues raised during the inspection. They worked closely with other health and social care professionals to help ensure people's needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 11 December 2019). At the last

inspection a breach was identified in relation to the governance of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected
This inspection was planned based on the previous rating and in line with our systems response to the pandemic. The inspection was also prompted in part due to concerns received regarding the impact of ongoing building works, use of personal protective equipment and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nazareth House Birkenhead on our website at www.cqc.org.uk.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Nazareth House - Birkenhead

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team included two inspectors 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.

Service and service type
Nazareth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We received feedback from eight people living in the home and five relatives about their experience of the care provided. We also spoke with six members of staff, as well as the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and training. A variety of records relating to the management of the service were also reviewed, including accidents, safeguarding information and audits.

After the inspection
We continued to seek clarification from the provider to validate evidence found during the inspection. We also spoke with a health professional who worked with the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

● COVID-19 testing procedures were in place in line with government guidance. However, evidence showed that staff were not all completing tests as frequently as recommended. Some staff we spoke with confirmed they did not always complete regular tests. Following the inspection, the registered manager told us they now visited the home daily to help ensure tests were completed and provided an updated matrix to evidence clearer oversight of staff testing.

● There was an outbreak of COVID-19 at the time of the inspection. Increased cleaning schedules had been developed and the home appeared clean.

● Sufficient supplies of personal protective equipment (PPE) was available and staff knew how to wear and dispose of it safely. Staff told us they felt safe at work as they had all the required PPE.

● Staff had completed appropriate training and were aware of government guidance regarding COVID-19. They worked in specific areas of the home, to help reduce the spread of infection.

Assessing risk, safety monitoring and management

● Risks people faced had mostly been assessed and were recorded in detailed plans of care to ensure staff knew how best to support people. However, records in place for people receiving end of life care did not always provide clear information regarding people's current needs, risks or preferences. Additional staff training had already been booked in this area.

● The home is undergoing a substantial refurbishment. Processes were in place to help reduce any impact on people and nobody raised any significant concerns regarding the ongoing work.

● People and relatives told us Nazareth House was a safe place to live. One person told us, "All the staff wear masks", "People [staff] are popping in and out all the time" and "The security is good."

● Regular internal and external checks had been undertaken on the building and equipment to help ensure safety was maintained.

● Personal emergency evacuation plans were in place, to ensure staff knew what support people needed in the event of an emergency.

Staffing and recruitment

● Staff were safely recruited. Records showed that all necessary checks were made to ensure staff were suitable for the role.

● Systems were in place to ensure agency staff had necessary checks completed and training was undertaken.

● Feedback regarding staffing levels was mixed. People living in the home told us, "There is plenty of staff"

and "There is always someone looking in on you." However, other people told us, "There's a lack of staff. The staff are just rushed off their feet" and "Sometimes they're a bit overstretched." Most staff told us they felt short staffed and one said they did not have time to sit and talk to people. However, everybody told us that people always had their care needs met.
● A dependency assessment was used to help establish how many staff were required and rotas showed that the assessed number of staff were always on duty.

Using medicines safely
● Systems were in place to help ensure medicines were stored and administered safely.
● There was one anomaly identified during the inspection, and this was addressed immediately.
● Staff had received training in the management of medicines and had their competency assessed.
● A policy was in place to guide staff in their practice.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to ensure safeguarding concerns were identified, reported and recorded.
● Staff had undertaken safeguarding training and a policy was in place to support their practice and staff knew how to raise concerns.
● Records showed that referrals had been made appropriately to the local authority when required.

Learning lessons when things go wrong
● Procedures were in place to monitor the service and utilise learning from events and incidents.
● Accident and incidents were recorded and reviewed to look for ways of minimising further occurrences.
● Records showed that appropriate actions had been taken following incidents.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider's systems to assess and monitor the quality and safety of the service, were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that although improvements had been made and the provider was no longer in breach of regulation, further improvements were still required.

- Further work was required to ensure staff testing is completed and recorded to ensure government guidance is adhered to, in order to help prevent the spread of COVID-19.
- End of life care records required updating to ensure they reflect people's current needs and wishes.
- A range of audits were in place to monitor the quality and safety of the service. Any identified actions were transferred to the service improvement plan to enable them to be monitored and ensure they were addressed. New clinical key performance indicators had also been developed, to help monitor the quality and safety of the service.
- The provider maintained oversight of the service through regular visits from their quality team, as well as monitoring of the service improvement plan.
- The manager took responsive actions during the inspection, to address issues that were raised.

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

- The culture of the service helped ensure good outcomes for people.
- Feedback regarding the quality of service people received was positive. People told us, "The staff are fantastic", "I'm so grateful, I can't believe how kind they are" and "The care I receive here is first class. I'm very well looked after; I look on the staff as friends."
- Relative comments included, "They've done remarkably well during the pandemic" and "[The registered manager] couldn't be more helpful, he is very, very good, very impressed."
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their relatives. This included the use of technology for video calls, regular telephone calls, as well as window and visits within the home when appropriate.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Accidents and incidents were comprehensively reviewed and acted upon to ensure the service acted in a transparent way.
● Relatives told us they were informed of any accidents or incidents that occurred and were always kept updated of any changes in their family members health or wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager was aware of their role and responsibilities.
● Ratings from the last inspection were displayed as required.
● A range of policies and procedures were in place to help guide staff in their roles.
● The manager had notified CQC of events and incidents providers are required to inform us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The registered manager worked closely with other health and social care professionals to help ensure people's needs were met.
● The registered manager had adapted feedback gathering procedures to limit the number of people meeting together. Feedback was sought from people living in the home through one to one conversations rather than resident meetings. Full staff meetings had been replaced with separate department meetings.
● Relatives told us they were kept informed of changes within the home. One relative told us that communications from the home were 'excellent', with regular newsletters and email updates. Another relative said, "I can ring at any time and am put through to the nurses."