

Nazareth House Care Home Service

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Bonnyrigg
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Telephone: 01316 637 191

Type of inspection:
Unannounced

Completed on:
10 December 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. Care and support is delivered by social care staff. The provider does not employ nursing staff.

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 people 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".

How we inspected the service

We visited the service on 6 December 2021 to follow up on two outstanding requirements regarding personal plans and staff having the appropriate knowledge and skills to care for people. The requirements were not met, and we issued a letter of serious concern. We returned on 9 December to follow up on the letter of serious concern. There was some improvement; however, not enough to ensure that people's health, safety and wellbeing needs were being accurately assessed, documented and effectively communicated between all relevant staff.

As a result, an improvement notice was issued on 14 December 2021 with a timescale of 14 February 2022 being set to ensure that people's health, safety, and wellbeing needs will be met.

What people told us

We spoke with 10 of the 28 people experiencing care, in communal areas and in the privacy of their rooms. People told us that they didn't know the staff that supported them and that there were always new faces. Another person told us that they only got fresh fruit when they asked for it. Nevertheless, people told us that they liked living at Nazareth House.

Some people were unable to tell us about their experience in the home. We observed staff interactions as inconsistent. Staff did not know people well so could not always interact in meaningful conversations with people. At other times staff supported people with little or no communication. This resulted in distress which staff did not know how to respond to.

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 leadership?	2 - Weak

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

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Whilst we saw improvement during our visits, this was not enough to reassure us that people were receiving care that met their health, safety and wellbeing needs. People were not always being enabled to experience respectful, personalised and compassionate care.

Staff were polite and respectful but were unable to communicate effectively with people as their knowledge of each person was limited. This meant that conversations were not always meaningful or important to the person. Staff supporting people did not always understand what was important to them and were not always sure how to care and support people well.

As a result, an improvement notice was issued on 14 December 2021 with a timescale of 14 February 2022 being set to ensure that people's health, safety, and wellbeing needs will be met.

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

There had been five managers over the past 11 months. This resulted in staff not having strong leadership. The dependency and needs of people were not communicated to staff caring for them. Decisions and priorities were not being made and no quality assurance was being completed. This led to people not receiving responsive care.

The provider had appointed a permanent manager and we would hope this will provide clear leadership where staff are supervised and organised appropriately to care for people well.

As a result, an improvement notice was issued on 14 December 2021 with a timescale of 14 February 2022 being set to ensure that people's health, safety, and wellbeing needs will be met.

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

Requirements

Requirement 1

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, further extended to 3 December 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 7 June 2019.

Action taken on previous requirement

This requirement was not met on our visits on 6 December 2021 and we repeated this in a letter of serious concern. When we returned on 9 December 2021 the provider had not met the requirement. As a result, an improvement notice was issued on 14 December 2021 with a timescale of 14 February 2021 being set to ensure that people's health, safety, and wellbeing needs will be met.

Not met

Requirement 2

People should have confidence that their needs and wishes are met by the right number of staff who have time to support, care, include and speak with them. By 3 December 2021 the provider must ensure that:

- (i) there is an appropriate assessment and review of people's (service users') needs and wishes
- (ii) at all times, suitably qualified and competent staff are working in the care service
- (iii) there are enough staff to support service users' health, welfare, and safety
- (iv) temporary staff are given opportunity to reflect on their practice and be involved in observed practice and supervision when block booked for longer than four weeks.

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."

This requirement was made on 27 October 2021.

Action taken on previous requirement

This requirement was not met on our visits on 6 December 2021 and we repeated this in a letter of serious concern. When we returned on 9 December 2021 the provider had not met the requirement. As a result, an improvement notice was issued on 14 December 2021 with a timescale of 14 February 2021 being set to ensure that people's health, safety, and wellbeing needs will be met.

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

People should have choice about getting involved with activities and interests important to them, both in the care home and their community.

The provider should continue to develop opportunities for people to participate in meaningful activities. This is to enable people to get the most out of life and options to maintain and develop their interests, activities, and what matters to them. This includes opportunities to connect with family friends and the local community, in different ways.

People with specific communication needs or cognitive impairment should also be supported to participate in a meaningful way and those important to them involved in planning activities and evaluating how meaningful they were. The recording and monitoring of this should help to promote positive outcomes for all.

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

This area for improvement was made on 15 September 2021.

Action taken since then

This area of improvement was not met, and we will follow this up at our next inspection.

Previous area for improvement 2

In meeting this area for improvement, people experiencing care will have confidence that the manager has an understanding and oversight of their care, underpinned by quality assurance systems that drive improvements. The provider should ensure people experience safe care and support where management have a good oversight and monitoring of all aspects of the service's internal quality and assurance.

1. The system effectively enables areas for improvement to be promptly and accurately identified.
2. Where areas for improvement are identified, that an action plan is developed detailing timescales and the person responsible
3. The outcomes and action plans are clearly recorded.
4. Evaluations of improvements made include consultation with people experiencing care and those important to them to ensure improvements have had a positive impact.
5. Any further improvements are planned, implemented and reviewed/evaluated so the process is continual and involves relevant people.
6. Falls, incidents and accidents have appropriate oversight and audit by the manager and, where improvements are needed, these are actioned.

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

This area for improvement was made on 15 September 2021.

Action taken since then

This area for improvement was not met at our inspection. Our concerns specific to this area for improvement have been included in the improvement notice that was issued to the provider on 14 December 2021 with a timescale of 14 February 2021 being set to ensure that people's health, safety, and wellbeing needs will be met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.3 Staff are led well	2 - Weak

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