

Nazareth House Care Home Service

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Unannounced

Completed on:
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Service provided by:
Nazareth Care Charitable Trust

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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 the last inspection of 3 March 2021, a new registered manager had taken up post on 8 March 2021.

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 and 3 March 2021.

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 62 people living in the care home.

What people told us

We spoke with six people using the service who told us they were happy with the carers and had enjoyed the recent social events within the service. Some examples were:

"It's great to get outside and get some fresh air"; "we had a good party last week, the staff all dressed up" and "I am enjoying seeing my family".

We observed staff caring for people with a friendly and compassionate manner.

We spoke with two family members who were visiting their loved ones, they reported they were delighted at being able to visit their relatives and were happy with the care and support their loved ones were receiving.

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).

Action taken on previous requirement:

Since our last inspection the home had introduced weekly YouTube 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

This requirement was made on 23 November 2020.

Action taken on previous requirement

We were pleased to see that the service had committed to improving access to meaningful activity for all residents within the service. Whilst waiting for the commencement of a second activity co-ordinator, the service was utilising agency staff to ensure that a range of activities were available throughout the day, evening and weekends.

We saw evidence of social events, one to one activities and outdoor activities. Activity care plans were updated monthly, and resident meetings also showed discussions with people about activities.

All staff within the service were responsible for the delivery of activities including the chef and house keeping staff who had organised baking groups and life skills sessions. People told us about their outdoor 70's disco they had the previous week with great enthusiasm and how they enjoyed getting out in the garden for walks in the evenings.

Staff were positive about the improvements made in activities, which included an increase in staffing to focus on all aspects of wellbeing as well as basic care needs.

Our overall findings demonstrated that the provision of activities throughout the home had improved to support positive outcomes for people, which was influenced by choices and preferences. Staff also had a better understanding of the importance of meaningful activity for people.

Based upon our findings, we concluded that the requirement had been met within the timescale.

Met - within timescales

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).

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.

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 had been a review of all people who had been prescribed "as required" medications and that prescriptions had been amended where needed. The required protocols to guide staff in the correct use of these medications were in place and people's care plans reflected why and when these should be offered. This ensured that staff were working to best practice guidance on the safe administration of medications.

A four weekly review cycle had been established to ensure that there was a regular review of the continued need and efficacy of "as required" medications for each person.

From the improvements found, people living in the home could be confident that medicine management, completion of medication records and approaches to "as required" medications were being carried out in line with good practice.

Based upon our findings, we concluded that the requirement had been met within the timescale.

Met - within timescales

Requirement 3

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).

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 five out of the six 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.

This requirement was made on 23 November 2020.

Action taken on previous requirement

We were pleased to find that internal quality assurance audits were in date and any actions from audit cycles were added to the service improvement plan (SIP). The SIP was reviewed on a weekly basis to ensure actions were met within the required time scales.

We were encouraged to see that the service was now sharing the content of the SIP with other stakeholders including people living in the service, relatives and commissioners. This ensured people could be meaningfully involved in how the service supported them, improved and developed.

The newly appointed registered manager, with support from the provider demonstrated a good knowledge and understanding of what needed to improve and their role in directing and supporting improvement activity. The registered manager discussed plans to carry out surveys for staff and people living in the service to gather their views on how the service was performing and should develop.

We concluded that the service had taken the necessary steps to ensure that people living in the service could be confident that the organisation had robust and transparent quality assurance processes to safeguard their wellbeing.

Based upon our findings, we concluded that the requirement had been met within the timescale.

Met - within timescales

Requirement 4

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).

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.

This requirement was made on 23 November 2020.

Action taken on previous requirement

We were pleased to see the continued commitment from the service to maintain safe staffing levels on night shift with senior care staff in place for both units each night. A review of night shift duties had been undertaken to ensure care staff had capacity to provide safe care and support to residents overnight.

The service had an active recruitment drive ongoing with the aim to reduce the number of agency staff required. This would ensure that people living in the service receive care from a staff team that knows them well.

The dependency tool used to assess people's care needs had been reviewed in line with guidance published by the Care Inspectorate (Guidance for providers on the assessment of staffing levels. March 2021). The registered manager felt this gave a more accurate assessment of people's care and support needs. This resulted in people being supported to move to a care setting that could ensure their needs were being met in an environment that was right for them.

We concluded that the service had taken action to ensure that people living in the service could be confident that the number and skill mix of staff was determined by a process of continuous assessment and linked to quality assurance.

Based upon our findings, we concluded that the requirement had been met within the timescale.

Met - within timescales

Requirement 5

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 person's needs change are completed; and
- internal audits result in action plans which are 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.

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 resident's 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.

This requirement was made on 23 November 2020.

Action taken on previous requirement

We sampled care plans of those living in the home and found the quality of information continued to vary. The language used in some plans was dated and did not always reflect the dignity and respect we would expect as referenced in the Health and Social Care Standards: my support, my life (<https://www.gov.scot/publications/health-social-care-standards-support-life/>).

We were encouraged to hear that the service is in the process of implementing a new personal plan system which allows a more person centred and outcome focus on personal and care planning. We have suggested the service use this implementation period to refresh staff training on the Health and Social Care Standards. This should support people to have better outcomes and ensure individuals are treated with respect and dignity at all times.

The 'Resident of the Day' reviews continued which included input across all departments in the home. However, records of this did not always capture who was involved and how this had supported good outcomes for the resident. We had further discussion with the registered manager as to how this process could be utilised more effectively. This would show how staff had listened to and acted on the resident's wishes and choices as part of the 'Resident of the Day'.

We saw that six monthly reviews were being held with input from the person and/or their family representative. A programme was in place to address any delays caused by the recent pandemic. This should ensure that people's personal plans are right for them and sets out how their needs will be met as well as their wishes and choices.

We concluded that a plan was in place to improve approaches to assessment and personal planning, and that the service had capacity to do this. Therefore, the requirement is met.

The service does need time to implement the new personal plan system and train staff in the use of it. **See Area for Improvement 7.**

Met - within timescales

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 mealtime 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.

This area for improvement was made on 23 November 2020.

Action taken since then

Consultation had taken place with residents to ascertain their views of the dining experience. A review of mealtimes had been implemented, the new catering manager had implemented a revised menu following consultation with residents and staff. Pictures of meals were available and small sample plates are to be shown to residents as a visual prompt to support their meal choice.

Protected mealtimes have been introduced to allow residents and staff the necessary time to support and promote nutrition and hydration for people.

We saw that people were supported to use the small break out dining rooms which ensured social distancing was adhered to, yet allowed people the opportunity to dine with their peers rather than on their own in their bedrooms.

Based upon our findings, we concluded the area for improvement had been met.

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)

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.

This area for improvement was made on 23 November 2020.

Action taken since then

We were pleased to hear from staff that they felt better supported at work. The appointment of the new general manager appeared to provide stability, with leadership and direction to the staff team. There had been the implementation of added senior care staff to night shift, along with the deputy manager doing night shifts to ensure that staff received adequate supervision and observations of staff practice.

This allows people living in the service to be confident that the service is well led and managed to ensure high quality outcomes for their wellbeing.

Based upon our findings, we concluded the area for improvement had been met.

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)

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.

This area for improvement was made on 23 November 2020.

Action taken since then

We were confident that the service had robust processes in place to ensure that any changes to current guidance or best practice were in place. We saw that there were processes in place to communicate with staff any updates or changes to guidance. Quality assurance audits were in date which measured practice against best practice and current guidance in use for example Infection Prevention and Control audit.

Based upon our findings, we concluded the area for improvement had been met.

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)

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.

This area for improvement was made on 23 November 2020.

Action taken since then

We sampled staff supervision records and found that there remained a number of staff who had not received formal supervision with a senior member of staff. The quality of information in the records sampled was basic and there was no evidence of the supervision process allowing for staff to reflect on their practice or learning.

The general manager advised us that a new supervision proforma is about to be implemented and will include areas for reflection and learning.

Based on our findings we concluded this area for improvement has not been met. We will review the service's progress with new process at 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)

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.

This area for improvement was made on 23 November 2020.

Action taken since then

From our discussions with night staff and our review of staff rosters we concluded that there had been improvement in the provision of night shift staffing levels. Senior care staff provision at night had been increased to two staff per night and there had been a review of night shift tasks to ensure care staff had adequate time to provide high quality support and care for residents over night.

A training programme has been implemented by management for staff. We suggested to the general manager that they ask staff to highlight what further training needs they have.

Based upon our findings, we concluded the area for improvement had been met.

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)

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.

This area for improvement was made on 23 November 2020.

Action taken since then

The general manager since coming into post had prioritised the areas she felt training is needed in most urgently and a training programme for all staff had been developed and was underway. Reflective accounts will be completed by staff and discussed with their supervisors to ascertain any learning and proposed changes to practice following each learning event. This included Falls management, Care planning, Dementia awareness. We suggested adding Adult Support and Protection and the Health and Social Care Standards to the list.

This should ensure that people living in the service have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes

Based upon our findings, we concluded the area for improvement had been met.

Previous area for improvement 7

The service provider should 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 person's needs change are completed; and
- internal audits result in action plans which are 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)

This area for improvement was made on 28 April 2021.

Action taken since then

This area for improvement will be reviewed at the 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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