

# Nazareth Care Charitable Trust

# Nazareth House - Cheltenham

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Nazareth House – Cheltenham is a residential care home providing accommodation and personal care for up to 63 people. The service provides support to people aged 65 and over. At the time of our inspection there were 48 people using the service.

### People's experience of using this service and what we found

People's care records were current and reflective of their needs. They were working towards ensuring all care plans contained the same level of detail and personalisation.

People's communication needs had been identified, assessed and recorded in care plans. Where required, communication aides and provision were sought to support people to communicate their needs.

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

The registered manager was working towards further consistency for people by increasing permanent staff and reducing reliance upon agency staff. The improvements already made in staffing had positively impacted upon personalised care for people.

The registered manager was committed to ensuring improvements underway at the service were completed. Increased oversight and leadership, investment in staff and the recruitment of more permanent staff were all having a positive impact on the service's culture.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 June 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced inspection of this service on 12 and 13 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Responsive and Well-led which contain those requirements.

For those key questions not inspected or inspected but not rated, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nazareth House - Cheltenham on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Further information is in the detailed findings below.

**Inspected but not rated**

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Nazareth House - Cheltenham

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

The inspection team consisted of 2 inspectors 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 care service.

### Service and service type

Nazareth House - Cheltenham is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nazareth House - Cheltenham is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from a recent inspection by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and gathered feedback from 9 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, a senior care worker, 4 care workers, 3 agency care workers, a dining room assistant, the activities co-ordinator and the regional support manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included a sample of 9 people's care records, and a variety of records relating to the management of the service, including a review of some policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policy and quality assurance records. We sought feedback from 9 professionals who have contact with the service and received responses from 4 professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People and their relatives commented on the cleanliness of the home. One relative said, "The place is nicely cleaned every day; not left alone."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were receiving visits from their friends and family in accordance with government guidance.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found there were minimal opportunities for meaningful activity taking place during the inspection, and people told us that activities did not take place. Care and support were not always planned and delivered in a way that reflected people's individual needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since our last inspection the registered manager had ensured people's care records were current and reflective of their needs. They had also identified where improvements were required and taken action to ensure people's care plans around night-time routines were individualised to people's needs and choices. They were working towards ensuring all care plans contained the same level of detail and personalisation.
- Care staff understood people's personal choices and the support they required to meet their needs. One person walked with purpose and didn't like sitting for a meal. Staff had taken effective action to support them with their nutritional needs in a way which met their preferences.
- The service had started to involve people and their representatives in planning their care and writing their care plans. Where appropriate they had involved people and identified their individual preferences around personal hygiene, activities and spiritual and religious needs.
- Staff worked alongside people and relatives to promote personalised care. One relative said, "We take [my relative] out to lunch, if [they don't] want to go, they will make us a picnic and we go in the grounds. If the weather is too bad, they will give us a quiet space inside and put out tables and chairs. It makes it a special occasion for the family."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had now been identified, assessed and recorded in care plans. They referred to how people communicated their needs and any support they required. Where people required



additional support, there was clear guidance in place for staff to follow.

- Where required, communication aides and provisions were sought to support people to communicate their needs. One relative said, "[My relative] does not speak English. [Staff] make a real effort to speak to her using a digital translation platform. The carers know [my relative] well [and are] very friendly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A newly appointed activities co-ordinator was in post and supporting people to engage in activities that were meaningful to them. More time was needed to embed the new systems, but people told us they were positive about the changes. One person said, "I read a lot and go to things if they are happening. I like the singing. There is a new lady taking over the activities so more things will be happening." A relative said, "[My relative] is encouraged to join in with the activities and he particularly enjoys the quizzes."
- People and their relatives spoke positively about the spiritual and religious support available to them at the home. One relative said, "It was [my relative's] wish that he came here. He attends Catholic Mass every day and that makes a real difference to his wellbeing." A person said, "[The Sister] comes and takes me down to Mass every day."
- We observed staff engaging with people and utilising more opportunities for meaningful interaction than we had at our last inspection. One person said, "I must say how wonderfully quiet it is here yet one does not feel cut off or isolated from society."
- The provider was aware of the risks of isolation and provided opportunities for people to feel valued and make choices. For example, at the time of our inspection the home was in the process of appointing a new resident ambassador to represent the views of people and help shape the running of the home.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they were not happy with the care they received. The provider's complaints procedure was clearly displayed in the home. One person said, "I have no complaints whatsoever. If I did, I know that they would sort things immediately."
- Complaints had now been effectively followed up and lessons had been learnt. Systems were in place to monitor the service and had now been utilised to drive forward continuous development and identify and act upon any gaps identified.

End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Where relevant, anticipatory medicines had been prescribed by health professionals.
- The service was working to nationally recognised end of life best practice guidance. This included working with people and professionals to create detailed and person-centred advanced plans. People expressed their views regarding who they wanted to be with them at the end of life and their choices in relation to funeral arrangements.
- Staff facilitated visits to people from Priests and Sisters, at their request, during their last days. At the end of people's lives staff formed the guard of honour as they left the building as a fitting tribute to the life of the person and as a mark of respect.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and deputy manager had taken action to improve the culture of the home. There were ongoing plans to ensure this was sustained and developed. One person said, "It is like a big family, nice being a part of it here." A relative told us, "My overall impression is that it is wonderful, so clean, friendly and welcoming and they bend over backwards to do all they can."
- The atmosphere in the home was warm and welcoming. People and staff were happy to talk to us and were consistently positive in their feedback about the home and the registered manager. One person said, "The [registered manager] is exceptional. If I am worried, she [comforts me], always. [Staff] are fantastic, they all seem to know me, and I am welcomed with open arms." A relative told us, "I have a positive relationship with [registered manager]. I just speak to her and she is brilliant, putting things forward and getting on to them immediately."
- The registered manager was working towards further consistency for people by increasing permanent staff and reducing reliance upon agency staff. The improvements already made in this area had been noted by staff, people and their relatives. One relative said, "All [my relatives] carers know her extremely well, always a smile, and say [my relative's] name. The carers have been totally fabulous."
- The registered manager had a clear plan in place to make further developments but spoke positively about the staffing progress already made. They told us, "Staffing is much better and much more stable. Staff are positive and working well."
- Staffing skills and expertise were being fostered to improve people's experience. The registered manager told us that lead roles for staff were being created in areas such as tissue viability and oral care. Training and support were being offered to staff stepping into these roles so they could ensure people received the best possible care in accordance with up-to-date policy and guidance in their key areas. The regional support manager said, "We want to invest in staff and nurture them. If we can get it right...it will make a big difference to [people]."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood requirements in relation to duty of candour and had an open and honest approach.
- The service had notified CQC of key incidents as required. Effective action had been taken following incidents, and the registered manager had shared information with relevant parties as required. One professional told us that the registered manager always engaged well with them and always followed up any concerns with clear actions around staff training and development if needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the development of the service. The regional support manager told us, "We need to make sure that everyone tells us exactly what they want from their care. There should never be a situation where we tell people what we think they need."
- Staff and people meetings were now taking place routinely. The minutes we sampled showed that staff and people were being asked questions about their experience and the improvements needed. One staff member said, "I'm really pleased with everything here. We get lots of support and things are improving."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people had the best outcomes. The registered manager was aware that more improvement was needed with the effective exchange of information between themselves and the GP practice, and was now working in conjunction with them to resolve.
- We saw examples of effective working relationships between staff, management and relatives. One relative said, "'When I see [management] they say hello. They are very friendly. If they have anything to tell they will come straight to me and let me know. If something is wrong, they will call us and we can [resolve together]."
- Quality assurance processes included a variety of audits. The systems had now been strengthened and we saw the registered manager had a clear oversight of the service and how to sustain and develop ongoing improvement.
- Records relating to the management of the service were now available to demonstrate an audit trail for action taken and decision making processes. The service improvement plan was a working document used effectively to identify and track areas of development.
- The registered manager worked closely with local authority staff in response to safeguarding alerts to ensure effective support and learning for people, staff and themselves.