

Nazareth House Care Home Service

13 Hillhead
Bonnyrigg
EH19 2JF

Telephone: 0131 663 7191

Type of inspection: Unannounced
Inspection completed on: 26 January 2017

Service provided by:
Nazareth Care Charitable Trust

Service provider number:
SP2013012086

Care service number:
CS2013317815

About the service we inspected

This service registered with the Care Inspectorate on 20 January 2014.

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.

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. 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.

How we inspected the service

We wrote this report following an unannounced inspection. Two inspectors carried this out on Wednesday 25 January and Thursday 26 January 2017. We gave feedback to the manager on Thursday 26 January 2017.

During the inspection, we gathered evidence from various sources. We spoke with nine residents, one relative and a range of people working in the service. We looked at the service's action plan, care plans, records and the way it involves the people using the service.

Taking the views of people using the service into account

There were 31 residents using the service during our inspection. We spoke with nine residents. They said:

"Some of the staff are quite good. Other staff seem to think it is their place. Food is mixed but good quality. Plenty things going on. If I wasn't happy I'd speak to someone. Overall it is not too bad.",

"Very good care. Whatever we need is attended to. Girls are always very pleasant. Get the doctor when we need it, we just need to let the office know. Food is okay, pretty good. We get information about events in the home on the day. We took part in the Olympic games and have won the cup three years running".

"We are missing the arts and crafts lady, she would organise loads of things, since she has been off things have plummeted but staff do their best. I would speak to the manager or under manager if I were unhappy. Any requests are attended to very quickly".

"Alright here. Some staff are better than others. Food-I get what I like. There are things going on like cards and bingo. If I wasn't happy I would let them know".

"It's okay here. Staff are okay. Food is fine, my choice is limited because I need a soft diet. There's not a lot happens but I'm not bothered. If I wasn't happy I would speak up".

" Fine here. The people around make it fine, staff are helpful and pleasant. There are things going on, food is excellent. I like it here".

" I like it here, good company. If there I things I could join in with I would if I wanted. Very good food."

"Very good care. Staff are very good to us. The majority are patient and kind. Food is very good, we have two good chefs, no complaints about the food. You can go to the office which is private if there is something on your mind."

We also spent time observing how staff interacted with and helped residents.

Taking carers' views into account

We spoke with one relative during this inspection. They were very happy with the care and support their relatives had received in the home.

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The Provider must ensure that residents are cared for in a safe environment and that any risk of a fall is minimised. In order to achieve this, the Provider must ensure that:

- staff conduct falls risk assessments in line with the Provider's policy
- staff are familiar with the chosen Falls Risk Assessment tool
- that a plan of care is put in place to address any identified risk
- the plan of care is reviewed at six monthly intervals or following a fall.

The Provider must also introduce an audit system and be able to evidence that staff are competent in this area, providing training where necessary.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulations 4(1)(a) & 15(b)(i).

Timescale: By 31 March 2017.

This requirement was made on 19 July 2016.

Action taken on previous requirement

We noted that there was a falls risk assessment in place but this was not comprehensive or meaningful. New documentation planned was still to be introduced. Care plans were not being reviewed following a fall and there

was no evidence that falls reduction methods had been considered. The manager said that a falls committee was to be set up to look at all aspects of falls in the home. There was a falls pathway in the senior care staff folder but the manager agreed that all staff needed to be up skilled so that they knew what to do upon finding a resident who had fallen. This was more crucial as the home had no senior carers with other staff acting into this position. The progress made was not sufficient for us to meet this requirement and it is made again with new timescales which were agreed with the manager.

Not met

Requirement 2

The Provider must make sure that residents' pain and symptom management needs are met. In order to achieve this, the Provider must

- introduce a policy and procedures on pain and symptom management
- assess and document residents' signs and symptoms of pain using an accredited assessment tool
- document how pain will be managed
- ensure that staff are familiar with and competent in the use of the chosen pain assessment tool
- provide staff training on the policy, procedures and the assessment tool
- introduce an audit system and be able to evidence that staff are competent in the area of pain assessment.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulations 4(1)(a) & 15(b)(i).

Timescale: By 30 May 2017 with the staff training element to be completed by 30 June 2017.

This requirement was made on 19 July 2016.

Action taken on previous requirement

There had been no change since the last inspection. We discussed the need to support staff in identifying and using pain assessment tools to recognise and manage pain. We also discussed ways in which this could be done with the manager. This requirement is made again with timescales agreed with the manager.

Not met

Requirement 3

The Provider must make sure that residents have sufficient to drink each day. In order to achieve this, the Provider must ensure that

- every resident is screened for the risk of dehydration
- each resident has a drinking care plan that details
- identified need and how it will be met
- the circumstances in which fluid intake will be monitored
- who will audit and evaluate any monitoring and
- what action should be taken if concerns are highlighted as a result of the monitoring, including seeking medical advice and or assistance
- staff should receive training appropriate to their role

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulations 4(1)(a) & 15(b)(i).

Timescales: By 31 March 2017.

This requirement was made on 19 July 2016.

Action taken on previous requirement

While we saw resident being offered drinks regularly throughout the day the care plans did not identify residents at risk of dehydration or provide detail of how the risk would be minimised. There was no evaluation of care to check if the staff actions were working. Staff had not yet received training. There had been discussions about hydration and fluid targets at group supervision and all residents now had a target set. Further work was needed to evaluate whether each resident was meeting their fluid target and how that affected their condition and wellbeing. We agreed new timescales with the manager.

Not met**Requirement 4**

The Provider must make sure that residents are given the appropriate assistance to meet their daily nutritional needs. In order to achieve this, the Provider must ensure that:

- staff are competent in the implementation of the MUST, providing training where appropriate, and be able to evidence staff competency
- residents have their nutritional needs fully assessed and documented in their care plan
- care staff are familiar with the residents' care plans including
- food choices and preferences
- the nature of the assistance required
- the interventions required when concern is identified, including seeking medical advice and or assistance.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulations 4(1)(a) & 15(b)(i).

Timescales: By 31 March 2017.

This requirement was made on 19 July 2016.

Action taken on previous requirement

The Malnutrition undernutrition screening tool (MUST) was being used to give a good overview of residents at risk of undernutrition. Food provision was good in the home. However the risk assessments were not being used to make an individualised care plan which identified how the risks would be minimised and addressed for each individual resident. For example through the use of an eating and drinking care plan. The risk assessment information needed to be shared with the kitchen so that the chef could tailor fortification to each residents needs and know whether what he was doing was helping each resident. Care records still did not contain enough detail to ensure that effective care was consistently given and there was no evaluation to check that care was working. We saw residents receive appropriate assistance but the care plans did not describe this detail. This is important because of the high number of agency staff who rely on the care plans to guide their practice. Progress had been made in recoding food choices and preferences and the nature of assistance required and we have removed these elements from the requirement. We have agreed new timescales with the manager.

Not met**Requirement 5**

The Provider must make sure that staff responsible for administering medication are aware of the condition for which it was prescribed and have an awareness of both the therapeutic effects and side effects of the medication.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulations 4(1)(a) & 15(b)(i).

Timescale: By 31 March 2017.

This requirement was made on 19 July 2016.

Action taken on previous requirement

We discussed with the manager that where covert medication was in use that this needed to be reviewed regularly to assess whether the treatment is still necessary. Guidance is set out by the Mental Welfare Commission. We found that the care plan and the covert medication plan differed. This needed clarification. We also looked at nine topical medication charts. These needed to be more accurately completed and to correspond with the current prescribed topical medicine. We have repeated a requirement about medication which also includes our findings from this inspection.

Not met

Requirement 6

The provider must ensure that residents who have symptoms of stress and distress have

(a) an appropriate care plan and

(b) that staff receive training in the management of symptoms of stress and distress.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a).

Timescale: By 30 June 2017.

This requirement was made on 18 November 2016.

Action taken on previous requirement

We identified that these care plans needed to be more comprehensive and bring together all of the information to help the resident. We saw that some information was in other parts of the care file but not brought together in a suitable way for staff to access. We noted that the manager had also identified this as an area for improvement during care plan audits. We further discussed that some language in the care plans did not follow best practice in dementia care and the manager agreed to review the language used in the printed documentation. We have made this requirement again.

Not met

Requirement 7

The provider must ensure that the adult support and protection policy and procedure contains the correct legislation for Scotland and guides staff to the local inter-agency guidance.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a).

Timescale: By 30 June 2017.

This requirement was made on 18 November 2016.

Action taken on previous requirement

The provider had an adult protection policy which directed staff to the local authority guidelines. However the policy also mixed Scottish and English legislation which was confusing for staff. We have asked the service to

seek guidance from the local authority to ensure the providers policy is matched to the local authority inter agency guidance. This will ensure staff have clear guidance to follow. This requirement is made again.

Not met

Requirement 8

The provider must ensure the environment is safe and provides residents with a good quality of care and quality of life. In order to achieve this the provider should develop an action plan with timescales for the refurbishment of the indoor and outdoor living spaces of the home. This must include but should not be limited to pull cord replacement, refurbishment and upgrade of the medication room, the domestic services room and sluice areas, communal bathrooms, the dining room and server, access to outdoor space, the garden, the provision of adequate lighting and replacement of the call bell system.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a).

Timescale: An action plan to be submitted to the Care Inspectorate by 31 March 2017.

This requirement was made on 18 November 2016.

Action taken on previous requirement

The action plan with proposed environmental improvements had not been sent to the Care Inspectorate as agreed. We have revised the timescale and made this requirement again.

Not met

Requirement 9

The Provider must ensure that staff are trained to carry out their duties and that accurate training records are maintained. In order to achieve this the provider must:

- a) Ensure that there is a programme of mandatory training for all staff and that staff are aware of this.
- b) Ensure that staff, without current updates, have refresher training planned.

This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1) (a) - health and welfare.

Regulations 2011 SSI 2011/210 Regulation 15 - to ensure that people employed have training appropriate to the work they are to perform and to ensure that there is a competent workforce.

Regulations 2011 SSI/114 Regulation 19(2) (a) - records of staff training

National Care Standards Care Homes for Older People - Standard 5 - Management and Staffing Arrangements.

Timescale for meeting this requirement:

To commence on receipt of this report and for completion by 30 June 2017.

This requirement was made on 17 November 2015.

Action taken on previous requirement

Although a record was being kept of training completed there was no evidence of a recorded training needs analysis or training plan being kept. We discussed with the manager that having a training plan would allow the

service to move from a crisis management to an organised and proactive approach. We have made this requirement again amending the wording to reflect our findings at this inspection.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
16 Sep 2016	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
5 Aug 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 5 - Very good

Date	Type	Gradings	
9 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
29 Jul 2014	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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