

Nazareth Care Charitable Trust

Nazareth House -Cheltenham

Inspection report

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Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Nazareth House Care Home commenced on 17 August 2017 and was unannounced.

This was a focussed inspection and was prompted in part by information of concern we had received about the service. The information shared with CQC indicated potential concerns about safe care and treatment and the leadership within the service. This inspection examined those concerns and reported on the findings in the safe, responsive and well led domains. During our inspection in November 2016 we found the care provided to people was not always person centred and tailored to their individual needs and preferences. At this inspection we also checked whether the provider had taken action to address this shortfall.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Nazareth House' on our website at 'www.cqc.org.uk'. The last comprehensive inspection was carried out on 22 and 23 November 2016. At that inspection the service was rated overall as "requires improvement." Our findings at this inspection have not changed the current rating of 'good' for the key question Safe or for the 'requires improvement' rating for the key question Responsive because we did not look at all the areas related to these two key questions. We will review these two domains in full at our next comprehensive inspection. We have reviewed the rating of the Well-Led question and have changed this to 'good' And as a result we have reviewed and changed the overall rating for this service to 'good.'

Nazareth House provides care to predominantly older people. Some live with dementia and others have physical needs which they require support with. It can accommodate up to 63 people in total and at the time of the inspection there were 53 people living there. The provider adopts the core values set by the Sisters of Nazareth which are love, justice, hospitality, respect, compassion and patience.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People felt safe living at Nazareth House. Staff had received training around safeguarding people from harm and abuse, and demonstrated a good understanding of safeguarding principles. The registered manager had carried out the relevant checks to ensure they employed suitable people at Nazareth House. There were regular health and safety checks of the property to ensure it was safe for the people living there.

Following our previous inspection in November 2016 improvements had been made to the recording of people's care needs. Care plans were person centred and had been developed in partnership with the people receiving care. People needs and preferences in relation to their care were clearly recorded. Where people used their call bells to request staff support, we found the response times to these had improved and

people received support in a timely manner.

The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual. There was a positive culture within the service. The registered manager offered strong leadership throughout the service. The staff and people living at Nazareth House spoke positively about the registered manager. The registered manager carried out quality assurance checks and audits regularly and where issues had been identified, action had been taken to address them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good



People felt safe living at Nazareth House.

Staff had received training around safeguarding people from harm and abuse, and demonstrated a good understanding of safeguarding principles.

The registered manager had carried out the relevant checks to ensure they employed suitable people at Nazareth House.

There were regular health and safety checks of the property to ensure it was safe for the people living there.

The rating of 'good' has not been changed from our last inspection as we did not look at all the areas of the key question of Safe. We will review all areas of the key question of Safe in full at our next comprehensive inspection.

Is the service responsive?

Requires Improvement

Improvements had been made to the recording of people's care needs. Care plans were person centred and detailed people's preferences.

People using call bells to request support received a quick response to their request for support.

The rating of 'requires improvement' has not been changed from our last inspection as we did not look at all the areas of the key question of Responsive. We will review all areas of the key question of Responsive in full at our next comprehensive inspection.

Is the service well-led?

Good •



The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

There was a positive culture within the service.

The registered manager offered strong leadership throughout the service. The staff and people living at Nazareth House spoke positively about the registered manager.

The registered manger carried out quality assurance checks and audits regularly and where issues had been identified, action had been taken to address them.



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 was a focussed inspection and was prompted in part by information of concern we had received about the service. The information shared with CQC indicated potential concerns about safe care and treatment and the leadership within the service. This inspection was carried out by one adult social care inspector.

We undertook this unannounced focused inspection of Nazareth House on 17 August 2017. This inspection examined the risks associated with the concerns that were raised with us. During this inspection we looked at three key questions; is the service safe? Is the service responsive and is the service well-led? No risks or concerns were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall revised rating in this inspection.

We spoke with eight people living at Nazareth House. Additionally we spoke with seven members of staff which included the registered manager, head of care, one senior carer, and four care staff. We reviewed seven people's care records.



Is the service safe?

Our findings

People told us they felt safe living at Nazareth House. One person said "The staff take good care of me and are very careful when they help me." Another person said "It is safe here. The staff take good care of me."

The staff we spoke with told us they felt the people living at Nazareth House were safe. One member of staff said "I have no concerns about the safety of the people living here. We have a good team who work together to care for the people living here."

The provider had implemented a safeguarding procedure in the home. Staff knew how to keep people safe. Staff told us they had received safeguarding training. Staff were able to describe the various types of abuse and the actions they would take to ensure people were safe. Staff told us they could report any concerns to the head of care or registered manager. One member of staff said "All concerns are taken seriously and the registered manager is very quick to take action." Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated following incidents to minimise the risk of repeat events occurring.

There were sufficient staff supporting people living at Nazareth House. This was confirmed in conversations with staff and the rotas. All of the staff we spoke with told us staffing levels had improved significantly since the registered manager commenced their post. Although the service still used agency staff to cover some staffing shortages, we saw that this had decreased significantly since the registered manager commenced their post. The registered manager told us there was an ongoing recruitment drive to further minimise the use of agency staff in the future.

The registered manager told us they used a dependency tool to determine safe staffing levels in the service. The registered manager and head of care had daily meeting to discuss the needs of the people living at Nazareth House and whether the staffing levels were sufficient to meet these needs. The registered manager told us staffing levels would also be reviewed whenever someone new moved to Nazareth House. The people and relatives we spoke with told us they felt the home was sufficiently staffed.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The registered manager told us they would always follow up a reference request with a phone call to the referee to confirm the identity of the person the reference was being requested for. Where people had gaps in their employment, these were discussed to ascertain the reasons for these gaps and to ensure suitable people were being recruited to work at Nazareth House.

The service had a staff disciplinary procedure in place. This showed the service had the relevant procedures

in place to manage disciplinary issues with staff to ensure people who used the service were kept safe. The registered manager showed us records of where the disciplinary policy and procedures had recently been used due to staff misconduct. It was evident from reading these records that the procedures had been applied appropriately and suitable action had been taken to maintain the safety of the people living at Nazareth House.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

The premises were clean and tidy and free from odour. The registered manager told us housekeepers were employed who covered cleaning duties at the home seven days per week. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The relatives we spoke with told us they felt the home was clean. The home had recently been inspected for food hygiene and safety by the local authority. Following the inspection, the home had been awarded the maximum five star rating.

Requires Improvement

Is the service responsive?

Our findings

During our inspection of Nazareth House on 22 and 23 November 2016, we found the care provided to people was not always person centred and tailored to their individual needs and preferences. We found there had been some improvements around this at our focussed inspection on 17 August 2017. The people living at Nazareth House told us he care provided was now more focussed around their preferences. One person said "The staff help me to have a bath when I want rather than when it suits them. It wasn't always like this." Another person said "They ask me what I would like to wear every day."

Following our last inspection on 22 and 23 November 2016, we found that although work had taken place to ensure there was specific information in people's care files to make them more person centred, further improvements were required. At our focussed inspection on 17 August 2017, we found that the provider had made a number of improvements to the recording of peoples care needs and preferences. For example, one person's personal care plan detailed the brand of soap and shampoo they preferred. People's personal care plans went on to detail how often and when people preferred to have a shower or bath. Where people required specialist equipment to support them with moving and handling, their care plan detailed the equipment they required and contained person centred information for staff.

We discussed this with the head of care who told us the service had reviewed the various documents in people's care files and had made a decision to implement the 'daily life' care plan into the other sections of the care file. We discussed how the use of the older documents could be confusing to staff and the head of care agreed to review the files with the older documents as matter of priority to ensure consistency across all of the care files. We will check on the progress of this work at our next comprehensive inspection.

We asked people about how quickly staff responded to call bell requests. The people we spoke with confirmed there was a quick response to call bells. One person said "I never have to wait long when I use my call bell." Another person said "The staff are very quick to come to me whenever I use my call bell." We asked people whether there was a difference in response times between the day and night. One person said "The night staff are also quick to respond if I ever use my bell. I haven't had to wait long". Another person said "It is pretty much the same. They are generally very quick to respond to call bells."

During the inspection, we saw people using their call bells and observed staff responding to these quickly. We looked at the print out detailing the call bell response times and found that staff provided a quick response to people's call for support when they used their call bells.



Is the service well-led?

Our findings

The inspection was prompted in part by information of concern we had received about the service. The information shared with CQC indicated potential concerns about safe care and treatment and the leadership within the service.

At our comprehensive inspection of the service on 22 and 23 November 2016, we saw the registered manager had implemented a series of audits to monitor the quality of the service. During our focussed inspection we saw these quality assurance systems had been sustained and improvements were made when shortfalls were identified. For example, the registered manager had identified shortfalls in the response times to people's call bells. The registered manager had taken corrective action through staff supervisions, training and further staff recruitment to address these shortfalls. At the time of our inspection, we saw the response times to call bells had improved significantly and people were receiving care and support in a timelier manner. The registered manager and head of care also carried out monthly falls audits which tracked the number of falls within the home and the circumstances surrounding each fall. These audits were used to identify and trends or themes and enabled the service to take action to minimise the risks.

There was a registered manager working at Nazareth House. The registered manager was supported by a head of care and senior care staff. Throughout our inspection, there was evidence of strong leadership from the registered manager and their support team.

Staff spoke positively about the registered manager. All of the staff we spoke with told us they felt the registered manager had made a number of positive changes. Staff cited an increase in staffing numbers as one of the positive changes made by the registered manager. All of the staff we spoke with told us they felt supported by the registered manager. One member of staff said "The manager's door is always open and we can always ask a question. I feel very well supported". Another member of staff said "The manager really encourages us to develop our skills and supports us with further training and learning."

Staff told us there was an open culture within the home and the management listened to them. Staff told us management encouraged them to ask questions, challenge and make suggestions in order to improve the service. All of the staff told us they felt the registered manager trusted them to do their job and this increased their confidence. Staff told us this had led to positive morale amongst the staff group. Staff told us they used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager told us they felt team meetings were very important as they allowed the staff team to identify good practice as well as areas for improvement.

The staff described the management team as being 'hands on'. We observed this during the inspection when the registered manager was attending to matters of care throughout the day. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the home.

The people living at Nazareth House and their relatives spoke positively about the registered manager and felt they offered good leadership and were a positive role model for the staff. The relatives we spoke with told us they felt the registered manager was approachable, willing to listen and committed to providing high quality care to the people living at Nazareth House.

We discussed the value base of the home with the registered manager and staff. It was clear there was a strong value base based around the core values set by the Sisters of Nazareth which are love, justice, hospitality, respect, compassion and patience. Through our conversations with the registered manager and staff, and our observations, it was evidently these values had been embedded in the day to day practice within the home. The staff we spoke with told us it was very important to respect the people living at the service as Nazareth House was their home.

The registered manager had a clear contingency plan to manage the home in their absence. This included the head of care who would cover if needed. This plan was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.