

# Nazareth Care Charitable Trust

# Nazareth House - Birkenhead

## Inspection report

Manor Hill  
Claughton  
Birkenhead  
Merseyside  
CH43 1UG

Tel: 01516534003

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16 June 2022

20 June 2022

27 June 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Nazareth House – Birkenhead provides accommodation for up to 57 people who need help with nursing or personal care. At the time of the inspection 44 people lived in the home. Some of the people living in the home, lived with dementia.

### People's experience of using this service

We commenced an inspection at the home on the 16 June to initially just to look at infection control standards. During this inspection, however we identified wider concerns pertaining to the environment that lead to the inspection being widened to a focused inspection. This meant we looked at all aspects of the domains of safe and well-led. We subsequently identified concerns with the management of risk, the delivery of care, premise safety, medication management, leadership and governance.

Information relating to people's medical needs and risks was insufficient. Staff lacked information on what these conditions were, the signs and symptoms to spot in the event of ill health and the action to take. Records relating to the care people received were not properly maintained. The records we looked at did not demonstrate that people received the support they needed to mitigate risks and keep them safe and well.

Medication management was unsafe, did not adhere to best practice guidelines and placed people at risk of significant harm. Some medicines could not be accounted for, which meant some people had not received their medicines as prescribed. There was a lack of overall guidance on the administration of 'as and when' required medicines and medicines that needed to be taken at specific times. High risk medicines had not been risk assessed and information pertaining to medicines was not always clear and sufficient.

The systems in place to monitor quality and safety were ineffective. This is the sixth time the service has been given an overall rating of requires improvement since 2015. At each inspection, the well-led domain has been rated as requires improvement. The repetitive nature of this rating indicates that the provider does not have clear oversight of the service or a proactive and positive approach to continuous improvement in the home.

Staff recruitment and staffing levels were safe.

Infection control standards were generally satisfactory but record keeping in relation to cleaning, lateral flow testing and temperature checking for COVID-19 required improvement. On the day of the inspection, the environment was clean and pleasant for people to live in.

Accident and incidents and safeguarding events were recorded, investigated and reported appropriately.

Staff were observed to be kind, caring and respectful. People told us they felt safe and well looked after. People and relatives were positive about the service and had no complaints.

Staff we spoke with liked working in the home, felt the manager was supportive and had improved the service since they had come into post 12 months prior. People told us staff and the manager were approachable and that they were always made to feel welcome.

#### Rating at last inspection

The last rating for this service was requires improvement (published 13 March 2021).

#### Why we inspected

The home experienced a COVID-19 outbreak during February 2022, as a result an inspection to examine the standards of infection control commenced on the 16 June 2022. During this inspection, concerns relating to environmental safety were identified and the inspection was widened to a focused inspection of the domains of safe and well-led.

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 COVID-19 and other infection outbreaks effectively.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection we found breaches of regulations 12 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to the failure to ensure people received safe care and treatment and a failure to ensure the service was governed and managed adequately.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will work with the local authority to monitor progress.

## 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 not safe

Details are in our Safe findings below.

**Inadequate** ●

### **Is the service well-led?**

The service was not well led.

Details are in our Well Led findings below.

**Requires Improvement** ●

# Nazareth House - Birkenhead

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act under the domains of safe and well-led, to look at the overall quality of the service, and to provide 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

This inspection was undertaken by an inspector 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 service.

### Service and service type

Nazareth House - Birkenhead is a care home. People in care homes receive accommodation with nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

We announced this inspection from the roadside on the first day of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority for their feedback on the service. We used all this information to plan our inspection. 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.

#### During the inspection

We spoke with the regional manager, the registered manager, the deputy manager, an agency nurse, a senior carer and two care assistants. We reviewed a range of records. This included three people's care records, a sample of medication records, three staff recruitment files and records relating to the management of the service.

We spoke five people living in the home and six relatives during the inspection to gain their feedback on the service and the care they received.

# 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 deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- Medicines were not always given to people safely in accordance with best practice. Medicines should always be administered from their original box or container to reduce the risk of medication errors. We observed this practice was not always adhered to.
- The stock of some medicines in the home did not match what had been administered. This meant there was a risk that some people had not received the right amount of prescribed medication.
- Information about some people's medicines was unclear and insufficient. For example, one person's medication record listed two different creams with two different strengths for the same condition. It was unclear which cream had been prescribed for use.
- The system in place to ensure medicines that needed to be given at specific times were given correctly, were not robust. For example, one person had two different medicines, one to be given before food, one to be given after. Yet staff were advised to administer both medicines at the same time. Not adhering to the manufacturer's instructions for administering medication can impact on their effectiveness.
- The use of high-risk medicines such as anti-coagulants had not been risk assessed and staff lacked information on any potential risks or side effects.
- Guidance for medicines to be given 'as and when required' such as painkillers, anti-anxiety medicines and prescribed creams were not always in place or sufficiently detailed to ensure they were given safely and when needed.
- The administration of medication designed to thicken fluids for people who may have swallowing difficulties was not accurately recorded. This meant it was impossible to tell if they were given as prescribed.
- Medicines were not always stored safely. Prescribed creams and soaps were stored in bedrooms. We asked the manager to remove these and this was acted upon immediately.

The management of medication was unsafe. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Environmental risks had not been adequately identified and addressed. This placed people at risk of avoidable harm. For example, Health and Safety Executive approved window restrictors were not in place on first floor windows to prevent a fall from height; sluice and housekeeping rooms with hazardous products were not secure; the home's smoking shelter was unsafe and nursing stations were accessible to people living in the home and visitors. We spoke to the manager about this. By the end of the first day of inspection, action was being taken to address these risks.

- The majority of people's risks were assessed however staff did not have enough information on people's medical conditions, the monitoring they required or the signs and symptoms to spot in the event of ill-health. This placed people at risk of not receiving the support they needed.
- Records in relation to people's care were poorly maintained. This meant it was difficult to tell if people received the support, they needed.
- Diabetes management advice was not always followed to mitigate risks. For example, one person required their blood sugar levels to be monitored weekly to ensure they were in a 'safe range'. However, readings were not always taken, and the recommended action to prevent harm when the person's blood sugars levels were out of range, was not always followed.
- Wound assessments and records relating to the progress people's wounds required improvement. In some cases, it was difficult to tell what wounds people had and if these wounds were healing, as records relating to this had not been adequately maintained.

People's risks were not adequately assessed, monitored and managed to prevent avoidable harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents were properly investigated and reviewed to identify how they occurred so that staff could learn from and prevent them happening again. This was good practice.
- There were appropriate procedures and arrangements in place to protect people from harm in the event of a fire. Premises supplies such as gas and electricity had all been inspected and were safe.

#### Preventing and controlling infection

- There were systems in place to record and monitor COVID-19 testing, temperature checking and cleaning, but records were not always well maintained. We spoke with the manager about this and advised them to ensure record keeping was improved.
- The home on the day of the inspection was clean and pleasant however the flooring in the passenger lift was covered in a sticky film and the seat in the lift was ripped, which would have made cleaning both properly difficult.
- There were procedures in place to ensure new admissions to the service and visitors were safe to enter the home.
- Staff and people living in the home had all been vaccinated against COVID-19.
- There were ample supplies of personal protective equipment (PPE) in the home and staff were observed to be wearing appropriate PPE in communal areas.
- The majority of staff had completed training in infection control.

#### Staffing and recruitment

- Checks on the safety and suitability of staff to work with vulnerable people were completed prior to employment.
- There was a system in place to help the provider assess how many staff were needed on duty to keep people safe. On the days we visited, there were enough staff on duty to meet people's needs.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and well looked after. People's comments included, "I rate the caring staff they are good, I have got no problems"; "The carers are nice girls and I have got no complaints", and "Staff treat me very well".
- Staff spoken with knew what action to take if they suspected an incident of abuse had occurred.



# 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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The provider has been rated requires improvement in this domain since 2015 with no effective action taken to ensure standards are improved. At this inspection, serious concerns with the safety of the service were identified resulting in an inadequate rating in the safe domain. This does not show the provider is committed to making improvements to the service to ensure people receive safe and well-led care.
- At this inspection concerns with environmental safety, risk management, the delivery of care, medicines management and record keeping were identified. There were a range of audits in place to monitor the quality and safety of the service, but these were ineffective in driving up improvements. This meant risks to people's health, safety and welfare were not adequately mitigated.
- Record keeping in respect of the service, people's needs and the care they received was poor. The records that were in place showed that people did not receive the care and support they needed, to achieve good outcomes. There was little evidence of that the manager or provider had robust oversight of this.

The governance arrangements in place were not robust. Managerial oversight remained poor and record keeping was inadequate. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a positive culture and homely atmosphere. People looked well presented, relaxed and comfortable in the company of staff. Staff were kind, caring and respectful. It was clear they knew people well.
- Feedback from people living in the home and their relatives was complimentary. Their comments included, "Staff are very kind, very gentle, they try to do what I want them to do"; "It is wonderful here, I like the comfort they give you here" and "Staff are friendly and relaxed, the atmosphere is good and I never feel unwanted but welcomed".
- Staff said the service had improved since the manager had come into post 12 months ago. They said the manager was supportive and approachable. One staff member told us, "As a nurse you come to work and you know that someone is listening and you have a plan, it is a pleasure to come to work".

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; Continuous learning and improving care

- Notifiable incidents had been reported to CQC in accordance with the regulations.
- Accident and incidents were analysed with any factors or circumstances leading up to the accident or incident documented and reviewed to help staff learn from and prevent similar incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People received support from other health and social care professionals such as the district nurse teams, local GP and mental health services, as required.
- Relatives told us that staff at the home kept them up to date on their loved one's well-being and engaged with them well.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The management of medication was unsafe.</p> <p>People's risks were not adequately assessed, monitored and managed to prevent avoidable harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The governance arrangements in place were not robust. Managerial oversight remained poor and record keeping was inadequate.</p>