Nazareth Care Charitable Trust

Nazareth House - Hammersmith

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We conducted an inspection of Nazareth House on 24 and 27 October 2016. The first day of the inspection was unannounced. We told the provider we would be returning for the second day.

At the last inspection on 14 and 15 July 2014, we asked the provider to take action to make improvements in relation to consent and this action has been completed.

Nazareth House provides care and support for up to 95 people who require nursing and personal care. There were 85 people using the service when we visited. There are three floors within the building. The first and second floors are home to people with nursing needs and some people with palliative care needs. The third floor is a residential floor which is home to older people some of whom had early onset dementia.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were good systems in place for the safe management and administration of medicines. Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and support plans contained clear information for staff. All records were reviewed every month or sooner if the person's care needs had changed.

Staff demonstrated a good knowledge of their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments were completed as needed and we saw these in people's care files. Where staff felt it was in a person's best interests to deprive them of their liberty, applications were sent to the local authority for Deprivation of Liberty authorisations to ensure this was lawful.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff employed to meet people's needs.

People who used the service gave us good feedback about the care workers. Staff respected people's privacy and dignity and people's cultural and religious needs were met. Although Nazareth House is a Catholic care home, there were people using the service from other denominations of the Christian faith and people were welcomed and respected from other faiths and with other beliefs.

People were supported to maintain a balanced, nutritious diet. People at risk of malnutrition had appropriate assessments conducted and were referred to the community dietitian as appropriate. Advice was implemented by care staff and the kitchen staff who were also aware of people's dietary needs. People were supported effectively with their other healthcare needs and were supported to access a range of healthcare professionals.

People using the service felt able to speak with the registered manager and provide feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place. Care staff gave excellent feedback about the registered manager and gave us examples of improvements that had been implemented and sustained.

People were encouraged to participate in activities they enjoyed and people's participation in activities was monitored. People's feedback was obtained to determine whether they found activities or events enjoyable or useful and these were used to further develop the activities programme on offer. The activities programme covered five days a week and included a mixture of one to one sessions and group activities. There was limited provision for activities over the weekend, but special weekend activities were arranged every month.

The organisation had good systems in place to monitor the quality of the service. Feedback was obtained from people through monthly residents and relatives meetings as well as annual questionnaires and we saw feedback was actioned as appropriate. There was evidence of auditing in many areas of care provided as well as significant monitoring from senior staff members within the organisation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The service had adequate systems for recording, storing and administering medicines safely.

Risks to people's health were identified and appropriate action was taken to manage these and to keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Good

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff demonstrated a good knowledge of their responsibilities under the MCA and DoLS applications were made to the local authority where it was felt that a person's liberty should be deprived in their best interests. All previous concerns in this area had been addressed.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision, appraisals and training to carry out their role.

People were supported to maintain a healthy diet. People were supported to maintain good health and were supported to access healthcare services and support when required.

Is the service caring?

Good

The service was caring. People using the service and relatives were satisfied with the level of care given by staff.

People and their relatives told us that care workers spoke to them and got to know them well.

Staff took account of people's social and emotional needs and care records documented this.

People told us their privacy and dignity was respected and care staff provided examples of how they did this. People's diversity was respected and celebrated.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and participate in activities they enjoyed. There were two dedicated activities coordinators who ran an activities programme that covered five days a week.

People told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Good

The service was well-led. Staff gave good feedback about the registered manager.

Quality assurance systems were thorough. Feedback was obtained from people using the service in person through monthly residents and relatives meetings and in writing through an annual questionnaire. The registered manager completed various audits and further auditing of the quality of the service was completed by senior management within the organisation.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 and 27 October 2016. The inspection team consisted of one inspector and a specialist advisor. On this inspection the specialist adviser was a nurse with expertise in dementia care and mental health. The first day of our inspection was unannounced, but we told the provider we would be returning for a second day.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke with two more professionals who worked with the service to obtain their feedback.

During the inspection we spoke with eight people using the service and three relatives of people using the service. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us.

We spoke with 11 care workers, two nurses, one activities coordinator, the chef, the deputy manager and the registered manager of the service. We looked at a sample of 12 people's care records, 12 staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included "I like living here and feel quite safe" and "They [staff] keep us all safe."

The provider had a safeguarding adults' policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse. Staff knew how to report safeguarding concerns and explained the various signs of abuse and different types of abuse. Care workers knew the service had a whistle blowing policy in place and how they could use this. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. We spoke with a member of the safeguarding team at the local authority and they confirmed they did not have any concerns about the care provided at Nazareth House.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Staff told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example, one care worker gave an example of a person with a specific medical condition which had to be closely monitored when providing care. They told us they were very careful when caring for this person and sought the advice of the nurse in charge when doing so. There was an emergency call bell in place to alert all staff in case of an emergency and this could be heard by staff on the floor of the building. We saw call bells were in place in people's rooms and that these were within reach and working. People told us and we observed care staff responded to these quickly.

We asked nurses about what they would do in the event of a medical emergency and they explained what training they had completed to respond to these situations. Nurses were aware of who was for and was not for cardio-pulmonary resuscitation. These details were in people's files on "Do not Attempt Cardio-Pulmonary Resuscitation" forms which had been signed by the GP in consultation with the person and/or their family members where this was appropriate.

People's care records contained initial assessments covering numerous areas of the person's health and wellbeing such as moving and handling, people's nutritional needs and people's skincare. These provided initial guidance for staff about risks to individual people. This information was used to prepare care plans so that risks could be managed to help keep people safe. Each section of the person's care plan included detailed guidance for staff about what the person could do and should be encouraged to do for themselves as well as the exact nature of the assistance that care staff could provide. Each care record was reviewed on a monthly basis to identify whether the person's needs had changed and care records were updated accordingly. Where people had high needs and required input from healthcare professionals, this was sought and their advice was incorporated into the care plan. For example, we saw that specific care plans had been developed by a behavioural support team to support staff with the management of behaviour that was challenging and this advice was incorporated into people's care plans.

Staff told us they felt there were enough of them on duty to meet people's needs. Comments included "There are enough staff" and "[Senior management] are very good at making sure there are enough staff."

The registered manager explained that senior staff assessed people's needs on admission to determine what their dependency needs were. Staff were then matched according to their skill set and the rota for each unit was assessed to ensure the correct skill mix of staff was present at every shift. Each unit was staffed according to the dependency needs of the people on the floor. The registered manager told us the number of staff required for each unit and this tallied with what we saw on the rota for the week of our inspection. Our observations of the number of staff on duty also tallied with the rota. People told us and we observed that there were enough staff on duty to respond to people's needs and requests as well as to sit and talk with people.

Recruitment records contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing the employment history of staff. Records for nurses also included their Nursing and Midwifery Council registration details.

People's medicines were administered safely by the nurse on duty. Controlled medicines were stored safely for each person in a locked cupboard within a medicines storage room along with other medicines. Copies of the most recent prescription were kept with people's medicines records. We saw that all prescribed medicines were correctly listed on people's medicines records. Medicines records were completed clearly and people's allergies were identified. The start and finish time of each medicines round was recorded, which provided assurance that people were consistently receiving their medicines on time and as prescribed. We identified one gap in the recording of administration on the records, but this was dealt with appropriately.

People's medicines were reviewed regularly. We saw copies of daily and monthly checks that were conducted of medicines which included controlled drugs. This included a physical count of medicines, the amount in stock and expiry dates of medicines.

Nurses had completed medicines administration training within the last two years. When we spoke with the nurses, they were knowledgeable about how to correctly store and administer medicines. People told us they received their medicines on time and there were no issues in relation to this area of their care.

Good

Is the service effective?

Our findings

At our previous inspection we found that mental capacity assessments were not always carried out to demonstrate people's lack of capacity to make certain decisions and that any decisions made on their behalf were in people's best interests. At this inspection we found that people's consent to their care and treatment was sought and decisions made following best interests processes where this was appropriate. 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 Act 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff asked for their consent before they provide them with care. Their comments included "They ask me if I'm ready before they do anything" and "They always ask for my permission before they help me with anything". Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent.

Care records contained mental capacity assessments which demonstrated that specific decisions were made in accordance with the Act and that the least restrictive option was being used. Records also demonstrated that people who needed to have their liberty deprived for their own safety had authorisations in place from the local authority or applications were pending.

People told us they liked the food available at the service. Comments included, "The food is very nice" and "I love the food". We spoke with the chef about the food available. They explained that they obtained feedback about the food from people using the service and catered for their preferences and cultural requirements. The chef was aware of people's specific healthcare requirements which included those people with diabetes and those on a soft diet. The chef was particularly concerned about creating appetising meals for those on a soft diet and showed us moulds used to make pureed foods look more appetising for people. The chef told us they had received positive feedback from people about the use of moulds. The chef told us they altered the menu each month depending on the feedback received and we saw a copy of the menu for the month of our inspection. Food was seasonally appropriate, but some foods such as ice-cream were available all year round at people's request. We sampled the lunch on the first day of our inspection. The food was appetising, of a good portion and served at the correct temperature.

People were encouraged to eat a healthy and balanced diet. People's care records included a specific nutrition care plan which included risk assessments and comprehensive advice to care staff about people's dietary requirements and details about their likes and dislikes. We saw records that detailed people's nutritional needs and allergies. This included completion of a Malnutrition Universal Screening Tool (MUST) on a monthly basis which identified whether people were at risk of malnutrition or dehydration. Where people were identified as being at risk of dehydration we saw records to indicate that their fluid intake was

appropriately monitored and recorded.

Multi-disciplinary teams were involved in people's care where required such as dietitians and speech and language therapists. Records showed that staff made referrals where required and we saw that advice was followed. Where monthly monitoring was required, for example monthly weight checks, we saw this was done and recorded so that action could be taken to meet people's needs with regards to any significant weight loss or gain.

Care records contained information about people's health needs. Records contained up to date information from healthcare practitioners involved in people's care, and senior staff told us they were in regular contact with people's families where appropriate to ensure all parties were well informed about people's health needs. When questioned, care workers demonstrated they understood people's health needs. For example, care workers were able to identify existing healthcare concerns and tell us how people were supported to manage these.

People told us staff had the appropriate skills and knowledge to meet their needs. One person said, "The staff are very good, they know just what they're doing." The registered manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, medicines administration and health and safety. There was also more specialist training available where required to meet people's individual needs. For example, specific training in pain management and managing behaviour that was challenging.

Care workers confirmed they could request extra training where required and said they felt that they received enough training to do their jobs well. Care workers comments included, "The managers listen to you and will grant your requests for extra training", "You can ask for extra training and they will give it to you" and "We get all the training we need."

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records to indicate that staff supervisions took place every two months. We were told by the registered manager and care workers that they used supervisions to discuss individual people's needs as well as their training and development needs. The registered manager told us annual appraisals were conducted of care workers performance once they had worked at the service for one year. Staff who had worked at the service for over a year told us they had received an appraisal of their performance and we saw records to demonstrate this.

Good

Is the service caring?

Our findings

People who used the service gave us positive feedback about the staff. Comments included "The staff are lovely", "They take time to have a chat" and "Staff are caring and they listen."

Staff demonstrated a good understanding of people's life histories and demonstrated that they knew the people they were caring for. Senior staff and care workers told us they asked questions about people's life histories and people important to them when they first moved into the service and we saw evidence of this information included in people's care records. Care records included a specific 'life history' section which included details about where they had grown up, their family circumstances and people important to them and any previous occupation. Staff were able to tell us about people's lives and the circumstances which had led them to using the service. They were acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods. Care staff were also able to tell us about particular details about how people liked to be addressed and we saw this information included in people's care files. For example, one care worker told us "I would not call [the person] any pet names as [the person] does not like this and finds it patronising."

People told us they were able to make choices about the care and support provided and told us their wishes were respected. One person said "They do whatever I ask of them" and another person said "I can make my wishes known and they do what I want." Care staff told us they respected people's choices and encouraged them to be as independent as possible. Their comments included "We always present the choice and people tell us what they want" and another care worker told us. "I help people to help themselves."

We saw good levels of interaction between people using the service and care workers during our inspection. We observed the lunchtime period and saw staff respectfully assisting people with their meal and having conversations with them as they were doing so. We saw care staff having light-hearted conversations with people at other times in the day. Their behaviour indicated that they knew people well and were on good terms with them. We saw people's relatives visiting the service throughout the day and they also appeared to be on familiar terms with staff.

People told us their privacy was respected. One person said, "They respect me" and another said "They respect you here." Care workers explained how they promoted people's privacy and dignity. Their comments included "I am very careful when giving personal care. I don't embarrass anyone and make sure I am covering them when I can" and "I always knock on people's doors and would never barge in." We observed staff speaking to people with respect and knocking on doors before entering their rooms.

Care records demonstrated that people's cultural and religious requirements and diversity were considered when people first started using the service. We saw initial assessments included details of people's cultural and religious requirements. A number of Catholic religious services were held at the service for people. The provider also had links with religious leaders from other faiths so care staff could support people to meet their spiritual needs.

Good

Is the service responsive?

Our findings

People told us they were involved in making decisions about their care. One person told us, "They know my likes and dislikes and do what I ask them."

People were encouraged to express their views about their care. People were given information when first joining the service in the form of a brochure and this included details about the service provided and what to expect. Residents and relatives meetings were held on a monthly basis. We saw minutes from the most recent meeting which included details of the matters discussed, updates on previous action points and future actions to be taken. Matters discussed included issues such as housekeeping matters, the food and activities available. Action points demonstrated that changes were made in accordance with feedback received. Care records also included people's views and staff explained that they prioritised people's choices in relation to their care. For example, care workers gave us numerous examples of how they respected people's choices in their daily lives. They told us people's food preferences, their preferred routines and their preferred activities.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of various aspects of people's medical, physical and social needs. The care records we looked at included care plans in areas including nutrition, continence and moving and handling. Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's likes and dislikes in relation to a number of different areas including nutrition and activities. People's progress was reviewed every month and care plans were updated to reflect any changes in people's needs.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable and/or useful. The service had two full time activities coordinators. There was an activities programme which included both group and individual sessions and this included two sessions every weekday. There was limited provision of activities on the weekend, but special weekend activities were organised every month. Types of activities on offer included films, concerts, pampering sessions, exercise sessions and doll therapy. The service had a dedicated reminiscence room which included items and props from the 1950's and 1960's that people could use as a form of therapy. The registered manager told us "This room has really helped people to tap into memories and I find it really calms them". We also saw an exercise session in progress and saw people getting involved and appearing to enjoy this. The service also used volunteers from local schools who helped with activities such as coffee mornings and interacted with people using the service.

The activities coordinator spoke with people and obtained their feedback in relation to activities. People's involvement in activities was recorded in a separate file and this was monitored. Activities coordinators recorded which activities people attended, their level of involvement in activities as well as their mood whilst they were participating. The information recorded was then used to alter the programme in line with people's preferences.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People using the service told us they would speak with a staff member if they had reason to complain. People told us they felt their comments were listened to and acted on. People's comments included "I've never had any complaints, but I have asked for a couple of things to be changed and it's been done" and "If I had a complaint I would tell staff. They do what you ask them". We saw records of complaints and saw these were responded to appropriately in line with the provider's policy and action taken to resolve matters.

Good

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. We saw evidence that feedback was obtained from people using the service and their relatives. Feedback was received during residents and relatives meetings which were held every month. People told us they found these meetings helpful and felt comfortable speaking in them. The registered manager told us that if issues were identified, these would be dealt with individually and we saw a record of previous actions taken in the meeting minutes.

Staff gave good feedback about the registered manager and other senior staff. Their comments included "[The registered manager] is very supportive, he and [other senior staff] really listen to you", "They are very supportive. I very much like working here" and "You can feel free to talk to them". We observed the registered manager interacting with people using the service and care staff in a friendly manner throughout the inspection.

The registered manager told us staff meetings were held on a monthly basis. Handover meetings took place every day so care staff finishing their shift could feed back important information to care staff who were starting their shift. We saw the minutes of the previous staff meeting which had taken place in October. These were a record of the issues discussed and included an action plan detailing further actions that were required to improve the service. Staff told us they felt able to contribute to these meetings and found the topics discussed useful to their role.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed complaints, accidents and incidents to monitor trends or identify further action required and we saw evidence of this. They told us all accidents and incidents were also reviewed by senior managers within the organisation who also monitored the results for trends and made further recommendations where required.

Information was reported to the Care Quality Commission (CQC) as required. Staff demonstrated that they were aware of their roles and responsibilities in relation to supporting people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of staff job descriptions and the details within these tallied with what staff had told us.

The provider had thorough systems in place to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as medicines, health and safety and food. Comprehensive audits were conducted every three months in 'Customer Care and Core Values' and this assessed compliance with the provider's values as they related to the Care Quality Commission's fundamental standards. Compliance was assessed by interviewing five people using the service and questions were aimed at determining whether the service was hospitable, compassionate and respected people among other matters. The audit included a section for an action plan, but no concerns had been

listed in the audits completed since March 2015.

A further comprehensive audit was conducted every three months in 'Quality and Compliance' and this was conducted by a senior manager within the organisation along the lines of the regulations within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report included an action plan with dates for completion.

We saw evidence of other checks which were conducted within the service. For example, the service worked in collaboration with the nuns from the adjoining convent and they conducted their own checks in order to provide independent feedback to the registered manager. This included a daily 'walk around' which occurred every evening. The registered manager explained that the nuns were able to do this at an unsocial hour and could report on matters that he would otherwise not see. Additional unannounced 'nightly visits' were also conducted by the registered manager to ensure the night staff were performing well.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the Behaviour and Communication Support Services, the GP and local social services teams. We spoke with two healthcare professionals and they commented positively on their working relationship with staff at Nazareth House.