

Nazareth House Care Home Service

1647 Paisley Road West
Glasgow
G52 3QT

Telephone: 0141 891 8882

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Nazareth Care Charitable Trust

Service provider number:
SP2013012086

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CS2013317817

About the service

Nazareth House is registered to provide care for 70 older people with physical/sensory impairment, some of whom may be living with dementia. The provider is Nazareth Care Charitable Trust.

This purpose-built home is situated in Cardonald, Glasgow, and is close to local amenities and transport links. The home is made up of two units, Larmenier on the ground floor and St. Therese on the first floor.

Each unit has a dining room, several lounges, and communal toilets. Within the home there is also a café 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.

Since our last inspection in November 2020, the general manager post for the home has become vacant. The service is currently being supported by the Provider's external management team. A new general manager for the home has been appointed and was due to take up post the week after our inspection took place.

The aims of the service are:

'To provide a high standard of care which is person focused; Uphold the mission statement and core values of the congregation of the Sisters of Nazareth; Aim for continuous service improvement.'

This was an unannounced focused follow-up inspection to evaluate how well people were being supported. Please see previous related inspection report dated: 23 November 2020.

The inspection was carried out by inspectors from the Care Inspectorate. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care.

We carried out the following activities:

- An environmental inspection of the premises.
- Interviewed the management team and care staff.
- Examined records relating to the care and support people received and quality assurance processes within the service.

At the time of inspection there were 68 people living in the care home.

What people told us

People who live at Nazareth House spoke positively about living there and the care they received from the staff. We observed staff providing care in a compassionate and dignified manner.

We were unable to speak to any families during this inspection.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 1 March 2021 the service provider must enhance the provision of activities throughout the home to support better outcomes for people. Choices and preferences must be taken into account, including, but is not limited to:

- opportunities to engage in meaningful occupation throughout each day of the week and at times that reflect the wishes of people who live at the service;
- all staff having responsibility for activity provision; and
- activities must be linked to individual's meaningful activity care plan.

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); and

This is also in order to comply with Regulation 4 (1) (a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 23 November 2020.

Action taken on previous requirement

Since our last inspection the home had introduced weekly You Tube and Netflix activities, and created "The Wee Snug" a pub like area for social events. These positive changes had involved consultation with residents.

However, outwith the daily planned activity provided by the activity staff, there was little evidence of what meaningful engagement was happening for the wider resident group. We were pleased to hear that the service had recruited a second activity co-ordinator. Although not in post yet this should enhance further opportunities for residents to choose from a wider range of meaningful activities in the home over seven days per week.

Staff continued to report that they did not have time to spend with residents outwith providing care and support throughout the day.

Further support and training was needed for all staff to understand the importance of meaningful activity on people's physical and mental wellbeing.

We concluded the service needed more time to work on this requirement. Therefore, we have extended the timescale to 19 April 2021 to support the service in achieving this.

Not met

Requirement 2

By 1 March 2021 the service provider must ensure that medication management is improved by completing medication records accurately and to including details about the reason for administration and an evaluation of the impact and efficacy of 'when required' medication.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and

This is also in order to comply with Regulation 4 (1) (a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 23 November 2020.

Action taken on previous requirement

We examined the medication administration records for residents who were receiving "As required" medication. We found that there continued to be inconsistent practice in recording. For example, medication records were not always completed fully and care plans not updated to reflect that "as required" medication had been administered, why it had been required and if the person had benefitted from the medication.

The service's internal quality assurance audit had overlooked this issue due to random sampling. We suggested to managers that they review the way protocols for "As required" medication were audited to ensure staff practice improves and support better outcomes for people.

We were not confident there was a regular review of the continued need and efficacy of as required medications for individuals.

We concluded the service needed more time to work on this requirement. Therefore, we have extended the timescale to 19 April 2021 to support the service in achieving this.

Not met

Requirement 3

By 1 March 2021 the service provider must ensure improvement in the oversight, recording and reporting systems to ensure these comply with legal responsibility. The provider must submit relevant and prompt notifications to the Care Inspectorate in line with legislation and notification guidance.

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

'I use a service which is well led and managed.' (HSCS.4.23);

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18); and

This is also in order to comply with Regulation 4 (1) (b) Records, notifications and returns The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/28).

This requirement was made on 23 November 2020.

Action taken on previous requirement

Since the last inspection there had been a noted improvement in the submission of required notifications to the Care Inspectorate.

A new notification tracker had been implemented and a review process for any notifications within the Service Improvement plan. From discussion with the management team we were reassured about their understanding of the process and their legal responsibility to ensure the safeguarding of those living in the service and necessary staff training.

We concluded that this requirement had been met.

Met - within timescales**Requirement 4**

By 1 March 2021 the service provider must improve quality assurance systems and ensure these are implemented robustly and effectively to demonstrate care governance that contributes to high quality outcomes for people. This should include but is not limited to:

- measurement of the quality of elements of the service identified for improvement;
- develop dynamic action plans and improvement plans, which include specific and measurable actions designed to lead to continuous improvements;
- alignment systems to good-practice guidance; and
- ensuring workers who undertake quality assurance roles are trained and supported.

This 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); and

This is also in order to comply with Regulation 4 (1) (a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 23 November 2020.

Action taken on previous requirement

We were pleased to find that internal quality assurance audits were being carried out. However, we noted from our review of the medication and care plan audits that there continued to be areas of non compliance with processes that were not being picked up by auditing. This meant that potential for poor outcomes for those living in the service remained.

The home had a service improvement plan which was stored electronically and informed by a range of key quality assurance processes. We concluded that this system had the potential to provide managers with a clear overview of all quality assurance processes being undertaken and actions required to address areas for improvement. However, on reviewing this document with the regional manager, we noted some examples of areas that were not fully completed as deadline dates for actions had lapsed with no update on progress.

We discussed with the provider that the service's Improvement Plan should be a live, dynamic document. It should be available to those living and working in the service as well as families of residents in a suitable format so that the views of stakeholders can be sought and supported to inform service improvement.

We were pleased to hear that the external management team would provide a supported induction for the new general manager who was due to take up post in the coming week.

Whilst our findings show that 5 out of the 6 requirements were not met on this inspection, we acknowledge that other events have impacted on some of this. The role of effective management presence, oversight and governance is key to progressing improvements in the outstanding areas of the requirements. We were advised that, as a minimum, the regional management team will have a weekly presence in the service to support the improvement work that is required. This gave us confidence in the service's capacity to improve.

We concluded the service needed more time to work on this requirement. Therefore, we have extended the timescale to 19 April 2021 to support the service in achieving this.

Not met

Requirement 5

By 1 March 2021 the service provider must undertake a review of staffing levels on night shift, and take into account the layout of the building in addition to the health and support needs of residents.

This is to ensure care and support is consistent with Health and Social Care Standards which state:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14): and

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011((SSI 2011/210), Regulation 15 (a).

This requirement was made on 23 November 2020.

Action taken on previous requirement

We were pleased to find that the service had increased the provision of senior staff for night shift, however this was currently being provided by agency staff. The service strived to ensure consistency in the agency staff providing senior cover but staff advised us there were times when the agency senior carer was unfamiliar with the home and the residents. We concluded that this practice resulted in a potential risk to people living in the home. People should be cared for by staff they know to ensure consistency and continuity. We suggested in feedback to managers that they liaise with Scottish Care (www.scottishcare.org) and Coalition of Care and Support Providers in Scotland (www.ccpsscotland.org) to support ongoing staff recruitment and strengthen their links to the care sector in Scotland.

The service had implemented the use of a dependency assessment tool to assist in ensuring staffing levels matched the current care need of those living in the service. However, when we looked at the documentation we noted a discrepancy as two different tools were being used. We were not confident that the information collated reflected the complex care needs of some of the residents and required further review.

We concluded the service needed more time to work on this requirement. Therefore, we have extended the timescale to 19 April 2021 to support the service in achieving this.

Not met

Requirement 6

By 1 March 2021 the provider must ensure that the assessment and personal planning process is improved by ensuring that:

- assessment tools and risk assessments tools are accurately completed to identify needs and develop necessary care plans;
- appropriate care plans are in place and regularly monitored to ensure that needs are being effectively met and contain clear direction on how people's needs are to be met;
- six monthly reviews of personal plans or sooner if a persons needs change are completed; and
- internal audits result in action plans which specific, measurable, achievable, realistic and timely.

This is to ensure care and support is consistent with Health and Social Care Standard which state that:

'My personal plan (sometimes referred to as a 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); and

This is also in order to comply with Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(2)(a)(b)(c)(d),(4), Personal Plans.

This requirement was made on 23 November 2020.

Action taken on previous requirement

We sampled personal plans of those living in the home. and noted there continued to be gaps and inconsistencies in their completion. For example, issues were found in relation to risk assessments and post analysis of falls, to reduce the risk of further incidents for those assessed at high risk of falling. We were disappointed to see that the service's own quality assurance processes had failed to highlight these gaps.

The service had introduced a "Resident of the Day" discussion across all service departments at their daily morning "Flash meeting." The aim was to provide brief updates on the named residents' health and care needs, wishes and facilitate any changes or update to their personal plan. However, when we attended the "Flash meeting" during our inspection we noted no discussion regarding the named resident for that day. We also sampled 'resident of the day' recording sheets and found several blank sections. We concluded the current system was not working effectively and offered advice to the service on how to review this. This would ensure that each resident has the opportunity to engage with all the service departments within the home and their individual needs and wishes are discussed and reviewed on a regular basis.

We concluded the service needed more time to work on this requirement. Therefore, we have extended the timescale to 19 April 2021 to support the service in achieving this.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The dining experience needs to improve to ensure equity and that choices and preferences are met. The service provider should review the meal time experience for all residents to ensure needs are met.

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

'If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.' (HSCS 1.36)

This area for improvement was made on 23 November 2020.

Action taken since then

This was a focussed inspection to assess the progress on the requirements from the previous inspection. We will undertake a review of this area for improvement on our next inspection.

Previous area for improvement 2

The service provider should review the current management structure to ensure this supports staff in their role and improves the quality of the service for people who live there.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

This area for improvement was made on 23 November 2020.

Action taken since then

This was a focussed inspection to assess the progress on the requirements from the previous inspection. We will undertake a review of this area for improvement on our next inspection.

Previous area for improvement 3

To ensure people receive care and support that is in line with best practice, the service provider should implement new guidance promptly and align their existing policies with this. This should ensure a consistent approach is communicated to staff, residents and families. This should include, but is not limited to:

- ensuring up-to-date guidance is available to all staff in a format which is accessible; and
- monitoring the implementation of guidance through quality assurance processes.

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)

This area for improvement was made on 23 November 2020.

Action taken since then

This was a focussed inspection to assess the progress on the requirements from the previous inspection. We will undertake a review of this area for improvement on our next inspection.

Previous area for improvement 4

The service provider should ensure all staff receive regular supervision underpinned by reflection, support and development opportunities and including clear action planning and objective setting.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

This area for improvement was made on 23 November 2020.

Action taken since then

This was a focussed inspection to assess the progress on the requirements from the previous inspection. We will undertake a review of this area for improvement on our next inspection.

Previous area for improvement 5

The service provider should review the tasks, training and expectations of night shift staff, to ensure adequate supervision of staff practice, and that people experience high quality care.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 23 November 2020.

Action taken since then

This was a focussed inspection to assess the progress on the requirements from the previous inspection. We will undertake a review of this area for improvement on our next inspection.

Previous area for improvement 6

The service provider should ensure that staff employed receive training appropriate to the work they perform.

This is to ensure care and support is consistent with the Health and Social Care Standards 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);

'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS4.11)

This area for improvement was made on 23 November 2020.

Action taken since then

This was a focussed inspection to assess the progress on the requirements from the previous inspection. We will undertake a review of this area for improvement on our next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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