

# Nazareth House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 July 2021

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

**Service provider number:**  
SP2013012086

**Service no:**  
CS2013317815

## About the service

Nazareth House is a care home registered to provide a care service to 37 older people and is situated in a quiet area of Bonnyrigg in Midlothian, set in substantial grounds.

The provider of the service is Nazareth Care Charitable Trust. Nazareth House, Bonnyrigg is one of two care services in Scotland operated by this provider. The provider also operates care homes in England and Wales.

There are 26 bedrooms. One of these is a shared room. Shared rooms are registered to support people in relationships to live together if they wish. There is also a dining room and two lounges with access to outdoor spaces. There are two lifts to enable residents to move easily between floors.

The service aims are to provide support which upholds the mission statement and core values of the Congregation of the sisters of Nazareth and "help residents take responsibility for their spiritual, physical and social fulfilment. This holistic approach promotes wellness and independence among the people they support with continued support from the sisters of Nazareth".

## What people told us

We spoke with 12 out of the 37 people experiencing care, in communal areas and in the privacy of their rooms. People's views were generally positive both about the staff and the care and support they received. Some people told us that they were happy at Nazareth house and staff were nice.

Other comments included:

"I like it here"

"I like the food"

"The staff are very busy but they try their best"

Some people were unable to tell us about their experience in the home, however we were able to observe some respectful interactions between staff and the people they support. However, people appeared bored and had limited activities both indoors and outdoors.

## 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 well do we support people's wellbeing?                     | 2 - Weak     |
| How good is our care and support during the COVID-19 pandemic? | 3 - Adequate |

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 2 - Weak

Overall, we evaluated how well staff supported people's wellbeing as weak. The provider needed to address the requirements within the timescales set out to improve people's experiences.

### 1.1 - People experience compassion dignity and respect

People's views and preferences were not actively sought when planning and delivering their care. This was delivered around routines and Interactions with staff were at times impersonal.

The rights of people to make choices and maintain their independence was not promoted, resulting in a risk averse approach. People's views about what happens in the care home were not gathered and considered.

Staff were not clear about the how the principles of the Health and Social Care Standards informed their practice and interactions with people. During mealtimes people were not appropriately supported and they were rushed. **(Requirement 1)**

### 1.2 - People get the most out of life

People experience care and support at a basic level focused on tasks and routines. This approach did not enhance people's experiences and support choice.

There was a lack of recognition of people's culture or past life.

Opportunities for meaningful activities were sparse and only included set group activities. Choices were limited and people's aspirations were restricted by what was safe or possible, depending on the ratio of staff available to support them.

People needed to be better supported to enable them to get the most out of life. This included the need to increase opportunities to access outdoors, enhanced mealtime experience and day-to-day activities and engagement with staff. **(Requirement 2)**

Indoor visiting between designated relatives and people was taking place. Visiting arrangements needed to be progressed in line with Scottish Government Open with Care guidance to enable increased contact.

### 1.3 - People's health benefits from their care and support.

People's care and support was compromised because health assessments were basic and did not contain information that was up to date and current. Care plans were not reflective of people's needs and we were not reassured that these plans could inform staff adequately when supporting people.

There is a plan to move to a digital platform for care planning, however, we discussed this with the manager and emphasised how important basic information would be for the plans. The manager was getting support from the Health and Social Care Partnership regarding this. There is an outstanding requirement around support plans; this has not been met and we have extended the timescale for this. This should allow the transition to the new digital format. In doing so, consultation and involvement of people and those important to them must take place when developing the new plans.

There was appropriate access to healthcare professionals, and we were reassured that staff knew when to contact them should a person's health deteriorate.

Medication administration had improved. There was a better understanding from staff regarding the importance of when medication should be administered and how this should be recorded. Medication administration record (MAR) sheets were being audited regularly and any issues were being picked up and managed appropriately. The outstanding requirement has been met, however, we have outlined an Area for Improvement to ensure the progress that has been achieved is sustained. **(Area for Improvement 1)**

## Requirements

1. People should be respected and treated with dignity. In order to achieve this, by 27 August 2021 the provider must ensure the following:

- i) Provide training for staff to gain knowledge of the Health and Social Care Standards, which is then reflected in competency-based assessment through observation of practice.
- ii) Review the experiences of people during mealtimes, to ensure that staff can promote a positive experience for everyone, this should be recorded through mealtimes audits.
- iii) Take appropriate action, including further training for staff, where staff interactions were less meaningful, lacked dignity and did not fully reflect the Health and Social Care Standards.

This is to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 19(3)(j) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114). This is to ensure that care and support is consistent with the Health and Social Care Standard: 1.4: 'If I require personal care, this is carried out in a dignified way, with my privacy and persona, preferences respected.'

2. People should have confidence that their needs and wishes are met by the right number of staff, who have time to support, care and speak to them. By 27 August 2021 the provider must ensure that:

- i) There is an appropriate assessment and review of service users' needs and wishes.
- ii) At all times, suitably qualified and competent staff are working in the care service
- iii) There are sufficient numbers of staff to support service user's health, welfare and safety.

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

This is also to ensure care and support is consistent with the Health and Social Care Standard 3.14: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow the professional and organisational codes.'

## Areas for improvement

1. To ensure that people are supported appropriately to take their medication, staff must:

- ensure that medicines are administered as instructed by the prescriber
- demonstrate that they follow policy and best practice about medication administration records and documentation
- ensure 'as required' medications have clear documentation of when and why these medications should be administered, especially for those medications to support people with distress
- ensure that where a person uses medication given as a patch, there is appropriate documentation to show how this was administered and where on the body this was placed
- ensure they receive training and refresher training appropriate to the work they perform
- ensure that managers are involved in the audit of medication records.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

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

**3 - Adequate**

### 7.1 - Infection prevention and control

Overall, we evaluated how well the staff were prepared for a Covid-19 outbreak as adequate. There were strengths that just outweighed areas to improve.

The home was clean and well presented. It was free from non-essential equipment and clutter to allow effective cleaning.

Staff were using PPE appropriately and there was enough around the home for staff to use. Some of the PPE stations were low on stock. We discussed this with the manager who will remind staff at shift handovers that they need to check there is enough for the next shift coming on duty.

Staff had received training in line with infection prevention and control (IPC), however, some oversight of this and ensuring this was the most up to date and current should be looked at.

Staff practiced good hand hygiene and supported people to do this too. People were kept as safe as possible from risks of cross infection.

Housekeeping staff were mostly using the appropriate chlorine based cleaning materials and following the information identified in the Nation Infection Prevention and Control Addendum. However, there were some cleaning fluids that did not adhere to the addendum. We spoke with the provider and the manager who agreed to review this.

## 7.3 - Staffing

There was a staffing contingency in place if there was an outbreak.

Staff had been trained using e-learning modules on IPC. This included the donning, doffing and safe disposal of PPE. The manager undertook observations of practice which identified good practice. However, this was not documented well and did not give a good oversight of how well people were managing IPC.

Staff were observing social distancing guidance when appropriate and sensitively supporting everyone to do the same. This practice happened during break/mealtimes, in office and staff areas.

There was a high use of agency staff. The manager ensured that these staff were block booked to help consistency and continuity for the people they supported.

Observations of practice were being completed and there were records to identify this had been done. However, these were not detailed to enable the manager to have a good oversight of staff practice. **(Area for Improvement 2)**

The outstanding requirement regarding staffing has been met as the provider has increased staffing enough to meet basic care needs. However, a new requirement detailed under 1.2 "people get the most out of life" was made ensuring that staffing levels are in place to improve outcomes for people.

## Areas for improvement

1. To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved. The provider should develop better systems to ensure:

- the system effectively enables areas for improvement to be promptly and accurately identified
- that the outcomes because of any audit are clearly recorded
- where areas for improvement are identified, that an action plan is developed detailing timescales and the person responsible
- all current quality assurance arrangements are reviewed and developed to ensure that these are systematic, effective, and integral to service provision
- people's views about the care and support they receive is sought to inform quality assurance.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement with the organisation having robust and quality assurance processes'. (HSCS 4.1)

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

### Requirements

#### Requirement 1

People experiencing care should be confident they will receive the care and support they need to take their medication safely and as intended for best effect. In order to achieve this the provider must, by 29 June 2021, ensure that people experience safe and effective medicine administration and management in a manner that protects their health and wellbeing. The provider must:

- a) ensure that medicines are administered as instructed by the prescriber
- b) demonstrate that staff follow policy and best practice about medication administration, recording appropriately and using documentation to highlight where medication is late or not administered and why
- c) where medication is constantly given late or omitted, the medical practitioner should be informed and their instructions followed
- d) ensure that staff receive training and refresher training appropriate to the work they perform in relation to medication administration
- e) ensure that the audit of medication administration includes record keeping and observation of practice
- f) ensure clear actions are taken and documented when medication is administered late or inappropriately and the Care Inspectorate is notified as per Notification Guidance.

This is in order to comply with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me' and Health and Social Care Standard 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 19(3)(j) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

**This requirement was made on 18 May 2021.**

#### Action taken on previous requirement

Medication administration had improved and we were reassured there was oversight of this by the manager. To ensure the progress that has been made continues, we have replaced this with an area for improvement.

#### Met - outwith timescales

#### Requirement 2

In order that people have good outcomes, the provider must ensure that care records reflect care given by 7 June 2019. (Extended to 10 May 2021, further extended to 29 June 2021).

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.23, which says that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) and in order to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland Regulation 2011 (no 210 'Requirements for Care').

**This requirement was made on 6 August 2019.**

### Action taken on previous requirement

Care plans were not reflective of people's needs and we were not reassured that these plans could inform staff adequately when supporting people. This requirement will be repeated.

**Not met**

## Requirement 3

The provider must ensure that there are enough staff working in the care home to ensure person centred and responsive care can be delivered. By 12 February 2021, (extended to 10 May 2021 and further extended to 29 June 2021) the provider must improve staffing levels within the service. In order to achieve this, staffing levels must take account of:

- a) aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals
- b) the physical layout of the building
- c) staff training and staff supervision needs
- d) the Covid-19 pandemic and the impact this has on the service at any given time.

To be completed by: 12 February 2021.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: 'My needs are met by the right number of people'. This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 20 January 2021.

**This requirement was made on 20 January 2021.**

### Action taken on previous requirement

This requirement has been met. However this has been replaced with a new requirement detailed in the report under 1.2 people get the most out of life.

**Met - outwith 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

People experiencing care should expect the service to have comprehensive falls prevention policy and procedural guidance in place. This should detail the training staff will receive to ensure they fully understand their role and responsibility in relation to falls prevention, and how competency will be assessed.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

**This area for improvement was made on 20 January 2021.**

#### Action taken since then

There was some improvement regarding staff understanding of falls prevention. However not enough progress had been made to reassure us that this was sustained practice. We will follow up progress with this area for improvement at our next inspection.

#### Previous area for improvement 2

People experiencing care should expect accident reporting, and follow up to accidents, to be carried out properly. This should help the service to identify factors which may have contributed to the accident and reduce the risk of them recurring.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

**This area for improvement was made on 20 January 2021.**

#### Action taken since then

Accident reporting and records were not completed well. However, the new manager has an improved system to have an oversight of accidents and is working on how this can be summarised to identify areas of concern. We will follow up progress with this area for improvement at our next inspection of the care home.

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

|  |              |
|--|--------------|
| How well do we support people's wellbeing?               | 2 - Weak     |
| 1.1 People experience compassion, dignity and respect    | 3 - Adequate |
| 1.2 People get the most out of life                      | 2 - Weak     |
| 1.3 People's health benefits from their care and support | 3 - Adequate |

|   |              |
|---|--------------|
| How good is our care and support 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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