

Nazareth Care Charitable Trust

# Nazareth House - East Finchley

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Nazareth House is a residential care home providing accommodation and personal care to people aged 65 and over, some of whom were living with dementia. The service is registered to support up to 84 people. At the time of the inspection there were 59 people living at the home.

The home is a large adapted residential house which has living space and bedrooms over two floors.

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

The management and the staff team had made significant improvements overall in the management of the home and the quality of care people received since the last inspection. This was reflected in the feedback we received from relatives, staff and health care professionals.

We observed people to be safe and were supported by care staff who knew them well and responded to their needs accordingly. Staff understood safeguarding and how to keep people safe from abuse.

Care plans were person centred and were reflective of people's current care needs. Individualised risk associated with people's health and care needs had been assessed and documented with clear guidance for staff on how to minimise the identified risk and keep people safe.

People received their medicines safely and as prescribed. We did identify some issues around assessing risks associated with people who had been prescribed high risk medicines and evidencing multi-disciplinary discussions and decision on the administration of covert medicines.

Processes in place supported the recruitment of staff who had been assessed as safe to work with vulnerable adults. There were enough staff available to ensure the safety of people. Staff received the required training and support and applied learning effectively in line with best practice.

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.

People were seen to eat and drink well and were supported to maintain a healthy and balanced diet. People were supported to maintain healthy lives and had access to health and social care professionals where required.

Staff were caring and kind and relatives confirmed this. We observed staff responding to people's needs with dignity and respect. However, we did receive some feedback from people and relatives that certain staff did not always respect people's privacy and dignity.

People overall received care and support that was person centred and responsive to their needs and requirements. Relatives had been involved in the care planning process. However, people did not always have access to appropriate activities which would provide interaction and stimulation and support their mental well-being. Not all staff took a responsibility to ensure there was varied programme activities planned and delivered in the absence of the activities coordinator.

People and relatives knew who to speak with if they had any concerns or complaints to raise.

The management team had reviewed and implemented several audits and checks to monitor the overall quality of care people received. Issues identified were clearly linked into an evolving action plan which was reviewed and updated regularly. The provider was working closely with the local authority to implement and sustain improvements.

We have made 3 recommendations to the provider and the management team about sustaining the improvements and embedding all learning and developments going forward and ensuring people's privacy and dignity is respected at all times.

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 updates

The last rating for this service was inadequate (published 17 June 2022) and there were multiple breaches of regulation. We took enforcement action due to the significant concerns found. A Warning Notice for the breach of regulation 12 and 17 was issued to the provider following the inspection. 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 those regulations and had met the requirements of the Warning Notice. However, we did identify a new breach of regulation 9, person centred care.

You can see what action we have asked the provider to take at the end of this full report.

This service has been in Special Measures since 17 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 and 8 December 2022 to check that the provider had followed their action plan, to confirm they now met legal requirements and to check if the provider had met the requirements of the warning notice we previously served. Whilst improvements have been noted under each of the key questions looked at, the overall rating for the service has remained as requires improvement.

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.

#### Follow up

We will meet with the provider following this report being published to discuss how they will work towards ensuring they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Nazareth House - East Finchley

## **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

This inspection was carried out by 3 inspectors, 1 pharmacist inspector and 1 specialist advisor nurse. The inspection was also supported by 4 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. 2 Experts by Experience spoke with people and relatives during the inspection and 2 Experts by Experience contacted people's relatives and friends by telephone to request their feedback.

#### Service and service type

Nazareth House 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 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 not a registered manager in post. A new manager had been in post for just over 2 months and was in the process of submitting an application for registration.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the action plan the provider had submitted following the last inspection and all subsequent updates. We also looked at notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and 4 relatives of people who used the service about their experience of the care provided. We spoke with the regional manager, the manager, the unit lead, 3 senior care workers, 5 care staff, 1 activities co-ordinator, the catering manager and a visiting healthcare professional. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included 15 people's care records and 7 people's medication records. We looked at 6 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and health and safety were also reviewed.

The 2 Experts by Experience contacted relatives of people living at the home to gather their feedback on the quality of care people received. This exercise took place on 8 and 14 December 2022 and we spoke with 15 relatives.

# 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 question inadequate. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. Improvements had been made and requirements of the warning notice had been met.

At this inspection the rating has improved to requires improvement. This meant that in certain aspects of the service, there was a risk people could be harmed if improvements and learning were not embedded and sustained going forward.

### Using medicines safely

At our last inspection, the provider had failed ensure people received their medicines safely and as prescribed. This placed people at risk of harm. This was a continued breach of regulation 12(1) 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 12.

- People overall received their medicines safely and as prescribed. Policies in place supported this.
- At the last inspection, we identified significant concerns around the management and administration of medicines linked to the use of the electronic Medication Administration Record (eMAR) system. These issues had been addressed and robust systems had been put in place to monitor and audit medicines management to ensure people received their medicines safely.
- Medicines were stored securely. Medicine administration records were complete and there were no omissions in recording. Loose medicine stock that we checked corresponded with records kept of stock levels.
- Where people received medicines as and when required (PRN), protocols and guidance was in place on how and when to administer these medicines. PRN medicines can be administered to help with pain relief or anxiety.
- Where people had been prescribed high risk medicines, we saw relevant risk assessments that had been completed to ensure all related risks were managed safely. However, this was not consistent for all people's medicine records looked at where high risk medicines had been prescribed. The unit lead was aware of this and was working towards ensuring all required risk assessments were in place.
- Some people received their medicines covertly. The service had followed its policy and procedures and ensured multi-disciplinary discussions had taken place. However, these discussions were not always clearly documented or record of consent available to evidence that these decisions had been made in the person's best interest. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person.
- We discussed this with the management team, who were able to demonstrate that multi-disciplinary conversations had taken place, but the records were not easily and readily available to evidence this. The



management team agreed to review all records to ensure easy access.

- Daily, weekly and monthly checks and audits were completed to ensure people received their medicines on time as prescribed. Where issues were identified these were recorded and addressed.
- All staff had received the required training and additional training on the eMAR system to ensure safe medicines administration. In addition to the training, each staff member had been assessed to confirm their competency when administering medicines.

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

At our last inspection, the provider had failed to monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) 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 12.

- Risk's associated with people's health and social care needs had been assessed and recorded within their care plans to keep people safe and free from harm.
- Assessed risks included; falls, skin integrity, specific health conditions such as epilepsy and diabetes, behaviours that challenge and moving and handling. Clear guidance was also available to staff on how to support people with their identified risk safely.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- However, we did identify some further examples of inconsistencies in recording. For example, for one person, who used a hoist for transfers, there was a discrepancy in the size of sling to be used, with the risk assessment and associated care plan stating different sizes.
- We highlighted these minor concerns to the manager and regional manager, who gave assurances that these issues would be reviewed and addressed.
- Accidents and incidents were clearly documented. Records showed detail of actions taken, further investigation where required and any follow up actions to ensure people's safety.
- The manager ensured that all accidents and incidents were analysed and reviewed to ensure any trends and patterns could be identified to promote further learning and development so that future re-occurrences could be prevented.
- During this inspection, we acknowledged that whilst significant improvement had been noted since the last inspection, further work involving embedding of learning and sustainability going forward needed to be reinforced so that people were kept safe from injury and harm.

We recommend that the provider continue to work proactively to ensure that all improvements and developments implemented in relation to medicines, risk and accident/incident management are sustained and fully embedded within current care practices and processes so that people continue to receive safe care and treatment.

- Health, safety, equipment and environmental checks were routinely completed to ensure people's safety.
- Personal emergency evacuation plans in place outlined people's specific support needs in an emergency and how they were required to be supported.

Preventing and controlling infection

At our last inspection we recommended the provider implement current government guidance on infection,

prevention and control within care homes including specific guidance related to the management of COVID-19. The provider had made improvements.

- Policies and procedures were in place to prevent and control infection.
- The home was clean. Daily cleaning processes were in place to prevent the spread of infections.
- We observed staff wearing the appropriate Protective Personal Equipment (PPE) in line with current government guidance.

Visiting in care homes

- Processes were in place to facilitate safe visiting at Nazareth House.
- Whilst the provider generally facilitated visiting in line with current government guidance, some relatives did tell us that they were required to complete a COVID-19 lateral flow test and that if they did not, they would not be able to visit their family member within the home.
- We discussed this with the provider and informed them that all restrictions to visiting should have been removed and that they should continue to follow current government guidance.

Staffing and recruitment

- At the last inspection we saw that the provider was commissioning a high number of agency staff to ensure safe staffing levels were maintained. We also identified concerns in the way in which care staff were deployed around the home, leaving communal areas unattended and care staff dozing whilst they were meant to be monitoring and interacting with people.
- At this inspection we saw that staff were always alert and available in all communal areas ensuring people's safety. Whilst the home has been recruiting permanent staff, there was still a continued reliance on the use of agency staff to maintain safe staffing levels. However, the provider worked in partnership with the agencies so that only a regular team of agency staff worked with people to ensure continuity.
- We received mixed feedback from people and relatives about staffing levels and the high use of agency. One person told us, "They come relatively quickly, depends on the time of day. They always come." Another person said, "Yes, I do believe there are enough staff."
- Relatives feedback included, "The staff seem to be thin on the lower ground, the ones that are there, are doing the job, but more hands do a light job and I have seen the managers get involved, they are not just managing but they are helping when they can and the managers are now listening" and "The staffing level seems to be adequate, but they could always do with more."
- Staff that we spoke with confirmed that staffing levels had improved and that the focus from management was to ensure staff were always available to monitor people and their safety.
- People were supported by care staff who had been assessed as safe to work with people.
- Recruitment checks had been completed and assurances about staff suitability had been obtained which included criminal record checks, identity verification and verification of conduct in previous employment.
- At the last inspection, we did find that in some staff files gaps in employment had not always been fully explored and that there was a lack of information obtained on past employment history. This had improved and the provider had put systems in place to ensure that this information was obtained.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to safeguard people from the risk of abuse.
- At the last inspection we found that due to the lack of management oversight, leadership and guidance, people were not always protected from the risk of abuse and harm. At this inspection we found that the provider had implemented systems and processes to ensure people were protected from the risk of abuse and harm.
- Most people and relatives spoke positively of the care and support received at Nazareth House and that despite minor issues found, Nazareth House is a safe place to live. One person told us, "Feel very safe. Safe

physically and mentally." Relatives comments included, "[Person] is now, a lot safer, there is a lot of things put in place, compared to six months ago" and "I believe he feels safe at the moment."

- The manager demonstrated an understanding of their responsibilities to report incidents and events which placed people at the risk of abuse to relevant authorities including the CQC and the local authority.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the inspection in July 2021, we recommended that the registered manager understands and applies government best practice guidance as outlined in the MCA to ensure people's rights and wishes are upheld. The provider had made improvements.

- People had consented to the care and support that they received. Where people were unable to consent, relatives or an appointed individual had consented on their behalf.
- People had appropriate DoLS in place where this had been assessed and applied for in line with the MCA guidance. Records confirmed this. Where conditions had been applied these were clearly documented within the person's care plan with guidance on how to manage these.
- Mental capacity assessments had been completed to determine capacity. Where people lacked capacity, best interest decisions had been documented for decisions which included the use of bed rails, and covert medicine administration.
- During the inspection we observed care staff asking people's consent when supporting them.
- Care staff demonstrated a good understanding of the MCA 2005 and how they delivered care in line with the key principles.

Staff support: induction, training, skills and experience

- Staff received the required induction, training and support to deliver care to people which met their needs.
- At the inspection in July 2021, we had found that where people had specific specialist needs associated

with their health or care needs, there was a lack of specialist training in those areas so that staff could effectively support people with those needs.

- At this inspection we found that the provider had addressed this and ensured specialist training was available to enable all staff to effectively deliver care in response to people's needs.
- Training topics included MCA, safeguarding, diabetes and epilepsy awareness and positive behaviour support.
- Care staff spoke positively of the new manager and told us that they felt well supported in their role. All staff confirmed that they received the required supervision, training, guidance and direction to effectively carry out their role. One senior care staff told us, "You can see more improvements. There is more support now with new manager. I feel supported by the manager."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Since the last inspection, the local authority had imposed a suspension on all new admissions to the home. This was discussed with the manager and regional manager, who stated that admission processes were in place to ensure that, once the suspension was lifted, people's needs would be comprehensively assessed to ensure the home could meet those assessed needs safely and effectively.
- People's needs and choices were assessed in line with current standards, guidance and the law. The assessment considered each person's care needs, preferences, cultural, and religious needs and specific equipment that may be required.
- Following the assessment care plans were created using the information gathered.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat and drink enough to maintain a healthy diet.
- People were offered choice of what they wanted to eat. We saw people eating well.
- Where required, people were supported to eat their meal. We observed care staff spending time supporting people in a respectful way.
- Where people had any specific religious, cultural or specialist dietary requirements including likes and dislikes, these were clearly documented within their care plan.
- People told us that they enjoyed the food. Feedback included, "Food is lovely", "Food is excellent. I have a good appetite. Menus on the table, soup, dinner, water. On state occasions we may have a glass of wine" and "My food is pureed. They [care staff] feed me. I say, "slow down" and they do."
- Relatives spoke positively about the meals at the home. Comments included, "She eats nutritional food, she is in better hands", "The food is good and she does have a choice" and "I think he likes his meals, he never complains about the food unless it's spicy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a variety of health care and social care services to maintain their health and well-being.
- Where people required support to access specialist services, we saw records of appropriate referrals that had been made requesting this.
- At the last inspection we found gaps and omissions in the monitoring of people's health and well-being. At this inspection, improvements had been made.
- Aspects of people's health and wellbeing were regularly monitored. This included charts completed to monitor weight, food and fluid intake and repositioning so that the service could work together with other professionals to ensure people received effective care and support.
- People were encouraged to maintain their oral hygiene. People's care plans detailed the support they required with their oral hygiene. Staff supported people to access the dentist on a regular basis.

Adapting service, design, decoration to meet people's needs

- The home had implemented adaptations and decorative measures to support people with their needs. This included appropriate signage which supported way finding and promoted people's independence especially for those people living with dementia.
- People's bedrooms had been personalised with items, photos or pictures that meant something to them.
- People were able to access all areas of the home which included the garden and outdoor areas, with the support of a staff member.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection in May 2018, we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we saw people being treated in a kind and caring manner by care staff. We observed warm and positive interactions between people and staff.
- People and relatives told us that care staff were kind and caring. People's feedback included, "Yes, I feel they are caring" and "Yes, they are kind." Relatives told us, "All the staff are friendly and have a good relationship with her" and "There are a lot of very kind people at Nazareth."
- Care staff knew people well and demonstrated a good understanding of how individual people were to be supported.
- Nazareth House offers a catholic and spiritual environment to people who come to live at the home. Church facilities are available within the home where daily mass is held for people, relatives and members of the community. Where people are unable to attend mass, they are supported with their religious beliefs within their own bedroom. One person told us, "I go to mass every morning. By hook or by crook they get me there."
- The home also supported people from other religious faiths and cultures, and this was clearly reflected in their care plans.
- Staff demonstrated an understanding and awareness of people's diverse needs and ensuring equality regardless of their gender, sexual orientation, race and religion.

Supporting people to express their views and be involved in making decisions about their care

- Care staff knew people well and were aware of their preferences and wishes to enable them to support them accordingly.
- We observed people being involved by care staff in making decisions about how they wanted to be cared for. Throughout the inspection, we saw care staff asking people about how they wanted to be supported. Choice was offered, and people's responses were respected.
- People and relatives were asked to engage and participate in residents and relatives meetings where they were encouraged to give ideas and suggestions about care delivery and the management of the home.
- Relatives confirmed that they had been involved in the care planning process. Comments included, "I am involved in her care plan, I have always been involved in her medication, I am always looking at her care plan when I go in" and "My brother is involved in his own care plan, we did a review of the care plan and my brother was present at that."

Respecting and promoting people's privacy, dignity and independence

- Most people and relatives told us that care staff were respectful of their privacy and dignity. One relative

told us, "They do maintain her privacy I've never witnessed anything different."

- However, some comments were made on how some staff did not always respect people's privacy and were not engaging and as interactive with them as they would like. Feedback included, "I find sometimes they do not respect her privacy", "I think the staff need to be more empathetic and engage with her. She has built no relationships since she has been there, there is not much interaction" and "Members of staff occasionally do not respect your privacy."
- We told the manager and senior manager about the feedback we had received and asked them to discuss these with people, relatives and the staff team so that the required improvements could be implemented.
- Care staff told us about how they respected people's privacy and dignity which included knocking on people's bedroom doors before they entered and protecting people's dignity during personal care. We also observed care staff actions in practice.
- People were encouraged to be as independent as they could be where possible. One relative told us, "[Person] is a hoarder and doesn't like anything thrown out, they [care staff] respect that even though it makes it hard for them to clean."

We recommend that the manager and provider delivers appropriate training to ensure the staff team clearly understand the importance of respecting and maintaining people's privacy and dignity and that this is embedded in day to day practices.



# Is the service responsive?

## Our findings

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

At our last inspection in May 2018 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People were not supported to follow their interests and take part in activities that were socially and culturally relevant to them. There was a lack of meaningful activities that people could participate in to help stimulate and fulfil their social needs.
- We observed very little in terms of organised activity initiated and delivered by care staff especially in the absence of the activity co-ordinator who only worked 3 days a week.
- On the first day of the inspection we noted that the activity timetable on display was for the month of November. The activity timetable for December was not on display so we were unable to see what structured activities had been scheduled for the day.
- During the inspection, the activity coordinator was occupied with arranging Christmas presents for people and was unavailable to initiate and deliver any activities. In the absence of the activity co-ordinator, care staff on duty initiated very little in terms of activities. Feedback was provided to the manager and on the second day of the inspection we noted some improvements in activity provision.
- People and relatives also told us that there was very little happening within the home to encourage stimulation, activity and interaction. One person told us, "There's not a lot going on. I like quizzes but people sometimes get annoyed when I want the questions repeated." Another person said, "Staff have nothing to say to me. I sit here every day not one comes to say "hello" makes me feel unwanted."
- Relatives feedback included, "[Person] does get very bored there's not much stimulation going on for her, she is highly intelligent, it's so sad, she wasn't a loner before, anyway all that's gone now, I feel they don't talk to her enough, some do ignore her, they need to engage with her", "I see some really good things but the television is on all the time in the lounge and staff should not have access to their mobile phones then they would have the time to engage with residents" and "The activities are quite uninspiring, it always feels disorganised."

People did not always receive care and support that was person centred. There were no structured activities in place to ensure that people were stimulated, and their wellbeing maintained. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to maintain relationships with their loved ones. Care plans provided detailed information about the person and family members/friends who were involved in their lives.
- People told us that their relatives could visit them at any time and that they were supported to spend time with their loved ones. Relatives also confirmed this. One relative told us, "Yes I can visit anytime I want."

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

preferences

- People received care and support that was responsive to their needs and choices.
- Care plans were detailed, person centred and gave in-depth information about the person, their life and their likes and dislikes.
- Care plans were reviewed on a monthly basis and where change in need had been identified, this had been updated through the relevant sections of the care plan.
- Relatives told us that they were involved in the care planning process and received regular updates especially where change was noted.

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.

- Care plans documented if people had any specific communication needs and how staff could meet these.
- Where people had communication aids such as glasses and hearing aids, this had been detailed in the person's care plan.
- We observed that staff knew and understood how to communicate with people.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to record and investigate complaints that were received.
- Complaints were documented, with details of the complaint, actions taken, the outcome and lessons learnt.
- People told us that they knew who to speak with if they had any concerns. Comments included, "I go to the desk (to complain), but nothing serious", "I'm very good at complaining. I'll complain to anyone near me" and "If I was unhappy, I would speak to management."
- Relatives also knew who to speak with if they had any complaints or issues to raise and were confident that these would be addressed appropriately and in a timely manner.

End of life care and support

- People's end of life wishes were documented in their care files. Information was detailed and person centred in respect of how the person wished to be supported at the end of their life.
- Where people had made the advanced decision to not be resuscitated, this had been clearly documented within their care plan. Records showed healthcare professionals, people and relatives had been involved in these decisions.

# 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 inadequate. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. Improvements had been made and requirements of the warning notice had been met.

At this inspection the rating has improved to requires improvement. Whilst significant improvements had been made, the service management and leadership needed to ensure that all improvements going forward were sustained and embedded to ensure the provision of good quality care.

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

- Since the last inspection in May 2022, the provider had tried to recruit a registered manager but had been unsuccessful. In September 2022 a manager was recruited and is currently in the process of registering with CQC.
- The manager, regional manager, deputy manager and unit lead continued to work together to promote team work, continuous learning and development throughout the entire team.
- The manager and senior management team had a clear understanding of the issues that had been identified at the last inspection and was working in line with the provider's action plans to address the issues.
- Several audits and checks were in place which enabled the provider and manager to monitor the quality care people received. These audits and checks covered health and safety, medicines management, infection control, care plans and the environment. Where issues were identified, these were incorporated into the appropriate action plan and addressed within a set timeframe.
- All accidents, incidents, safeguarding's and complaints were analysed, reviewed and discussed with the staff team so that where required improvements could be made and learning outcomes could be taken forward.
- During the inspection, any concerns identified and discussed with the home management team were promptly acted on and evidence sent following the inspection to confirm this. This indicated that the service was continuously trying to learn and improve care provision.

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

- Most people and relatives gave positive feedback about the care and support that they and their loved one received at Nazareth House.
- The manager and wider management team had made significant improvements within the home which had positively impacted on the culture within the home, promoting person-centred care and good outcomes for people in most areas.
- Relatives told us that they had noted an improvement in the way in which the home was being managed

and that communication between the home and management had also improved. One relative told us, "The manager is about a lot, he is approachable, I have no complaints. From February to now I have seen changes happen, the new manager is making an impact."

- However, due to the issues identified with activity provisions within the home and the lack of interaction and stimulation, people did not always achieve good outcomes and were not always in receipt of care that promoted positive well-being.
- We gave feedback to the manager and the wider management team who acknowledged the shortfalls and gave assurance that their focus would be to ensure further improvements are implemented.
- Throughout the inspection we observed the manager and unit lead to be visible around the home, speaking with and supporting people as required. People were seen to respond positively and appeared to know and recognise the manager.

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

- Relatives confirmed that they were involved in the care planning process and had been contacted and consulted regarding the care of their relative.
- Relatives, health care professionals and staff had been asked to engage with the service and give their feedback about the quality of care delivered through the recent completion of satisfaction surveys. Feedback was positive, however, response from relatives to this exercise had been poor. We discussed this with the management team who said they would consider other effective ways in which people and relatives feedback could be gathered.
- Staff members spoke positively of the changes in management and the improvements that had been made since the last inspection. They told us staff morale was positive and that the team was keen to continue working together to make Nazareth House a good place for people to live. One senior carer told us, "You can see more improvements. I feel supported by the manager." One care staff said, "Things are going well. There are big changes. You can see with the staff that there is movement and that something is happening."
- Care staff told us that they had regular staff meetings which enabled them to share experiences, learn from each other and make suggestions. We were told that the management team always listened and responded positively to them recognising and valuing their contribution.
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, district nurses, GP's and the local authority.

We recommend that the provider and manager continue to work proactively to ensure that all improvements and developments implemented are sustained and fully embedded within current management practices and processes so that people continue to receive safe, effective and person centred care and treatment which is responsive to their needs.

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

- Senior managers clearly understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.
- The management team were working in partnership with the local authority quality monitoring team and a variety of health professionals to implement the required improvements.

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>The lack of appropriate activities and stimulation outside of the activities co-ordinator provision meant that people did not always receive person centred care to help maintain a positive mental well-being. |