Nazareth Care Charitable Trust

Nazareth House - Hammersmith

Inspection report

169-175 Hammersmith Road
London
W6 8DB
Tel: 020 8748 3549
Website: www.sistersofnazareth.com

Date of inspection visit: 14 and 15 July 2014
Date of publication: 02/02/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We undertook an unannounced inspection of Nazareth House on 14 and 15 July 2014. Nazareth House provides care and support for up to 95 people who require nursing and personal care. There were 82 people using the service when we visited.

At our last inspection on 6 November 2013 the service met the regulations inspected.

The service had a registered manager who had been in post since October 2013. A registered manager is a person

Summary of findings

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

We found a breach with regard to consent arrangements. Managers and staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). However, the manager and other senior staff confirmed that mental capacity assessments were not consistently completed when required. This meant that there was a risk that decisions were being made without people's valid consent. This was a breach or Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Managers and staff had received training on safeguarding adults. Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place which reflected their assessed needs.

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

Staff assisted people to eat and drink appropriately. People were supported effectively with their health needs and were involved in making decisions about what kind of support they wanted.

Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints system in place.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

Summary of findings

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 consistently safe. We found staff followed appropriate procedures when people needed to be deprived of their liberty for their safety but were not consistently meeting the requirements of the Mental Capacity Act 2005.

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 that abuse had occurred.

Risks to people who use the service were identified and appropriate actions were taken to prevent the likelihood of risks occurring.

Enough staff were available to meet people's needs and we found they had been recruited safely.

Requires Improvement

Is the service effective?

The service was effective. People were supported by staff who had the skills and understanding required to meet their needs. Staff received regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

Good

Is the service caring?

The service was caring. Staff understood people's needs and knew how to support them.

People were involved in decisions about their care. People were treated with respect and staff knew how to maintain their privacy and dignity.

Good

Is the service responsive?

The service was responsive. People were involved in decisions about their care. Staff understood how to respond to their changing needs.

People knew how to make a complaint. People were confident that their concerns would be addressed.

Good

Is the service well-led?

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Good

Summary of findings

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Nazareth House - Hammersmith

Detailed findings

Background to this inspection

We undertook an unannounced inspection of Nazareth House on 14 and 15 July 2014. The inspection was carried out by an inspector, a professional advisor who was a nurse with knowledge of dementia care 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.

Prior to the inspection we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team and HealthWatch to obtain their views of service delivery.

During the visit we spoke with nine people using the service and two of their relatives, a volunteer and eight members of staff which included the registered manager. We spent time observing care and support in communal areas. We also looked at a sample of eight care records of people who used the service, 10 staff records and records related to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in December 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We found that Nazareth House was not consistently meeting the requirements of the Mental Capacity Act 2005 (MCA). Some staff had received MCA training. We spoke with staff about the training they had received and they explained the issues surrounding consent and the MCA. Staff were able to explain what they should do if they suspected that any of the people living at Nazareth House lacked capacity. However, we found that mental capacity assessments were not carried out for people who were unable to make decisions for themselves. For example, assessments had not been completed in relation to "Do Not Attempt Resuscitation" forms that were signed by people's relatives and their GP. In other cases where people's capacity fluctuated capacity assessments had not been considered to ensure any decisions were made in their best interests as required. Senior staff acknowledged they should have completed assessments for these people in relation to specific decisions and that they lacked consistency in completing mental capacity assessments for people. This was a breach or Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The DoLS aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found that the provider had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation for a person who used the service. Relevant staff had been trained to understand when an application should be made and how to submit one which was explained to us. At the time of our inspection there were no DoLS authorisations in place.

People living at Nazareth House and their relatives told us they felt safe. One person told us, "I feel safe here" and a relative told us "I'm very happy as I know [my relative] is safe and seems content here." People confirmed they did not have any issues regarding their safety and told us they knew who they could speak with if they had any concerns.

Staff understood how to recognise potential abuse and how to report their concerns. Staff gave examples of the possible signs of abuse and told us they would report any concerns to the local authority and where required, the police. Staff told us, and training records confirmed, they had completed training on safeguarding adults within the last two years, and they were aware of the provider's policy on safeguarding.

There had been some safeguarding alerts in the last year, and records showed that staff had involved relevant professionals and other agencies when taking action to keep people safe. We contacted a member of the local authority safeguarding team. They confirmed that they did not have any concerns about the number of safeguarding concerns or how staff handled these.

We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The manager told us that people's diversity needs were assessed on admission and they discussed with people how their specific needs, whether cultural or religious, could be met. They told us that whilst the service catered for people from the Catholic faith people from all faiths were welcomed and the service had links with local faith leaders to cater for their requirements. Other staff members we spoke with confirmed this. One said, "I am not Catholic and many of my colleagues are not Catholic even though most of our residents are. This is a welcoming place for everybody."

People's behaviour that might challenge others was managed in a way that maintained peoples' safety and protected their rights. Staff showed they understood how to respond to people's behaviour and make themselves available so that people could discuss their feelings with them. Where people had a history of behaviour that challenged the service there was a detailed risk assessment and management plan available. We saw examples of detailed and specific practical advice within records for staff in situations where people became verbally and physically aggressive. Staff were able to demonstrate how they would manage these situations in a safe way and corresponded with what was written in people's records. Staff told us they never physically restrained people whose behaviour challenged the service and this was confirmed by the manager.

People's risk assessments were based on their individual needs and lifestyle choices. Risks such as self-harm and risks to others were assessed. For each of these areas people had an individualised support plan. People who used the service and their relatives had been involved in writing and reviewing these. We discussed examples of

Requires Improvement

Is the service safe?

specific risks to people with the manager and with other members of staff and found these were managed appropriately. For example, where one person had demonstrated a specific risk we found the risk had been fully considered, documented and discussed with staff and the person's family. A proportionate response was being implemented which took account of the person's rights which had minimised the risk.

Staff received annual first aid training and were able to correctly explain how they would respond to a medical emergency. Staff told us, and we saw from records, that a nurse was on duty 24 hours a day to deal with medical emergencies. We saw that call bells were available in people's rooms for use during an emergency. We observed staff responding to these quickly on the day of our inspection and we saw electronic records to indicate that these were being responded to quickly at other times. Most people told us their bells were responded to quickly. One person said "I only have to wait a minute to get help" and another person said, "I only wait a short time after ringing my bell".

People using the service told us there were enough staff available to meet their needs. Comments included "There are enough staff" and "I think there are enough staff members." Staff told us that there were enough staff available for people. The manager explained that they assessed people's dependency when determining staffing numbers and if people's needs changed, they would respond by scheduling extra staff. We reviewed the staffing rotas for the previous week and the week of our inspection. We saw staff were in place as scheduled and records indicated that extra staff were available when more support was required.

We looked at 10 staff files and we saw there was a process for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

Good

Is the service effective?

Our findings

People who used the service were supported by staff who had the skills and understanding required to meet their needs. People felt that staff understood how to meet their needs. Comments included "They know what they're doing" and "They're very good" and a relative said staff, "couldn't be better."

We looked at 13 training records and these showed most staff had completed all areas of mandatory training. The manager told us, and records confirmed staff received supervision every two months. As part of this supervision, staff were questioned about particular aspects of care and the policies of the service. This helped staff to maintain their skills and understanding of their work with people.

Staff told us they had received an appraisal in the last year and records confirmed this. Staff had a personal development plan that was annually reviewed and identified areas of future training and development. Staff told us that they found this helpful in supporting them to further develop their skills in meeting people's needs.

Staff supported people to eat a balanced diet they enjoyed. People made positive comments about the quality of food provided. Comments included "The food is nice", "The food is generally good" and "The food is good, the cook is very good". We looked at the menu for the day and saw there were choices available for people. Kitchen staff told us they explained the choices available to people prior to the mealtime and obtained their orders, which were prepared for them. Staff explained that if people did not like the choices available on the day, they could prepare different food for them. Kitchen staff told us and people living at Nazareth House confirmed that they could request their meal outside the mealtime if they wished.

We observed the lunchtime period on all floors of the building. The mealtime was unrushed and people were offered help when required. We saw food was brought out quickly and looked appetising. Food offered appeared appetising and seasonally appropriate. For example, our inspection was conducted on a hot day and we saw cold drinks, ice cream and fruit was available.

People were supported to have food and drink that met their assessed needs and preferences. For example, we saw that care records detailed people's likes and dislikes in relation to food and this information was communicated to kitchen staff who also spoke with people directly about their preferences. Care staff were able to tell us about people's dietary needs such as those who had diabetes and those on a soft food diet. We saw information about people's assessed needs displayed on a white board in the kitchen area for kitchen staff to prepare the correct meals.

We saw evidence in people's care records that speech and language therapists and dietitians were consulted when required. People's needs were monitored by the multi-disciplinary team and detailed nutrition and hydration plans were prepared. We saw evidence of continual monitoring of people's needs in accordance with plans and food and fluid charts were completed.

People using the service were supported to maintain good health and had access to healthcare services and support. Care records identified people's healthcare needs which included matters such as pressure area care, risks monitoring for urinary tract infections (UTIs) and constipation. Staff and a relative confirmed that the service had good links with community psychiatric services to monitor people's psychiatric needs. Records showed that people who required this service were visited regularly and monitored by the community psychiatric nurse. We also saw evidence that people's medicines were reviewed by their GP and other health practitioners where required to monitor appropriate use.

Staff spoke knowledgeably about people's healthcare needs. For example, staff were able to describe behavioural signs of pain and gave appropriate responses for what they would do if they noticed changes in people's needs.

Good

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful way by staff and were involved in decisions about their care. One person said, "Staff are kind" and another person said “They’re willing to do anything for me”. We observed staff interacting with people in a friendly manner and they were able to explain people’s individual needs to us. For example, we saw that one person was becoming upset and witnessed staff speaking gently to them in a manner that appeared to reassure them. The staff member later explained the cause of the person’s upset which was part of their usual pattern of behaviour and what they did to reassure them.

Other staff members also demonstrated a detailed understanding of people’s personal preferences and life histories. For example, one staff member gave us details about a person’s former profession and how this affected their behaviour. Another member of staff gave details about an event which had occurred in another person’s past and how this occasionally affected their mood. Both members of staff gave practical examples of how they supported these people.

Staff understood people's needs with regards to their disabilities, race and religious requirements and supported them in a caring way. Most people living at Nazareth House were practicing Catholics, but we noted that care records documented people’s religious beliefs and how they wished to practice their faith. This could involve attendance at the daily service at the in-house chapel for which support was available. The service had links with other local religious leaders to support people who did not practice the Catholic faith.

People who used the service were involved in decisions about their care. One person said, “They do what I want” and another person said “Staff do things the way I like”. Care plans were discussed regularly by staff with relatives and records confirmed this. A relative told us, “Staff keep me informed and contact me regularly on the telephone.”

Staff confirmed that community advocacy services were used within Nazareth House. Staff told us the advocate would report any concerns they had to the manager who would follow up on this feedback.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Care plans recorded people's likes and dislikes regarding their care. This included their preferred diet, if they wished to have same gender care and what support they required with personal care needs. Where people had preferences regarding how staff responded to their emotional needs these were reflected in their care plans.

People told us that staff encouraged them to maintain relationships with their friends and family. One person who used the service said, "My relative can visit any time, this is important to me." We found that people, their relatives and those that matter to them could visit them or go out into the community.

People told us that they were treated with "respect." Staff members told us treating people with dignity and respect was very important in their role. One staff member said “Treating people with respect is very important in my job, especially when I’m giving personal care” and another told us, “This is not my home, this is their home, so I am always treating people with respect.”

Good

Is the service responsive?

Our findings

People told us they were involved in decisions about their care and that staff supported them when they needed them to. One person said, "They help me when I need them to and they listen to me." When people needed support from staff they were available, and where necessary gave people time to discuss their needs in private. We observed this on the day of our inspection when one person became distressed. A member of staff attended to them quickly and accompanied them for a walk in the garden whilst discussing their concerns.

Care records reflected people's views in the assessment of their needs and planning of care. People's wishes were recorded in care records as well as the wishes of their relatives. A relative confirmed this had happened. They said, "Staff always do things the way [my relative] wants. They asked a lot of questions about what [my relative] wanted."

As part of the initial assessment that took place before they came to live at the service people had discussed their needs with staff and had a trial period to decide if it was the right place for them. People and their relatives were given written information when first joining the service. This included specific details about the service provided and we were told by the manager that this information could be produced in an easy read format on request.

Care plans outlined how staff should respond to people's needs, for example, what factors might affect their emotional well-being. Care plans were reviewed every six months or sooner if there were any changes in the type of care that was required.

Staff supported people to engage in a range of activities that reflected their personal interests and supported their emotional well-being. Care records described people's hobbies and interests and this included the music they liked listening to as well as whether they liked any particular television programmes. Staff organised activities which included baking, watching movies, arts and crafts, bingo and a specifically tailored and appropriate exercise session from an external provider. Care records described people's involvement in activities and we found that people were encouraged to participate in recreational activities and to socialise with others.

Staff consulted people about how the service should support them. Records showed what type of personal care people required and whether they preferred a male or female carer. Staff told us, and people confirmed with us, that staff always asked people if they were ready for assistance before providing it. Staff made comments such as "I always ask the resident what they would like and help them when they are ready" and "When I provide personal care, I always make sure I tell them what I am going to do first and make sure they are ok with this before I do anything." We observed staff asking people about what they wanted before providing assistance in communal areas.

People knew how to make a complaint and knew that their concerns would be dealt with. One person said, "I've never had any complaints, but I know who to speak to if I did". Copies of the complaints policy were available in the service on request. Records showed that when complaints had been made action had been taken to address them. The manager gave us an example of when this had occurred recently as well as the practical action that had been taken to resolve this.

Good

Is the service well-led?

Our findings

The service had an open culture so people could be involved in decisions that affected them. People who used the service, relatives and staff told us the manager was available and listened to what they had to say. One person, when talking about the manager said, “he’s nice, he listens.” Monthly house meetings were held so people could share their views, plan activities and identify any support they needed.

Staff told us they felt comfortable raising any issues or concerns with the management of the organisation. One member of staff said, “[The manager] listens to us. We can speak at meetings or I can speak to him directly”. There was a whistle blowing policy in place and staff were aware of the procedure to follow if they wanted to raise concerns.

Staff members gave a consistently positive view about the vision for the service and in particular, the Christian ethos and values. They confirmed that the values were part of an ongoing discussion which was raised in team meetings and in their initial induction to the organisation. The manager told us that they used what they referred to as “mission alive” leads among their staff. Their role was to reinforce the staff values through discussions with staff members. One member of staff told us “The values are Christian, but I am not Christian. You do not have to be Christian to agree with our values. We just want to give people the best life possible”.

The service had strong links with the local community. On the day of our inspection we met a member of the local community who was volunteering with the activities coordinator. The manager and a family member confirmed that the service worked with volunteers within the local community to deliver their activities programme. The family member told us “You see volunteers from the local school. They are good”.

Staff said the manager was open to suggestions about how the service could be improved. Records of regular staff meetings showed that staff were able to discuss how the service could be improved. Staff told us safeguarding concerns and other complaints or incidents were discussed within staff meetings after the manager had begun an investigation and learning points had been identified. Minutes of a staff meeting showed that staff had discussed a recent safeguarding incident and lessons learned because of this. This supported staff to improve how they met people's needs and to address any potential risks.

We saw records of complaints, safeguarding concerns and accident and incident records. There was a clear process for reporting, investigating and taking further actions as a result of these. Staff were clear about the processes involved in each of these and we saw records were thorough and relevant agencies were liaised with. The manager told us they reviewed safeguarding concerns, complaints and accidents and incidents to monitor trends or identify further actions required. The manager told us this information was also sent to the service’s regional manager on a weekly basis for discussion as to whether further actions were required.

The provider had systems to monitor the quality of the care and support people received. The manager explained that they carried out regular monthly audits in areas such as medicines and care planning. The most recent of these audits showed that where issues had been identified an action plan had been put in place to address these.

The provider worked with other organisations to ensure the service followed best practice. The manager told us they actively participated in the “Integrated Care Pathway” (ICP) project. The project involved close working, communication and meetings with local multi-disciplinary team members, which included the pharmacist, physiotherapist, occupational therapist, dietetics and local social services teams. The manager told us the positive commitment to closer working between all parties had promoted faster communication and action taken to resolve people’s health issues. We saw records to demonstrate close working with these partner agencies and advice taken and followed as a result.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18.