Nazareth Care Charitable Trust

Nazareth House - East Finchley

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 24 and 25 May 2018 and was unannounced.

We last inspected the service on 10 January 2017 and found the service to be in breach of Regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008. The service had not always updated people's care plans and risk assessments contained discrepancies in relation to moving, handling and mobility guidance for staff. We found accidents and incidents were not always recorded in a way that allowed for an overview of the actions taken and the outcome for the person. The service did not always follow their medicines administration policy especially around the storage of controlled drugs. In addition, we found that health monitoring documents were not completed in a robust manner leaving gaps in the recording. Care plans contained little or no evidence of people and family involvement in reviews and there was a lack of written evidence that people's consent had been sought and mental capacity assessments or best interest meetings had been considered and undertaken.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question ratings to at least good. At this inspection we found that the service had made significant improvements in each of the key questions. However, we did note that some further improvements were required to ensure sustainability.

Nazareth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Nazareth House accommodates a maximum of 84 people in one adapted building. At the time of this inspection there were 74 people living at the service. The home is split over two floors, lower ground floor and ground floor with each person's bedroom containing en-suite facilities.

There was a registered manager in post at the time of this inspection. 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.

People and relatives confirmed that they felt safe with the care and support that they received from the care staff at Nazareth House. Care staff demonstrated a good level of understanding about safeguarding and the steps they would take to report concerns to ensure people are kept safe from harm and abuse.

Risk assessments had been completed that identified people's individual risks. However, where risks associated with people's individualised and specific health conditions had been identified and assessed, very little guidance was available to staff on how to manage or mitigate the risk in order to keep people safe.

The service monitored and documented people's weights, food and fluid intake and repositioning where this was an identified need. However, noted that the service did not always clearly record a person's minimum and maximum fluid intake and the actions taken where a person had not met the required amount.

The area manager, registered manager and head of care carried out a number of audits and checks to oversee the quality of care delivery and identify issues so that improvements and learning could be implemented. However, where we found some minor issues with the completion of individualised risk assessments, robust completion of food and fluid charts, and lack of documented action plans these issues had not always been identified through the service's internal monitoring processes. We have made a recommendation to the provider about this.

The provider had policies and processes in place to ensure the safe administration of medicines. People received their medicines as prescribed.

There were sufficient numbers of care staff available to meet the needs of the people living at Nazareth House. Recruitment processes ensured that only care staff assessed as safe to work with vulnerable adults were employed.

People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Care staff were supported in their role through regular training, supervision, appraisal and team meetings.

People ate well. They enjoyed the food that was presented to them and they were always given a choice of what they wanted to eat. Drinks and snacks were available to people throughout the day.

Care plans were detailed and person centred which gave specific information and guidance to care staff on how to meet people's identified needs and wishes. Care staff knew the people they supported very well and had developed positive caring relationships with them which were based on mutual trust and respect.

The provider had displayed their complaints policy which gave guidance on how people and relatives could lodge a complaint. People and their relatives knew who to speak with if they had any concerns or issues to raise.

Further information is in the detailed findings below.

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

The service was safe. People told us that they felt safe living at Nazareth House. Care staff demonstrated a good understanding of safeguarding and the steps to take to protect people from abuse.

Risk assessments identified people's individual risks and generally gave very basic guidance to staff which was not always sufficient to reduce or mitigate the risk to keep people safe from harm. However, the service addressed this issue promptly following feedback.

Policies and systems in place supported the safe administration of medicines.

Staffing levels were observed to be sufficient to meet people's needs.

Learning and improvements were reflected on and implemented where accidents and incidents were recorded.

Is the service effective?

Good

The service was effective. Care staff were supported to effectively carry out their role.

Pre-admission assessments ensured that people's health and care needs were assessed prior to arriving at the home so that the service could provide care which effectively met the needs of the person.

People were supported to eat and drink in order to maintain a healthy lifestyle. A varied choice of food and drinks were available throughout the day.

Key principles of the MCA were implemented within a person's provision of care where a person had been assessed as lacking capacity. Policies and systems in the service supported this practice.

Is the service caring?

Good

The service was caring. We saw people had established positive and caring relationships with the care staff that supported them. People were treated with dignity and respect.

People were seen to be involved in day to day decisions about their care and support needs. People's preferences and wishes about their care and support needs were clearly documented within their care plan.

Care staff supported people to maintain their independence as far as practicably possible.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and person centred and gave care staff an in-depth picture about the person and their life history.

People and relatives knew who to speak with if they had any complaints to raise and were confident that their concerns would be dealt with.

We received complementary feedback from relatives about the care and support that their relative received which described the way in which the home involved them and kept them updated.

We observed activities listed on a display activities timetable to be taking place. People and relatives both confirmed that they or their relative were given the opportunity to participate as and when they wanted.

Is the service well-led?

Requires Improvement

The service was not consistently well-led and there were areas of improvement that needed to be addressed by the provider and registered manager to ensure people were in receipt of safe and effective care which is responsive to people's needs.

People and relatives told us that they knew the registered manager really well and who they found to be approachable at any time.

People and relatives were encouraged to engage with the service by participating in meetings and giving feedback through annual satisfaction surveys.

The service worked in partnership with other agencies and the community to support the provision of holistic care and support.

Nazareth House - East Finchley

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 24 and 25 May 2018 and was unannounced.

The inspection team consisted of two inspectors, one pharmacist inspector, one specialist advisor (SPA) social worker and two experts 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, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also looked at action plans that the provider had sent to us following the last inspection on 10 January 2017.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

After the inspection we also contacted a number of health and social care professionals to obtain their feedback about the service. We received responses from two health and social care professionals.

During the inspection we observed how staff interacted and supported people who used the service. We spoke with 23 people using the service, 17 relatives and friends and 16 staff members which included the

chief executive, registered manager, head of care, two senior carers, two Sisters of Nazareth, the chef, a domestic assistant, a catering assistant, a receptionist, the activity co-ordinator and six care staff.

We looked at the care records of 11 people who used the service and medicines administration record (MAR) charts and medicines supplies for 10 people. We also looked at the personnel and training files of 10 staff. Other documents that we looked at relating to people's care included risk assessments, medicines management, staff meeting minutes, handover notes, quality audits and a number of policies and procedures.

Good

Is the service safe?

Our findings

People and relatives confirmed that they and their relative felt safe living at Nazareth House. Comments from people included, "Oh yes I feel completely safe here" and "Yes, it is very good here I feel safe." Relatives told us, "My impression is that people are very safe here. Once you get to 7pm the security is pretty good. Even during the day there are two people checking the door" and "Yes, my mother is safe here, I feel reassured of that."

At the last inspection in January 2017 we found risk assessments were too brief and there was a lack of clarity and discrepancies in some people's records between the individual care plan documents and their risk assessments. People's mobility and falls risk assessments contained unclear information. At this inspection we found comprehensive and detailed risk assessments had been completed that identified people's individualised risks associated with falls, skin integrity, choking, moving and handling and the use of bed rails. However, where risks associated with urinary tract infections, epilepsy, diabetes or any other specific health conditions had been identified and assessed, very little guidance was available to staff on how to manage or mitigate the risk in order to keep people safe.

For example, where one person had been diagnosed with epilepsy, there was very little information available on the type of seizures the person experienced and how care staff were to support the person when they were having a seizure. Another example included where people were at risk of urinary tract infections. There was minimal guidance for staff on the signs to look for when identifying an infection and the actions to take to address their concerns. We provided feedback to the registered manager and head of care about these minor issues that we found. Following the inspection, the service sent us evidence confirming that they had undertaken a review of all their risk assessments and had made the necessary improvements.

At the last inspection incidents and accidents had not clearly recorded a serious injury that had taken place, and records were not clear about the actions taken and the outcomes for people. During this inspection we found that these concerns had been addressed. Incident and accident records detailed the nature of the incident, who was involved, the actions taken and where appropriate any medical assistance that was sought. The registered manager collated all information on accidents and incidents and created a monthly analysis to identify any patterns so that learning and improved practises could be implemented.

At the last inspection we found discrepancies with the safe management of medicines. At this inspection we found that medicines were managed safely. The provider had recorded information such as the name, photograph and medicine sensitivities to help care staff give people their medicines safely. Each person's current list of medicines was available and recorded in their Medicine Administration Records (MAR). Some people were prescribed medicines on a when-required basis. There was guidance in place to advise care staff when and how to give these medicines and these were kept with the MAR. Some people were prescribed creams and ointments to be applied to their body. These were securely stored in people's own rooms and recorded when applied by care staff on separate charts. Controlled drugs were stored and managed appropriately. Controlled drugs are higher-risk medicines that the law requires are stored,

administered and disposed of by following the Misuse of Drugs Act 1971.

People who actively refused their medicine but were judged not to have the capacity to understand the consequences of their refusal and the medicine was deemed essential to the person's health and wellbeing, were administered their medicines covertly. We saw care staff trying to gain permission from the person to give the medicines; when this failed, staff followed the agreed covert protocol.

We saw evidence that people's medicines had been periodically reviewed by their GP. Time specific medicines were managed appropriately. Some people had medicines with specific dose instructions that required care staff to given them at a certain time to ensure they were safe or worked effectively. We saw that these people received their medicines at the correct times. This assured us that people were getting the correct doses of medicines for their condition.

Medicines were stored securely at the home. We found care staff checked and recorded room and refrigerator temperatures daily and these were within the required range. This was to ensure that the composition of certain medicines would not be affected by high temperatures. Care staff recorded and disposed of unwanted medicines safely.

Staff received annual medicines training and the provider assessed the competency of care staff to ensure they handled medicines safely. Care staff told us that there were processes in place to report and investigate medicine errors and these were discussed with senior carers. Medicines were regularly audited. However, there was no documented action plans in place to prevent and improve learning as a result of the audit. We highlighted this to the registered manager and deputy manager who following the inspection sent an improved version of a template medication audit analysis plan which they stated they would implement immediately.
At this inspection we found that although the issues identified at the last inspection had been addressed and the breaches in regulations had been met, minor improvements were still required. The registered manager immediately acknowledged this, and following the inspection confirmed that our feedback had been taken on board and changes where required had been made.

All care staff demonstrated a sound understanding of the terms 'safeguarding' and 'whistleblowing' and the steps they would take to report any concerns to ensure people's safety. Care staff told us, "Safeguarding for vulnerable adults. Give them independence and respect and no abuse. I would report to senior and then manager", "The law that protects because of abuse and neglect. If we see emotional physical psychological abuse reporting to senior" and "Whistleblowing, I tell the manager. Tell the CQC, or the chairman of the care home."

Training records confirmed that all care staff had received safeguarding training. The service also worked closely in partnership with the local authority safeguarding team and followed their internal policy to investigate and address any safeguarding concerns that had been raised to ensure people's safety whilst living at Nazareth House.

We observed there to be sufficient numbers of staff available to meet the needs of the people they supported appropriately and in a timely manner. At the last inspection some people and relatives noted concerns around the response times of staff when people summoned for assistance through the call bell systems. At this inspection we observed that care staff responded to people who had called for assistance through the call bell system within one to two minutes. We saw that care staff were always available to support people in all communal areas and additional support staff were available offering drinks throughout the day and assisting at meal times.

Relatives confirmed that there were sufficient numbers of care staff available. Comments included, "I believe that there are enough staff on duty" and "There seems to be enough staff on duty." Care staff also told us that there was always enough staff available and regular agency staff were commissioned to cover any absences. Feedback from care staff included, "Good amount of staff. Sometimes use agency" and "Yes, even if not permanent we'll have agency. There are regular agency staff."

The provider ensured that robust recruitment practises were adhered to ensure that only staff assessed as safe to work with vulnerable adults were recruited. Checks were carried out to ensure the suitability of staff to work which included criminal record checks, proof of identity and conduct in previous employment. The provider also ensured that all prospective care staff had the right to work in the UK.

The safety of the building was routinely monitored. Records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety, legionella, lifts and hoisting equipment were undertaken.

Each person's care plan contained a Personal Emergency Evacuation Plan (PEEP) detailing how the person was to be supported and kept safe in the event of a fire or other emergency. The provider had appropriate contingency plans in place to support any emergency event.

People were protected by the use of safe infection control procedures and practices. The home was clean and well maintained on the days we visited. Staff had access to personal protective equipment (PPE) which included gloves and aprons.

Records confirmed that all care staff had received food hygiene training. We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed. This included cleaning schedules, specific food preparation areas for meat and vegetables, records of cooked food temperatures and food storage temperatures.

Good

Is the service effective?

Our findings

At the last inspection in January 2017 we found that records were not always consistent or up to date and some people who were at risk of malnutrition had not been monitored properly as required. Food and fluid intake had not been clearly or consistently recorded and weekly weighing had not been recorded. It was a concern that the failure to maintain clear monitoring records had not been identified or addressed in the monthly assessments completed by senior carers. At this inspection we found that these issues had been addressed.

The service monitored and documented people's weights, food and fluid intake, and repositioning where this was an identified need. Records confirmed that where people's weights were to be monitored on a weekly basis this had been done. We saw regular correspondence and communication between the service and health care professionals such as dieticians and speech and language therapists where regular monitoring and further guidance and direction for people was required. Where people's food and fluid intake was to be monitored, this was done through the electronic hand-held device where care staff were required to input live data about the person and their daily living activities. However, we did note that the service did not always clearly record a person's minimum and maximum fluid intake and the actions taken where a person had not met the required amount. We brought this to the attention of the registered manager who confirmed that they would look at making the necessary improvements in this area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

During the last inspection in January 2017 the service could not evidence that written consent had been obtained from people confirming that they had consented to the care and support that they received from Nazareth House. Mental capacity assessments and best interest decisions had not been clearly documented within the person's care plan. Not all staff had a working knowledge around the MCA and DoLS. Significant paper records specifically referencing significant decisions around Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) were not easily accessible especially in case of an emergency. At this inspection we found that the service had addressed these issues.

People told us and records confirmed that they consented to the care and support that they received. We observed care staff working in accordance the decisions people had made and their abilities which included offering each person a choice of what to eat and drink, where to sit or walk and how to spend their time.

Each care plan clearly stated what decisions the person liked to make for themselves and what was important to them, and care staff we observed were following this in practice. People had also been asked to consent to specific areas of care provision which included the use of bed rails and the use of photographs.

Where people appeared to lack capacity, records confirmed that the service assessed people's capacity and clearly documented the specific decisions that were required to be made in people's best interest. This included decisions around the provision of personal care, medicine administration and DNACPR. Important documents such as DNACPR's were easily accessible in the event of an emergency. Where people were deprived of their liberty the registered manager had made appropriate applications to the local authority for DoLS to be considered for authorisation. Outcomes for the authorisations had been documented within the person's care plan including any conditions that had been placed upon the service to support with the delivery of the authorisation.

Care staff demonstrated a good working knowledge of the MCA and DoLS and how the key principles translated into how they supported people with their health and care needs. One care staff explained, "You sit with them and ask them questions. It's easier if they have capacity and they can decide. If they don't have capacity you get the family members involved. Sometimes the best interest person will get involved and the GP too." A second care staff said, "Some people have mental capacity to tell us what they want. If they don't have capacity then we use the care plan."

Care staff told us and records confirmed that the provider delivered regular and on-going training for all staff. All newly appointed staff received an induction prior to commencing work. Training covered a variety of topics which included first aid, moving and handling, safeguarding and the MCA. Care staff also confirmed that they were supported in their roles through regular supervisions and annual appraisals and were given the opportunity to raise concerns and discuss their development. Feedback from care staff about the support and supervision they received included, "Yes. Monthly. Very useful, can air my opinions. The manager might come and resolve issues if there are any. Supportive!" and "Every three months. We are supported. We can speak with senior care staff or [the head of care] any time."

The registered manager and head of care always ensured that either one of them carried out pre-admission assessments prior to any person arriving at the home, to ensure that the service would be able to effectively meet the health and support needs of the person. The assessment of need covered areas such as medicines, mental health state, mobilisation, dietary requirements, personal hygiene, sleeping and advance care planning. Once the relevant information had been obtained, a care plan was compiled detailing how support and care was to be provided in each of the assessed areas as per the person's choice and wishes.

People and relatives told us that they enjoyed the meals provided at Nazareth House. We observed people were supported appropriately with their meals where required. Menus were on display in the dining area and offered two main choices for the main meal and a selection of alternatives if people did not like what was on offer. Food was well presented and looked and smelt appetising. A choice of drinks and snacks were available throughout the day and night. Feedback from people included, "The food here is very good. I'm a fussy eater and I have nothing against it", "The food is second to none" and "The food is wonderful." Relatives were equally positive about the meals their relatives received. Comments included, "The food is very good. They get home made cakes", "The food is of a good standard and professionally cooked" and "There's always a jug of water and a glass in [my relative's] room."

The chef had set up menu planning groups which involved people living at Nazareth House. Meetings were held every six months and included discussions around menu choices and feedback about the meals that

had previously been included on the menu.

Where people were assessed to have specific health care needs which required the use of specialist equipment, the service ensured that the equipment was ready and available in time for the person's admission. Care plans were evaluated and reviewed monthly to ensure they were current and reflective of the person's needs.

People were effectively supported with their access to health care. The care plan clearly documented visits, dates and outcomes from a variety of health care professionals such as the GP, chiropodist, phlebotomist, speech and language therapist and dietician. We saw records confirming health appointments for people who were supported to attend these. The home used a white board to list people's forthcoming appointments.

Care staff told us that they reported any changes in the health or care needs of the person immediately through recording on the electronic care plan and to the senior nurse or head of care. Daily briefing notes and reports provided daily significant information about people that needed to be handed over to care staff at change of care shift so that if any follow up or monitoring was required all care staff involved would be updated. The registered manager also received completed copies of the handover so that they were kept abreast of any changes in people's health and care needs.

People, with support from their relatives and friends had arranged their own rooms and we saw evidence of people having a comfortable personalised space with some of their own furniture, personalised items, photographs and artwork. The gardens around Nazareth House were well maintained and people who wished to could easily and safely walk around or sit outside. The building had a number of small lounges and bright sitting areas where we observed people sitting, reading, having tea and spending time with their visitors. We also observed people sitting in their own rooms listening to music, sewing or watching TV. Each person's bedroom had their name, photograph and the names of their key workers making it more recognisable especially for people living with dementia.

Good

Is the service caring?

Our findings

People told us that they were very happy with the care, and that staff were caring, kind and respectful and supported them with all their needs. Comments from people included, "They're [care staff] a lovely crowd! They look after us well", "The carers are very funny. They are nice" and "Staff are very kind and caring." Relatives were also positive about the care staff that worked at Nazareth House and complimented them on their caring nature and attitudes. Feedback included, "It gives you a lot of confidence to know that they are looking after [our relative] as we were looking after him", "I'm just blown away by the care. It's outstanding! The staff are so patient and tolerant" and "Whenever I've come here the people working here have always seemed to be kind and caring."

We observed that care staff knew the people they supported well and that people had established caring and friendly relationships with them. One person told us, "I am happy here. The carers are like my friends."

People and relatives were observed to be involved in their care and the care of their relative. We saw senior carers, care staff and the head of care liaising with and between people, relatives and professionals. People and relatives confirmed that they were actively involved in making decisions about their care which included day to day decisions and choices. One person told us, "I'm a retired man. I can do what I like." One relative said, "I feel very involved in her care and they keep in touch with me if there are any issues that arise."

People told us they were always treated with dignity and respect and that care staff made sure that their dignity was always maintained. One person told us, "Staff are respectful." Relatives also confirmed that care staff always ensured privacy and dignity was maintained and that people were given the due respect they deserved. One relative said, "The staff are kind and caring and respectful when dealing with her personal care."

We observed care staff practices throughout the inspection and we saw that people's privacy and dignity was upheld through a number of ways which included knocking on people's doors before entering, respectfully addressing people when speaking with them and maintaining confidentiality. Care staff demonstrated a sound understanding on how to ensure people's privacy and dignity was always maintained. Examples included, "Give them [people] their choice and preference and respect and speak with them nicely and call them by their name" and "Dignity – respect their dignity. When they go to the toilet. Then when they finish provide personal care. Their private life also – their privacy."

We saw staff enabling each person to do things independently whenever possible. One person told us, "They know I'm an early riser and I don't want to be lying in bed half the day. They help me to get up at six o'clock and they bring me a cup of tea." Care staff explained the importance of promoting people's independence and explained, "By giving them [people] choices. If they can do it. Encourage them", "By giving them a chance to try things themselves. For example, if I had a person who says they can walk I will encourage them to try a few steps. Even if it's small" and "Case to case basis. Some people are independent here. Some need us. You ask if someone wants to do things by themselves."

Nazareth House is a care home that was historically managed by the Sisters of Nazareth who are still very involved in the governance of the home and continue to offer a catholic, spiritual environment. Church facilities are available within the home where daily mass is held for people, relatives and members of the community. Where people were unable to attend mass, we saw a Sister of Nazareth visit people to offer them Holy Communion. The home also supported people from other religious cultures and faiths and this was clearly reflected in people's care plans.

The registered manager told us that they promoted equality and diversity within the home and were able to support people's individual needs regardless of their personal diversity which included supporting people who were lesbian, gay, bi-sexual or transgender (LGBT). The registered manager gave us an example of supporting a person in the past who had identified as LGBT and that the home had not and would not discriminate against people in relation to equality and diversity. We also asked staff about supporting people who may identify as LGBT. Feedback we received included, "The care would be the same" and "No different from my mum or dad."

Good

Is the service responsive?

Our findings

At the last inspection in January 2017, people and their relatives told us that they had not seen their care plan, they had not been asked for their comments and agreement and they had not been involved in a review of their care. Care plans seen on the electronic system or paper records also did not show people's and family involvement. At this inspection we found that this issue had been addressed. We saw records confirming that people had been involved in the planning of their care that was responsive to their needs and respected their decisions. During the inspection we also observed the ways in which the home involved relatives specifically where visits from health care professionals had been arranged so that relatives could be present.

We received complementary feedback from relatives about the care and support that their relative received which described the way in which the home involved them and kept them updated. One relative stated, "Anything out of the ordinary I get a phone call. They ring me if [my relative] is upset so he can talk to me." A second relative told us, "they always keep me up-to-date if there are any problems and when I visit." A third relative said, "I'm very happy with the way they are looking after [my relative], the emotional aspect, their consideration of the whole person in their care. I have a good relationship with the staff members." A fourth relative explained that they were able to review their relative's care plan with the staff on a particular day each month.

Care plans were person centred and gave clear directions and detail on how people wished to be supported which was responsive to their needs. Information and guidance for staff was available about the person in areas such as communication, mobility, nutrition, activities and personal care. The care plan initially gave a brief summary of the person's needs and then went on to give a detailed account about their current situation relating to the need, their expected outcomes/goals and actions staff were to take to meet those outcomes. Care plans were reviewed on a monthly basis or sooner where people's needs had changed.

Care plans also contained social histories about people which included information about the person's background, what they did in the past, where they lived and detail about their families and friends. In addition, a one-page profile had also been compiled about the person which included details about what was important to the person, how to best support the person and what other people liked and admired about the person. These documents enabled staff to gain a better understanding and appreciation for the people that they were caring for. However, these documents had not been completed for all the people living at Nazareth House. The registered manager confirmed that this was work in progress.

People's care plans, daily notes and records such as incident reports were kept and updated on an electronic system. The electronic system was a live document which could be viewed at any time and would provide staff with the most up-to-date information. In addition, a paper record folder was available for immediate access which held relevant documents such as the care plan, DNACPR's, DoLS authorisations and monitoring charts such as food and fluid charts and weekly weight monitoring charts. This was specifically helpful to care staff when supporting people in the event of an emergency.

An activities co-ordinator was in post who delivered a variety of activities during the week which included quizzes, exercise sessions, arts and craft, pampering and reminiscence sessions. During the inspection we observed activities listed on a displayed timetable to be taking place. People and relatives both confirmed that participation in activities was a choice and that they or their relatives were given the opportunity to participate as and when they wanted. We saw people were supported to occupy themselves as they so wished. One person told us, "I don't like bingo but I have been playing scrabble with my friend. I like the sing along that happens most weeks." Another person said, "I don't go to many activities; I like to spend time reading my book." One relative explained, "My mother doesn't join in activities; that's because she isn't interested but she does go to mass every morning and she enjoys that."

End of life preferences and wishes were noted within people's care plans. One person's care plan recorded, '[Name of person] daughters have stated that [name of person] wishes to be cremated.' Details around people's end of life wishes included their religious and cultural preferences on what they wanted to happen following their death.

A complaints policy was available and displayed around the home which detailed the processes in place for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us that they felt able to complain if they needed to and were confident that their complaint would be dealt with appropriately. One person told us, "I would have no problem complaining if there was something that I was not happy with." One relative said, "I feel confident to raise a complaint if I had one." Complaints that had been received had been clearly documented with details of the actions taken to resolve the complaint. This included a written response and apology to the complainant where appropriate.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us that they knew the registered manager really well and found them to be approachable at any time. One person said the registered manager "is very approachable and if I had a problem I would feel comfortable in approaching her." A relative stated, "I know I can speak to the manager anytime. I have confidence in her and the head sister."

At the last inspection in January 2017 we found that audits had not captured discrepancies in some care records and had not successfully addressed the concerns of staff not completing people's health monitoring records in a consistent manner. At this inspection we found that the service had generally addressed this issue. The area manager, registered manager and head of care carried out a number of audits and checks to oversee the quality of care delivery and identify issues so that improvements and learning could be implemented. We saw audits that had been completed for areas such as medicines management, care plans, the provider's core values and compliance of the home. For certain audits such as care plan audits, we saw action plans had been developed with details of the actions completed and the date they were completed. However, action plans or details of actions taken as a result of provider compliance visits and medicine audits had not been recorded.

Where we found some minor issues with the completion of individualised risk assessments, robust completion of food and fluid charts, and lack of documented action plans to prevent and improve learning as a result of the medicines audit, this was brought to the attention of the registered manager and head of care. The issues we had identified had not been identified by the service. Areas for improvement were acknowledged and following the inspection the registered manager and head of care sent us examples of areas of improvement such as revised risk assessments and an improved version of a template medication audit analysis plan which they stated they would implement immediately.

We recommend that the provider and registered manager establish robust and complete record keeping to ensure that people receive safe and effective care which is responsive to their needs.

We observed that the registered manager demonstrated clear communication skills and was very well informed about what was happening in the home regarding people and staff. The registered manager and head of care also demonstrated an open and transparent manner with the inspection team throughout the inspection process.

The culture of openness and transparency resonated through the feedback from relatives. Relatives told us that the service always communicated with them about their relatives especially where significant incidents or accidents had occurred or where their relative had been taken ill. We were also told that relatives could approach the registered manager, head of care and senior care staff on duty who gave them the desired information about their relative. Comments from relatives included, "Very friendly. Very approachable. Communication is good, will let us know of any serious concerns" and "If my mother is not well I am immediately informed; I feel very involved in her care."

Care staff were highly complementary about the support that they received from the registered manager and the processes in place to support them in their role. Feedback from care staff included, "She's lovely. She's good. Good leader" and "She is a nice person, she looks after residents and staff." Staff told us that they felt able to discuss anything that was bothering them with a senior member of staff.

Records confirmed that care staff were regularly supported through supervisions, annual appraisals, team meetings and daily handovers. Care staff confirmed that they felt able to contribute at the meetings with their ideas and suggestions and that these were listened to. Topics discussed included reflective practises, learning and changes. One member of care staff told us, "We talk about things happening in the home. Ask the staff if they have any suggestions. Update about laws." Another care staff said, "Useful, we can share our concerns and needs. They provide a briefing – will discuss residents. There is also a seniors meeting."

People and relatives were encouraged and supported to provide feedback and engage about the care and support they and their relatives received. This included resident and relatives' meetings, completion of annual satisfaction surveys and annual meetings with the chief executive officer. Topics discussed at resident and relatives' meetings included activities, dining room experiences, menus and satisfaction survey results. One person told us, "I attend the meetings here at Nazareth House and I feel my opinion is listened to; I would not have a problem to raise a complaint if I had one."

The most recent annual satisfaction survey had been completed in April 2018. Feedback was positive and where concerns had been noted, the registered manager explained that they were having direct conversations with people and relatives that had raised the concerns in order to make the required improvements. However, records of actions taken or improvements made were not always recorded.

The service worked in partnership with other agencies to support care provision. We noted that the service maintained positive links with a variety of healthcare professionals including GPs, speech and language therapists, dieticians and social workers. The home also worked in partnership with the local authority quality team and attended regular provider forums where other providers came together to share practises and learn.

The home welcomed and worked with local schools and nurseries and organised regular visits from children especially during festivals. People engaged and interacted with children and members of the community through these visits which supported their positive well-being. The home also worked with members of the community and volunteers with personal links with the home who had come together to form a 'Friends of Nazareth' group. The group come together on a regular basis to raise funds for the home and the people living at the home. A monthly newsletter was also produced so that people, relatives and visitors were kept abreast of developments, fundraising activities and the achievements through the fundraising.