

# Nazareth House Care Home Service

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Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
23 June 2020

**Service provided by:**  
Nazareth Care Charitable Trust

**Service provider number:**  
SP2013012086

**Service no:**  
CS2013317817

## About the service

This service registered with the Care Inspectorate on 15 October 2013.

Nazareth House is registered to provide care for 70 frail older people, some of whom may be living with dementia. This purpose-built home is situated in Cardonald, Glasgow, and is close to local amenities and transport links. The service is owned and managed by Nazareth Care Charitable Trust.

The home is made up of two units, St Theresa on the ground floor and Larmerier on the first floor. Each unit has a dining room, several lounges and communal toilets. Within the home there is also a cafe area, hairdressing salon and a cinema. All bedrooms are single occupancy with en-suite walk-in shower and toilet facilities. There is a large enclosed garden with raised beds where residents can participate in gardening, if they so wish.

The service aims to '... provide safe high-quality care to older people who require support in a residential setting'.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate, Health Improvement Scotland and a public health representative.

## What people told us

Due to individuals isolating/shielding in their rooms, there was little opportunity to engage in meaningful discussion to gain their thoughts.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

#### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

People who use care services should feel confident their health and wellbeing will be supported and safeguarded during the COVID-19 pandemic. During this inspection we found strengths just outweighed weaknesses for this area.

Those who live in Nazareth House benefitted from the service having established links with external healthcare professionals. We saw the service responded quickly to individuals changing healthcare needs, including presentation of symptoms associated with COVID-19, and escalated concerns for review and intervention from healthcare professionals, such as GPs and district nurses. Staff were able to demonstrate a good understanding of typical and atypical symptoms associated to COVID-19. Staff were routinely checking people's temperatures; however, we saw that this was not always appropriately recorded within care plans, meaning we were not assured this was informing consistent approaches to mitigating risk.

Individuals should feel confident their needs will be assessed, and where support is required, this should be clearly detailed within their care plan. On review of support plans, we found assessments were not always completed, meaning individuals' needs were not clearly identified or effectively planned for. Where care plans did exist, we found these lacked specific detail on how needs would be met, linked to the individuals' choices and preferences, meaning care and support may not be provided in a safe and consistent way (**see area for improvement 1**). It was good to see that short-term care plans had been implemented for suspected/confirmed COVID-19.

Individuals should be supported to get the most out of life by being encouraged to participate in meaningful interactions and activities. We observed staff supporting people with compassion and respect, however, interactions were limited. During this inspection we saw people spending increased amounts of time disengaged or withdrawn. We heard how loss, fear, and isolation from remaining in their rooms for some people was having an adverse effect on mental wellbeing. It was positive to see staff were attempting to support people to stay connected to their families; however, as the service's tablet devices were not currently working, this could only be achieved by staff using their own mobile device at a time suitable to them (**see area for improvement 2**).

#### 7.2 Infection control practices support a safe environment for both people experiencing care and staff.

People who use care services should feel confident that infection control practices support a safe environment. During this inspection we found strengths just outweighed weaknesses for this area.

Where people were required to be isolated in their rooms, we saw clear signage to inform staff of the correct Personal Protective Equipment (PPE). We saw the service had a good supply of PPE in place throughout the home, and appropriate clinical waste bins for its disposal. We observed staff undertaking hand-hygiene in line with best-practice during this inspection, helping to reduce the risk of cross contamination.

It was good to see that the service was using some single use cleaning items, such as cloths, to help reduce the risk of cross contamination throughout the home, however, this was not consistent for all cleaning equipment. We have highlighted to the service the need to review the use of mops, as we observed the

same mop-head being used within different areas throughout the home. It is important that services adhere to best available guidance for infection prevention and control as detailed in the 'National Infection Prevention and Control Manual'. During this inspection we saw the service was not using cleaning solutions to decontaminate and reduce the risk of cross contamination aligned to best practice, and therefore have reinforced the need for this to be addressed.

We would expect services to have in place a process for monitoring the effectiveness of infection prevention and control measures to ensure this is aligned to best available guidance. During this inspection we saw limited evidence of self-evaluation through completed audits or action plans. We conclude that the lack of governance and self-evaluation within the service has resulted in deviation from best practice. In the absence of self-evaluation, the service will find it difficult to determine areas where improvements are required **(see area for improvement 3)**.

During this inspection staff confirmed they understood the guidance on accessing tests for COVID-19, both for themselves, and those who live in the home.

## 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

People who use care services should feel confident that staffing arrangements are responsive to changing needs, with staff having the correct skills and knowledge to improve outcomes for them. During this inspection we found strengths just outweighed weaknesses for this area.

To help ensure care and support is safe and effective, we would expect staff to undertake relevant training linked to their role. We saw from training records that most staff had completed infection prevention and control training, including the correct use of PPE, throughout February of this year. We observed staff wearing PPE while supporting individuals, however, practice in this regard was not always consistent or aligned to best available guidance. For example, at various points vinyl gloves were available for staff use. Vinyl must not be used where there is risk of blood or body fluid contamination. In line with best available guidance, and to protect staff's health and wellbeing, nitrile gloves should only be used in these circumstances. We addressed this with the service during the inspection, reinforcing the importance of maintaining safety through correct use of PPE. We have highlighted to the service that it would be of benefit to those who live in the home, for staff to have training revisited.

To help reduce the risk of spreading COVID-19, the service should reinforce the need for social (physical) distancing. We found that seating arrangements throughout the home did not support this, with chairs being less than 2-metres apart in some lounges and dining rooms. We appreciate that due to the nature of providing care and support, there may be instances when staff must work near each other. However, we would expect that at all other times social (physical) distancing rules are applied. During this inspection we did not see a consistent approach to this being used across the staff group.

It was positive to see that guidance in relation to COVID-19 was readily available throughout the service. We heard about the services use of technology and social media platforms to help keep the staff informed of changes in policy and guidance documents. Staff told us that they were routinely provided with information, but it was not always possible to keep up to date with it. As we observed deviation from set guidance, we conclude that the mechanisms of sharing information to set expectations is not effective **(see area for improvement 4)**.

Over the course of the pandemic, the service has relied on agency staff to supplement staffing to meet people's needs. It was positive to see that the service was using consistent agency staff, with weekly requirements reducing due to permanent staff returning to work, and on-going recruitment.

## Areas for improvement

1. To ensure that care and support is safe, effective and provided in a consistent way, the service provider should make sure all residents have correctly completed risk assessments, and where these indicate need, this should be underpinned by specific, measurable, achievable, realistic and time framed interventions which have their effectiveness measured through evaluation as required.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. To support better outcomes for residents, linked to choices and preferences, the service provider should enhance the provision of activities throughout the home. This should include, but is not limited to:

- opportunities to engage in meaningful occupation throughout the day;
- all staff having responsibility for activity provision;
- activities linked to individuals' preferences, which provide stimulation and validation; and
- opportunities to use technology to remain connected to family and friends.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, every day, both indoors and outdoors' (HSCS 1.25).

3. To promote safety and better outcomes for residents, the service provider should ensure the quality assurance systems are improved. This should include, but is not limited to:

- measurement of the quality of operational aspects of the service/work completed;
- detailed action plans/service improvement plans, which contain specific and measurable actions to address areas where improvements are required;
- alignment to best-practice guidance, such as the 'National Infection Prevention and Control Manual'; and
- ensuring those who undertake quality assurance are trained and supported to complete the role.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

4. To ensure that residents are receiving care and support aligned to best available guidance, the service provider should review their process of implementation. This should include, but is not limited to:

- ensuring up-to-date guidance is available to all staff in a format which is accessible;
- monitoring the implementation of guidance through quality assurance processes;
- implementation of 'Standard Infection Control Precautions' (SCIPS) auditing;
- addressing any deviation from set guidance including training and reflection; and
- access support and advice from the health and social care partnership infection prevention and control team.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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