

Nazareth House Care Home Service

13 Hillhead
Bonnyrigg
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Telephone: 01316 637 191

Type of inspection:
Unannounced

Completed on:
24 November 2022

Service provided by:
Nazareth Care Charitable Trust

Service provider number:
SP2013012086

Service no:
CS2013317815

About the service

Nazareth House is a care home registered to provide a care service to 37 older people. The home does not provide nursing care. It is situated in a quiet area of Bonnyrigg in Midlothian and is set in substantial grounds. The provider is Nazareth Care Charitable Trust.

There are 36 bedrooms. One of these is a shared room. Nine bedrooms are on the ground floor and three of these have en suite facilities. The dining room, two lounge areas and a sensory room are also situated on this floor. On the first floor there are 27 bedrooms, 11 of which are en suite. There is also a quiet room on the first floor for people to use. At the point of inspection there were 21 people living in the home.

There are two lifts to enable residents to move easily between floors. The service aims "to provide a high standard of care with the Scottish care standards and is person focussed and upholds the mission statement and core values of the Congregation of the Sisters of Nazareth.

To ensure competent staff through training and development. To aim for continuous improvement". The provider of the service is Nazareth Care Charitable Trust. Nazareth House, Bonnyrigg is one of two care services in Scotland operated by the provider. The provider also operates care home services in England and Wales

About the inspection

This was an unannounced inspection which took place on 21, 22 and 24 November 2022 . The inspection was carried out by two inspectors. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with people living in the home and visiting family members.
- talked with members of staff and the manager
- observed staff practice and daily life
- reviewed a range of documents.

We have used the short observational framework for inspection tool (SOFI). SOFI is an approved, internationally recognised tool for regulators. It provides a framework to enhance the observations about well-being and staff interactions that we already make on inspection, especially for service users unable to communicate their views.

Key messages

Relatives and friends were welcomed to the home and could visit at any time.

The staff were knowledgeable and caring when supporting residents in the home.

Significant improvements had been made since the previous inspection, this included staff training, activities and support planning.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a calm, relaxed approach to care, which benefitted people living in the home. Staff had built up strong relationships with the people they supported. The care was kind, considerate and knowledgeable. Healthcare needs were appropriately met, and this included seeking advice from external agencies and healthcare professionals where needed.

Staff could discuss the person's preferences and health needs with the inspectors, including any recent changes. This showed us that staff communicated well with each other to benefit the residents. The daily staff meeting allowed for information to be shared promptly and effectively to support any changes in health or wellbeing.

Staff had a good understanding of people's nutritional likes and dislikes and if the person received any fortified diets or different food textures. Where people needed help to eat this was provided in a respectful and dignified way.

Records of medication were well recorded and there were descriptions of why a person would be prescribed as required medication. Protocols were in place for situations where someone would be administered medication to support stress and distress. Further, more detailed information was found within the personal plans. This was also Medication audits were used to effectively monitor administration. Where errors were identified these were actioned.

Personal plans contained information about health, people's preferences and how to support the person with stress and distress. Overall plans were person centred and well written. However, because these were on an online system sometimes the information did not always cross reference across all sections of the plans. Daily records were written in a task orientated way and were not reflective of the quality of care seen at the inspection. There were gaps in records for fluid and food intake. (See area for improvement 1)

People's wellbeing benefitted from having contact with their families and friends. There were systems in place to support this. Family and friends were welcomed to the home at any time. At the point of inspection visitors were informed they could only meet in peoples bedrooms, this is not in line with best practice or updates to Open with Care. The manager immediately addressed this by contacting all family and friends.

Staff also supported people to stay connected with family and friends. Some people had their own phones to stay connected to people as they wished. People were supported to celebrate notable events such as birthdays and anniversaries. The manager recognised the importance of meaningful visits and contact to people's wellbeing.

Relatives were invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way. Where social events were held in the summer, family and friends were invited, however this could be improved upon to become more inclusive of events in the home, such as entertainment, and celebrations.

Areas for improvement

1. Personal plans should accurately reflect the care provided. To do this the manager should ensure: Personal plans continue to be reviewed and updated accordingly to reflect all assessed care needs.

The plans are fully audited to ensure all the information held within them can be cross referenced as being accurate.

Daily records of care are improved to reflect the quality of care given, this includes food and fluid intake as appropriate.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

It is important services have effective systems to assess and monitor the quality of the service and environment/equipment. This helps drive service development and improvement which results in good outcomes for people living in the home.

Quality assurance was well led. A full system of audits were in place and regularly completed. The audits fed into an improvement plan for the home, of which senior management had an overview. However, whilst the service improvement plan had identified actions, it was difficult to evidence through audits where these had been highlighted. The audit format was not always comprehensively completed. This was discussed with the regional manager who agreed to monitor the audits completed.

All accidents, incidents and concerns had been appropriately recorded and actioned, this included notifications to the Care inspectorate. There was a good management overview of these. This was a significant improvement from previous inspections.

The manager completed regular governance reports on the home which highlighted areas where improvements were needed with actions.

Relative and residents meetings, had taken place where people could raise any issues or ask questions. Relatives and residents were also given the opportunity to complete a questionnaire. However actions from previous meetings were not always discussed at the next meeting, this was a lost opportunity for people to see how their views and ideas had been put in place. Where people had made suggestions we could not see if these had been put in place or discussed. (See area for improvement 1)

Areas for improvement

1. To ensure people are actively encouraged to be involved in improving the service, family ,friends and people supported should be given feedback on how quality assurance processes have led to improvements based on thier feedback and suggestions.

This is in order to comply with the Health and Social Care Standards 4.1: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We could see that staff were recruited in a safe way. Induction processes were in place, and this included, support, observed practice, value-based training and development. This ensured that new staff were supported to achieve the expected standards of the provider which leads to better outcomes for people in the home.

Staff development and training had significantly improved from previous inspections. This included a full training plan, reflective discussion on observed practices and one to one support through supervision meetings. This supported better outcomes for people living in the home, promoting a skilled, trained and confident staff team.

The training plan included external trainers ,relevant for specific health conditions, to ensure that staff receive training based on up to date practice and knowledge. However further development of staff training to reflect best practice guidance on dementia would be of benefit. (See area for improvement 1)

Staff were caring, genuine, showed warmth and respect to the residents and were very knowledgeable of their needs.

Staff attended daily meetings to share information and plan each day, these enabled consistent communication between management and staff and supported positive outcomes for residents.

There were sufficient staff to support each person in a way meaningful to them. However as more people move into the home, it is important that all care needs needs are accurately assessed to ensure staffing continues to meet people needs in a meaningful way. This would include activities, access to the local community and one to one support with events.

Areas for improvement

1. All staff should undertake the relevant level of training to promote their understanding and skills relating to supporting people with dementia. The training should reflect the promoting excellence framework for people with dementia, at a minimum of skilled level.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 4.27 I experience high quality care and support because people have the necessary information and resources.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a relaxed welcoming atmosphere and reflected the ages of the people living there. The residents had the choice of what they wanted in their rooms re entertainment, radios, televisions etc.

The home has extensive gardens. People told us they could enjoy watching the wild deer and birds from the windows of the lounges. One person told us how much they enjoyed being in the garden feeding the birds. However, there was limited access outdoors, and for residents who like to walk the grounds had no accessible paths. Further thought should be given as to how to make the gardens accessible to let people enjoy outdoor space.

There was a range of checks weekly, monthly and annually and records were signed and dated when completed. All maintenance checks for the home were overseen by the allocated maintenance member of staff. They had systems in place for all checks and carried these out efficiently with an underpinning knowledge of practice and legislation.

The home itself had two lounges on the ground floor which most of the people used during the day. These were well decorated, welcoming and spacious. However, parts of the corridors and people's bedrooms would benefit from further decoration. The corridors were bland and clinical, and some people's rooms needed redecoration and personal touches to make them more homely. There was further planned refurbishment of the home, which included residents' bedrooms. However, a plan of refurbishment, for the whole home, including the garden area would be of benefit, this would include timeframes and actions. Thought may need to be given to the number of staff employed to ensure the home maintains any work undertaken. At present there is one allocated maintenance person, who covers all aspects of this, including the garden. (See area for improvement 1)

Areas for improvement

1. To improve the environment of the home the provider should continue to develop a refurbishment plan. This should include, but not be restricted to redecoration, repairs, equipment replacement and improving the garden area. The plan should detail the timescales for refurbishment to take place and be reviewed on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The personal plans reflected choices and we saw some good examples of people's choices being supported. Some people had information about their life, which needed further work but was a good foundation to get to know the person. Further thought should be given to complete life stores for everyone living in the home.

Anticipatory care plans are a tool to discuss what matters most when making plans for care in the future. Whilst there was information in the plans on peoples wishes, further work was needed to ensure the information was detailed and reflected discussions with the person and their family. We will follow this up at the next inspection.

Family and friends had been involved in reviews of support with a social worker. However, the in-house reviews for people, which would include assessing if their support reflected the outcomes identified were not consistently done. (See area for improvement 1)

A new activity worker had started to plan and implement a programme of activities for people living in the home. This included engaging people in activities which supported health and wellbeing, such as movement and keeping minds active. There were positive outcomes for people through the use of music therapy. All staff were to receive training in supporting activities at different levels to match people's abilities. This would enhance people's lives and lead to positive outcomes. However, at inspection some task-oriented routines detracted from planned activities. Further thought needs given as to how to support activities in a meaningful way. For this reason, we have carried forward the previous area for improvement made. (See area for improvement 2)

Areas for improvement

1. Six monthly reviews of support, as good practice, should give detail on discussions and reflect all aspects of care, including outcomes and activities. Outcomes of what people want from their life in the home (including relatives views) should be reflected in the review of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

2. People should have choice about getting involved with activities and interests important to them, both in the care home and their community. The provider should continue to develop opportunities for people to participate in meaningful activities. This is to enable people to get the most out of life and options to maintain and develop their interests, activities, and what matters to them. This includes opportunities to connect with family friends and the local community, in different ways.

People with specific communication needs or cognitive impairment should also be supported to participate in a meaningful way and those important to them involved in planning activities and evaluating how meaningful they were. The recording and monitoring of this should help to promote positive outcomes for all.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In meeting this area for improvement, people experiencing care will have confidence that the manager has an understanding and oversight of their care, underpinned by quality assurance systems that drive improvements. The provider should ensure people experience safe care and support where management have a good oversight and monitoring of all aspects of the service's internal quality and assurance.

1. The system effectively enables areas for improvement to be promptly and accurately identified.
2. Where areas for improvement are identified, that an action plan is developed detailing timescales and the person responsible.
3. The outcomes and action plans are clearly recorded.
4. Evaluations of improvements made include consultation with people experiencing care and those important to them to ensure improvements have had a positive impact.
5. Any further improvements are planned, implemented and reviewed/evaluated so the process is continual and involves relevant people.
6. Falls, incidents and accidents have appropriate oversight and audit by the manager and, where improvements are needed, these are actioned.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.1).

This area for improvement was made on 15 September 2021.

Action taken since then

This is discussed under key questions 2, in the body of this report. Quality assurance systems had been put in place and these were effectively used to monitor and improve the quality of care and support provided. This area for improvement was met.

Previous area for improvement 2

People should have choice about getting involved with activities and interests important to them, both in the care home and their community. The provider should continue to develop opportunities for people to participate in meaningful activities. This is to enable people to get the most out of life and options to maintain and develop their interests, activities, and what matters to them. This includes opportunities to connect with family friends and the local community, in different ways.

People with specific communication needs or cognitive impairment should also be supported to participate in a meaningful way and those important to them involved in planning activities and evaluating how

meaningful they were. The recording and monitoring of this should help to promote positive outcomes for all.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

This area for improvement was made on 15 September 2021.

Action taken since then

This area for improvement has been carried forward in the body of this report under key question 5.

Previous area for improvement 3

To support people's health and wellbeing and improve the quality of their day, the manager and staff should review the overnight routines of the care home. Overnight checks should not be the default position, these should be based upon people's needs and choices.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 29 June 2022.

Action taken since then

Personal plans contained information on preferences of sleep patterns and checks. Whilst there were some gaps in being able to cross reference these to daily records, overall there was sufficient evidence to meet this area for improvement.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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