

Care service inspection report

Full inspection

Nazareth House Care Home Service

1647 Paisley Road West
Glasgow



HAPPY TO TRANSLATE

Service provided by: Nazareth Care Charitable Trust

Service provider number: SP2013012086

Care service number: CS2013317817

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

What the service does well

Nazareth House is now in brand new, purpose built premises. All the staff within the service had worked hard to make the transition from the old building to the new as straight forward and worry free as possible for residents.

The areas looked at during this inspection showed that residents and their relatives had high levels of satisfaction with the quality of the overall service.

The choice and potential offered to residents was managed to a very good standard by a skilled and experienced team of staff who were motivated to provide a good quality service.

The environment promoted a positive quality of life to residents and the quality assurance approaches supported continuous improvement.

What the service could do better

At this inspection we discussed areas for improvement with regards to evidencing outcomes for residents within the care plans. We asked the service to review the dining experience to ensure it was pleasant for all residents. We were also told that the service was actively recruiting activity staff. Now that the service has moved to the new building, areas such as participation and training for staff should become a focus for the management team.

The areas for improvement identified should be seriously considered as they will help to further improve the very good standards in place.

What the service has done since the last inspection

The new home was opened in April 2015 and provided a well thought out, purpose built environment for residents. The providers had considered all aspects within the home to ensure that residents living there had a positive and comfortable environment to live in. The management team were responsive to the areas for development we identified at the last inspection.

Conclusion

Staff at Nazareth House provide a professional, homely and personalised care and support that meet the needs of individual residents to a very good standard. The new premises were welcomed by everyone and residents were settling in well and enjoying their new surroundings. The service continued to develop and improve due to the commitment of the motivated management and staff team.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

Nazareth House provided residential care for older people who are frail and many who have a diagnosis of dementia. The service provider is Nazareth Charitable Trust who also own the premises. The service re-registered with the Care Inspectorate under the new provider name in 2014 however the service had an extensive regulatory history before the change.

The new home (on the existing grounds) opened in April 2015. The home was purpose built to support older people. Each resident had a single room with en-suite shower and toilet facilities. There were lounges and dining areas on each floor and other quiet areas for residents to enjoy. There was an enclosed garden, café area, large hairdressing salon and other 'therapy' rooms for visiting professionals to use. The service had two units - St Theresa's and Larmenier.

The aim of the service was to provide safe, high quality care to older people who require support in a residential setting.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by two Inspectors and an Inspection Volunteer. The inspection took place on Monday 8 June 2015 between 9.30am and 6pm and Tuesday 16 June between 9.15am and 3pm. We gave feedback to the management team at the end of day two.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent care standards questionnaires to the manager to distribute to residents. no residents sent us completed questionnaires. We also sent care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned one completed questionnaires before the inspection.

During this inspection process, we gathered evidence from various sources. The Inspectors spoke with:

- nine residents and observed the care and supported provided for them by staff
- one visiting relative.

We also spoke with:

- care assistants
- domestic and kitchen staff
- laundry staff

- the team leaders
- the manager.

The Inspection Volunteer also spoke with ten residents and five relatives during the inspection. An Inspection Volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection Volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The Inspection Volunteer role is to speak with people using the service being inspected and gathering their views.

We looked at:

- questionnaires filled in by residents, relatives and staff
- the way staff supported and cared for residents
- evidence from the service's most recent self assessment where the manager set out the strengths and areas for improvement
- participation records and related evidence
- residents' personal plans including needs assessments, risk assessments and evaluations on Caresys system
- menus
- the activities programme
- six monthly care reviews
- accident and incident records
- sample of staff recruitment files and the recruitment policy
- staff training and development records
- staff meeting minutes
- quality assurance records including audits and action plans
- the registration certificate
- the insurance certificate
- the staffing schedule.

We observed the dining experience on day one.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe the lunchtime experience of four residents on day two.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was completed to a good standard and was referred to throughout the inspection.

Taking the views of people using the care service into account

The Inspection Volunteer spent a lot of time speaking with residents and their views are recorded throughout this report.

We also spoke with residents and they expressed satisfaction and happiness with the service they received. Comments received were:

'I love my new room, it is so bright. The staff are lovely. They are patient and kind'.

'It's good here. The food is lovely from the new kitchen. I would love to grow my own veg'.

'The girls are great. I like to church daily, staff help me to get there'.

'The new home is lovely. I am still finding my way, but it is lovely'.

'I like the company and the chat. The staff are great. I really like my room and the hairdressers'.

Taking carers' views into account

The Inspection Volunteer primarily spoke with relatives and their comments are recorded throughout this report. We received one completed questionnaire and the relative who completed it stated that they 'strongly agreed' that overall, I am happy with the quality of care my relative receives at this home.

We spoke with one other visiting relative who was full of praise for the service:

'I am delighted and very pleased with the service. My loved one has settled in well. Staff are very patient. Absolutely no complaints. My relative had a birthday party last week - it was really enjoyable. The management team seem close and supportive. They work well as a team. I would go to them if I had any concerns'.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. This had been maintained but not developed since the last inspection, primarily due to the time required to move to the new premises. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records and reviewed the questionnaires we received.

Residents told us they could freely express their views and these would be listened to and considered.

The evidence we reviewed at the last inspection was still in place and we could see that the service worked hard to develop all aspects of meaningful participation in line with the abilities of residents. We were told that meetings had been held with residents and relatives and that the regional office had recently sent out a survey to relatives.

Whilst participation and engagement had not developed much since the last inspection, we saw that significant efforts had been made to consult both resident and relatives about the move to the new home. The staff had

developed 'mood boards' so that residents and relatives could choose colours and designs for bedrooms and communal areas.

We received the following comments:

'Very welcome and delighted with the standard of the new home. Excellent'.

'Wonderful, bright, open, welcoming, clean, modern and safe'.

'Wow!'

'Well thought out and impressive. Very happy for both residents and staff - what a pleasant environment'.

'Fabulous'.

'Beautiful, all very tastefully decorated. The tour gave us a chance to wander around freely. This is ideal for relative'.

'Just perfect. My relative will be very happy'.

'Very impressed'.

All of this evidenced a good approach to meaningful participation and engagement, with positive outcomes for residents and relatives. We were assured by the management team that participation and engagement of resident, relatives and staff would develop now that the new home was opened.

Areas for improvement

Now that the new home is opened and residents are settling in, the management team should focus on developing the good level of participation and engagement we saw at the last inspection.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

“We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.”

Service strengths

We found that the service had performed to a very good standard in this Quality Statement. We concluded this after we spoke with residents, relatives and staff; looked at the relevant records and reviewed the questionnaires we received. Good quality health and well-being had been reported on in this home over the last few inspections so we thought a focus on promoting choice and potential would be beneficial, as the new home had opened in April.

We assessed the quality of choice and potential by speaking with residents and relatives, sampling care plans and reviewing the dining experience and activities.

We saw that the day-to-day running of the service had been well-managed. Staff had individual responsibilities and were accountable for making sure that specific aspects of the service were properly organised. This helped staff to meet residents' needs in a responsive and effective manner.

CARE PLANS

We sampled care plans on the electronic 'Caresys' system. This system prompted staff to review needs within a certain timescale using a traffic light system. We saw that residents needs were assessed and planned for. We saw good input from other healthcare professionals and we saw some helpful person centred approaches. We saw evidence of good follow-up if a risk had been identified and required support from another agency. We saw that health concerns continued to be responded to efficiently and there was good liaison between the home and other professionals. This supported a responsive approach so that residents were able to stay as well as possible. We saw that residents and relatives were involved in care planning and risk assessments were discussed when they needed to be. We saw that formal reviews had been

undertaken. There continued to be a brief summary of care needs kept in each residents bedroom.

MEDICATION

We sampled medication as some concerns had been raised at the last inspection. We found that medication recording and auditing had improved. This ensured that medication administration practice was more accountable and safe for residents. We were told that the Team Leaders checked the management of medication on a regular basis.

DINING EXPERIENCE

On day one our inspection volunteer and one of our inspectors observed lunch with residents. We saw that tables were set nicely in the two dining areas and that cold drinks were readily available. We saw that residents were able to have a choice of meals and decide on the day what they would prefer to eat. We saw staff supporting residents in a dignified and kind way. Residents were enjoying their meal and there was a pleasant, if somewhat noisy and busy, atmosphere.

On day two, we found the dining experience on the second floor had improved. Staff had responded to our comments and moved a dining table into a quieter area. This allowed residents, who needed to, to have a quieter mealtime. Staff were able to support them in a less busy environment and staff told us that they thought this was working well and a couple of residents seemed to be eating better.

ACTIVITIES

We sampled the activities on offer within the home and we observed residents participating in activities. There were no activities staff on duty during our inspection days so care staff led the activities.

If residents could, and chose to, participate, staff would try to get to know them ensure that their own preferences were catered for. There was a clear value placed on residents as individuals and helping them experience new things and achieve goals. We saw staff supporting residents to enjoy hymn singing, light exercise, bingo and general chats. Whilst these were quite low level activities, we saw that residents were enjoying the interaction and were smiling and laughing.

Faith was very important to the residents within Nazareth House. Some residents were escorted to Mass every morning. If this was not possible for some, mass was streamed to residents' bedrooms and communal areas.

Comments from the Inspection Volunteer:

Residents I spoke to did not know about care plans. Relatives I spoke to did and everyone said they were kept up to date with changes and were involved with every aspect of care.

Residents I spoke to said they were free to get up and go to bed when they wished and were free to do as they liked all day.

Food and drink was liked by just about everyone. All residents had moved in the last two months from an old building to a purpose built new one. Before they moved the food had been delivered by a company and was pre prepared. Now in the new building the food was cooked on the new premises by their own staff. Comments were:

'Food is all right, not bad and choice is given'.

'Excellent food and a great choice given'.

'Food is good - too much at times and always a choice'.

'Food is better - previously cooked by an outside company'.

'A choice is always given. Sometimes I think it may not agree with me. But no complaints'.

'Food - well I always enjoy my food'.

'No complaints about the food'.

'Food - it must be good my size has gone from 12 to 20'.

Relative's comments:

'Food is good and choice given'.

'Coffee and tea always provided when visiting'.

'Food is very good, we were allowed to sample food and cooked on premises'.

I observed lunch time in a beautiful new dining room on the ground floor. The room was very large, shaped in a half circle for residents with a serving area. The tables were well laid with cruet sets, nice cutlery, drinking glasses, napkins, jugs of water and fruit juice on each table. There were plenty of staff to help those who needed it and the meal was conducted in a very calm manner. Each resident had their name sitting at their place setting and a menu was on each table. The whole room resembled a restaurant and was a pleasure to observe.

On the day of the inspection I saw reminiscence cards being used in the morning and in the afternoon Bingo was being played. I was told by both residents and relatives about poetry groups, art classes, sing songs, olden times, games entertainment, exercises, throwing games, knitting groups and outings on the bus. Residents I spoke to seemed to be contented about things to do.

Most people had had a Postal Vote recently although I was told by one person they had not voted because; "I could not make up my mind which of the scoundrels I should vote for".

Residents went to the Chapel sometimes by themselves. Prayers and devotions took place at various times throughout every day along with visits to the Chapel during the daytime.

Areas for improvement

We saw that care plans were responsive and up to date however we felt that the general content could more accurately reflect the person centred approach we saw within the home. We saw residents being cared for with patience and consideration but when we looked at care plans, some of that responsive, caring knowledge and approach was not recorded well. It was more clinical in style. See Recommendation 1.

We have asked the service to continue to review the dining experience to make sure it responds to the different needs and preferences of residents.

It would be good practice for the Team Leaders to record their findings from the 'spot checks' they do on medication.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The service should consider how it can achieve a more person centred recording style within the care plans. The care plan recordings should reflect how someone has enjoyed their day and what they got out of it and not just the personal care and dietary intake for the day.

National Care Standards for Care Homes for Older People Standard 6 Support Arrangements.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 5 - Very Good

Statement 2

“We make sure that the environment is safe and service users are protected.”

Service strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke with residents, relatives and staff; inspected equipment and the environment; reviewed the questionnaires we received and looked at the relevant records.

The service had moved into new premises in April 2015. The new home was purpose built and every consideration had been taken to make sure residents were safe and secure in the new home. There was a reception area with staff on during working hours. There were keypads at all appropriate doors and all bedroom doors had locks to be used by residents if preferred. There was a call system in operation, there was CCTV in relevant areas and staffing levels were good. All of this ensured that residents remained safe in an environment which was specifically built for their needs.

Relatives we spoke with were very happy with the new home and felt it was a more pleasant and safe environment for their loved ones.

The provider had developed health and safety policies and procedures to inform and guide staff practice. This meant that staff had clear guidelines to follow in relation to the maintenance of a safe home environment. Policies and procedures had been covered at induction and were updated as required. Staff knew where they could access these records for reference if they needed to refresh their knowledge or check information.

Staff told us that there was on-going health and safety training that covered a range of topics like fire safety, food safety in care and infection control. Staff also had important training on Adult Protection and staff told us they were very much aware of their responsibility to keep residents safe and report any concerns. They felt that there was a positive ethos within the home to keep people safe.

During our inspection of the overall environment, we saw that the premises were really well maintained, homely and welcoming. The home had a good atmosphere, was comfortably warm and noise levels were low. Standards of cleanliness were very good throughout the premises. There were also sufficient aprons and gloves for staff to use which reduced the risk of cross infection for residents. There were sufficient cupboards and storage areas to keep equipment out of the way of residents.

Staff had recorded accidents and incidents. These records had been collated and checked by the management team to make sure all the necessary actions had been carried out to support residents and reduce the risk of recurrence.

There was an up to date insurance certificate in place and the Registration Certificate was on show where people could see it.

Areas for improvement

Staff should make sure that they use the sluice areas appropriately, they should not be used for general storage.

The management team need to look at a more effective way to contact each other when on duty. This is a large care home and at present staff are using mobile phones to keep in contact.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; inspected equipment and the environment; reviewed the questionnaires we received and looked at the relevant records.

We decided to look at this statement to see if residents were enjoying living in the new care home and to determine if the new home was able to allow residents to have a positive quality of life.

We found that residents were content and felt safe and on the whole, settled into the new home.

The new home was constantly being assessed to make sure it responded to the needs of residents, such as how to support those residents who liked to be free to wander and we found that this promoted a positive quality of life for residents.

Residents preferred to sit in the main lounge areas of the home, however there were smaller lounges available if desired. Whilst the larger lounges might not be the most quiet or private, it was very evident that this was the residents choice as they enjoyed the television or the chat of staff and other residents. These areas were warm and comfortable.

A few of the bedrooms had small verandas leading from their patio doors. This allowed residents the freedom to sit outside and enjoy fresh air from their own room. This was being well received by residents and relatives. Each resident also had a profiling bed which could be used to support a variety of health needs if required.

We found that dignity and privacy were well promoted within the home. Staff responded to residents with respect and discretion if they required assistance. We found that staff were visible and were engaged in a lot of low-level discussions and activities and the residents were responsive and engaged. The new en-suites were also being well received, however it would take time for all residents to feel comfortable using them.

We found that residents had the freedom to wander around the home to within safe limits. This included an enclosed garden area. There were plans in place to develop the garden which could hopefully be enjoyed by more residents and this was well on the way to being realised. It was hoped this project would be completed in the very near future.

Staff were very aware of promoting a positive quality of life for residents and this was evident in their approach and response to residents. Regular checks were made on those residents who required more support and requests for help, a snack, a cup of tea or affection were responded to appropriately.

Comments from the Inspection Volunteer:

Everyone I spoke to was happy with the new surroundings. The home was very spacious and could possibly take a while to become familiar with all areas. Corridors were large and wide with rooms down each corridor. Every door looked the same with a door knocker and a number on each one. Most doors had the residents name on it as well with a large picture on the wall outside the door. Not all the pictures were up yet. I was keen to find out if people were disorientated by the doors all looking alike but I was told by staff and relatives that this was not happening. I was told by a relative that those with difficulty were always escorted to their rooms.

Residents had been involved with choosing the curtains and furniture and colours for the new building.

Each bedroom had en suite facilities with a shower built in and easy access. The hairdressing salon was large and was staffed each weekday. There were several residents having their hair done when we were taken around.

Facilities in the home included a cinema, doctor's room, nurse's room and physiotherapy room.

Sitting rooms were very comfortable and small areas were around the home with easy chairs for whoever wanted to sit in them.

Comments about the environment:

'Room is quite nice, not too big not too small, I am quite happy'.

'Excellent room and it is full of my pictures'.

'Room is fantastic and a mechanical bed'.

'Room is all right'.

'Room is fine'.

'I like my room - there is nothing not to like'.

'I like my room'.

'No complaints'.

Relative's comments:

'Bedroom is beautiful its Glen Eagles Hotel and all pictures are up from home'.

'I have been taken aback by the facilities'.

The garden still had to be finished but you could clearly see how it was taking shape. There were large lawns with circular paths so that wheelchairs had easy access. We were told about plans to have raised flower beds so that residents could be involved. The weather had been so bad of late that there had not been much time to get outside.

As each resident was moved over to the new building, they had their photograph taken with their relatives going into the building.

Visitors were welcome at any time and were always offered tea and coffee and were free to go and make it themselves in really attractive and up to date surroundings.

Areas for improvement

The staff need to look at how they can make the communal areas more personal and welcoming now that residents have moved in. During our inspection, this had been started as the management team appreciated that the wide corridors with no pictures or artwork on the walls could all look the same to residents and could be disorientating.

The staff team would like to look at how best to 'soften' the large hub areas at the end of some of the corridors. These are spacious and quite impersonal at present.

The staff team would like to develop the garden as soon as possible.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

Statement 2

“We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.”

Service strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; reviewed the questionnaires we received and looked at the relevant records.

The Care Inspectorate was sampling recruitment practice across services to ensure that it was safe and robust and followed best practice.

We sampled three personnel files to determine the quality of the recruitment and induction process at Nazareth House. We sampled staff recruitment and induction information and files for staff who had recently been employed by the home. We saw that candidates completed an application form which included details of previous employment, health questionnaires and referees. We saw copies of driving licence and passports which verified identification had been obtained. We also saw that Protection of Vulnerable Groups (PVG) checks were in place, prior to the commencement of employment of suitable candidates. An interview checklist was also completed which helped with the assessment of each candidates suitability for the post.

We found the service to be vigilant in their recruitment process. Even when the service might be under pressure to recruit staff they did not deviate from their recruitment policy and procedure. We were given a copy of this to read. There was an induction programme in place for new staff members with the opportunity to shadow more experienced staff members, this was much

appreciated by the new staff. There was a 12 week induction/probation period prior to a permanent position being offered. We sampled appraisal forms completed by senior staff during this period and found them to be completed to a high and professional standard. This ensured that new staff were well supported as they became familiar with their role.

Staff were informed of their obligation to register with the relevant regulatory body for example, Scottish Social Services Council. We saw that the service sought confirmation of registration with SSSC where appropriate.

Interviewed staff were also aware of how to keep their residents safe. We spoke about their responsibility and the ethos of openness within the home for them to share any concerns.

Personnel files were kept securely and the handling of PVG checks followed best practice.

Areas for improvement

Whilst recruitment practice, on the whole, was robust and accountable we found that the home was not using its own process fully. The recruitment induction should be fully completed as this guides the reader and assures them that all checks have been done and the new staff member has completed all areas. All induction checklists should be signed by the supervisor on completion.

The home would like to develop the practice whereby new staff carry out practical training sessions relating to care prior to commencing their direct care role with residents.

The home would also like to involve the mentor of the new staff member in weekly meetings to assess the progress of the new colleague.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

Service strengths

We found this service had performed to a very good standard in relation to the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records, observed staff supporting residents and reviewed the questionnaires we received.

We looked at this Quality Statement to assess if staff were supported, trained and motivated in their day to day work.

We spoke with staff both individually and observed them at work. We found them to be professional, knowledgeable and motivated with a caring attitude. Staff valued the work they did and felt that they worked well together as a team to meet residents' needs. Staff told us they felt well supported and that training was good. When asked, staff said they would recommend their job to others. We saw that the staff team were experienced in the care of older people and had been supported by good training. There was a low turnover of staff which indicated that staff were content to work at Nazareth House and this offered stability and consistency for residents.

The staff we interviewed were also aware of how to keep their residents safe, such as knowing the risks of falls. We found that staffing arrangements were satisfactory and residents told us they got help when they needed it. Staffing arrangements will be further reviewed now that the new home is open to ensure that there are enough staff on duty to support residents in this large new building.

There was a clear staffing structure and staff had well defined roles. This meant that staff knew what their duties and responsibilities were. The provider had also developed policies and procedures that let staff know the standards that were expected of them. We saw that the management team had monitored staff performance, through supervision and appraisals, to make sure that

standards were followed in order to make sure that residents continued to receive a safe, good quality service from supported staff.

We found that the day to day running of the service had been well managed. Individual members of staff were responsible and accountable for making sure that each department was properly organised. We also found that there were good communication and reporting systems that kept staff informed and up to date with what was happening. There was a morning meeting every day to discuss any concerns and agree on what needed to be done that day. The manager had a presence on the floor and was aware of what staff were meant to be doing. Her office was now directly at the front door and she welcomed approaches from resident, relatives and staff. This supported an environment where staff felt supported and able to approach the management team with any issues or concerns.

A programme of mandatory training had been put in place and this had included topics like infection control, food hygiene and Moving and Assisting. The training plan had been put 'on hold' for April and May to allow for the move to the new home as staff were so busy however we were assured that the training schedule was 'up and running' again.

Staff had to attend this training and have it refreshed within a set timescale. Additional training informed by the needs of residents and staff had also been provided and this included the kind of topics we would expect to see such as dementia awareness and caring for smiles. The service also linked in with Aberdeen College to access training on needs such as Parkinsons Disease. This supported an approach that maintained and developed the knowledge and skills of the staff team, to better care for residents.

All staff were either registered with a regulatory body or were in the process of doing so. The home actively supported staff to achieve an SVQ qualification.

Comments from the Inspection Volunteer:

Staff were well liked by everyone I spoke to. Resident's comments:

'Fantastic staff'.

'Very nice staff. They look after you'.

'Staff are excellent. They cannot do enough for us'.

'Staff are very helpful indeed and all very pleasant with it'.

'Very nice, they look after us well'.

'Staff are nice, a lot of them and there is so much to do'.

'Staff are nice'.

'Staff are very nice'.

'Staff are always lovely, no complaints. Nothing is ever a problem'.

Relative's comments:

'Very happy with the staff'.

'They approach you and bring you up to date'.

The staff were all very much involved with the residents and clearly knew all of them well. From what I observed, staff were helpful and kind and attentive.

Areas for improvement

The management team must ensure that the training programme is re-started now that the new care home is fully operational.

The service should employ more activity staff as a matter of urgency. We were told that this was a problem as they had advertised but no-one expressed an interest. They will continue to try so that this staff member can complement and develop the activity work done by care staff.

The home would like to encourage more involvement of care staff in the care planning process. This would hopefully promote a more person centred approach within the care plans.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; reviewed the questionnaires we received and looked at the relevant records.

We looked at the how the leadership of staff within the home was encouraged. This could be through promotion but mainly through the management team and staff realising that they have the potential to develop their own skills and practice. We looked at this Quality Statement to determine how staff were supported and encouraged to realise their own potential with Nazareth House.

Staff could have particular areas of interest and all care staff had key-working roles to support residents with their care needs. We observed staff being confident and innovative at times throughout the inspection and this should be encouraged. In discussion, staff were enthusiastic about developing their role but they were not sure if they would have the time.

The manager told us that it was important that staff felt able to express interest in other areas and develop their own practice. She stated that she supported this by having annual appraisals and regular supervision. Staff were encouraged to discuss their developmental needs and any training requests would try to be accommodated. Long term staff were being recognised by the organisation for long service with a presentation ceremony.

Staff were encouraged to take on any opportunities where they could promote their skills and have a voice in how the service operated but this was limited at present. In the home staff were Dementia Champions and a couple had attended 'Step into Leadership' training. One staff member was being mentored to take on the task of environmental audits. The management team were also keen to allow staff to have opportunities to 'lead the floors' and make decisions.

Staff would be mentors for new colleagues starting their job within the home.

All of this was good evidence of a service which wanted to promote the leadership abilities of their staff team. The manager believed that the staff group had a lot of potential and now that they had moved into the new home, she would promote this more.

Areas for improvement

Whilst we did see some good examples of leadership development within the home, it was agreed that it could be better. We discussed a variety of ideas and possibilities for consideration. Staff could take on specific roles within the home such as being responsible for 'groups or committees' such as gardening or fundraising.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.”

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke with residents, relatives and staff; looked at the relevant records, observed staff at work and inspected the environment.

It was acknowledged that quality assurance processes and systems had not had the full attention of the management team during the run up and move to the new home. However we did see that good efforts were made to ensure that all residents and relatives were happy with the move and the new bedrooms.

The evidence we looked at showed that the quality assurance system had been effective in relation to informing, assessing, monitoring and improving standards of performance across the overall service.

In addition to the strengths around the involvement of residents and their relatives and the quality assurance methods detailed under Quality Theme 1 - Statement 1, we found that the management team had provided good leadership and quality assurance. They set high standards, were visible, readily accessible and had regular contact with residents and their families. The people we spoke with were very happy with the quality of the overall service and knew what to do if they had any issues or concerns.

Quality assurance was seen as an important part of the day-to-day service. The systems in place covered a wide range of checks that the management team had to carry out in order to maintain high standards and address areas for improvement. These regular audits covered areas such as weights, equipment, medication, A.W.I certificates and laundry. These areas would be assessed for compliance and given a percentage score. Any areas of concern would be

highlighted and put into an action plan. Staff who needed to complete the action were identified with a completion date.

Accidents and incidents were evaluated and actioned, including reporting to the necessary authorities, external and internal clinical governance and families. The manager liaised closely with the staff, residents and families following any incidents and accidents to ensure actions were prompt and appropriate to reduce risk quickly.

The annual self assessment was completed for the Care Inspectorate. The service encouraged staff, residents and relatives to participate in the assessment form and process, as much as possible.

There was an effective procedure in place for notifying the Care Inspectorate of significant events.

All of this demonstrated a willingness of behalf of the management team to evolve and develop quality assurance which was transparent but also realistic. This approach to quality assurance ensured that care, support and practice was closely monitored.

We received feedback from two external stakeholders:

'I always feel welcomed by the professional and caring staff. Staff appear to have lovely communicative relationships with residents. The new build is beautiful. Staff can be questioned about residents needs and are able to provide good responses which demonstrates they are aware of the needs of their residents'.

'I inspected the kitchen. I saw very good conditions and practices'.

Areas for improvement

The management team need to consolidate all their quality assurance processes and systems and link them to participation and informing residents and relatives. This would make it more transparent and responsive.

The home would like to develop practice within the home so that all staff could participate in quality assurance such as undertaking audits.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

5 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

6 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

There are no outstanding recommendations.

7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

8 Enforcements

We have taken no enforcement action against this care service since the last inspection.

9 Additional Information

None.

10 Inspection and grading history

Date	Type	Gradings								
2 Oct 2014	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good	Management and Leadership	4 - Good
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Environment	4 - Good									
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Management and Leadership	4 - Good									

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