

# Nazareth House Care Home Service

13 Hillhead  
Bonnyrigg  
EH19 2JF

Telephone: 01316 637 191

**Type of inspection:**  
Unannounced

**Completed on:**  
29 April 2022

**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 a maximum 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 36 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 11 December 2021 to follow up on a letter of serious concern issued on 9 December. The requirements were not met, and we issued an improvement notice. We returned on 22 February 2022 to follow up on four requirements regarding safe and effective leadership and management, staffing, stress and distress and the absence of clear, up to date information about people's care needs which had a direct negative impact on people's health, welfare, and safety. At this time the requirements from the improvement notice, were not fully met and the timescales to meet the requirements were extended. We returned on the 28 April 2022. At this inspection we found that there had been sustained improvement and the three outstanding requirements from the improvement notice were met.

## What people told us

We spoke with 10 of the 23 people experiencing care, in communal areas throughout our visit. Overall people told us they were happy. One person told us about their day out to the football and we could see that the level of activities had improved in the home, with people feeling there was more to occupy their day. People who could give feedback told us that staffing was better and that they felt there were overall improvements in the home. This included being asked their opinions through a resident's meetings.

Some people were unable to tell us about their experience in the home. We saw staff interactions were respectful, genuine and that newer staff had already started to build up positive, caring relationships with the people supported.

As part of the inspection an inspection volunteer spoke with six relatives via phone calls. Overall people felt happy with their relative's care, although were still concerned over the ongoing use of agency staff. However, relatives also said they could see more consistency with both the care and the staffing within the home, recognising improvements made. Three relatives said they would like more proactive communication between the home and themselves, but also felt this would improve when permanent staff were in post. In summary both people living in the home and their relatives were happy with the care and support provided but would like further consistency in staffing which would lead to better outcomes.

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

### Requirements

#### Requirement 1

By 14 February 2022, you must ensure that service users' health, safety and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. This means ensuring the service user and those important to them are central to identifying what is important to them and that everyone is working together to maximise their health, safety, and wellbeing. This must include but is not limited to:

- a) Assessing and recording service users' health, safety, and wellbeing needs within their care plan taking account of their choices and preferences.
- b) Ensuring that any risks to a service user's health, safety or wellbeing are identified, including how to move people safely. This must be managed, and clearly recorded as part of the care planning process so that they are protected from harm.
- c) Ensuring that each service user's health and wellbeing is consistently monitored and evaluated to inform the level of care required. This should include the recording of a service user's food and fluid intake and the maintaining of other relevant records.
- d) Measuring the effectiveness of the care provided to service users through feedback from them and those important to them, observation of their care experiences, and other relevant evaluation and review processes, such as quality audits, external feedback and clinical governance reviews. All feedback, observations and other evaluation and review processes must be documented.

This is in order to comply with regulations 3, 4(1)(a), and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 14 December 2021.**

#### Action taken on previous requirement

Observations of care showed that there had been improvements in people's general presentation, as well as the monitoring of their health. There were clear records and overview of communication with health professionals which led to improved outcomes. Personal plans showed better recording of food and fluid intake which could be cross referenced to updated assessment of weight and MUST (Malnutrition universal screening tool).

There were strong links with the health and social care partnership, who provided support and training for staff. Communication about relevant changes to health and welfare were effectively shared to the benefit of the people living in the home.

Personal plans had improved with regards to updated, accurate information and consistency, however these remained a work in progress, and will be followed up at future inspections.

There were improvements to the general atmosphere in the home, which was more relaxed, with more

thoughtful care. Care staff were respectful in the care provided and had clearly benefited from stronger direction and training.

Staff carried out moving and positioning techniques as directed in the training they received. There were no observed concerns over this.

A full quality assurance system had been put in place, which included an overview and audit of care provided. This ensured care reflected the information detailed within the personal plan.

At the previous inspection of the home on 11 December 2021 a requirement was made about staff ability to effectively support individuals showing signs stress and distress. This was subsequently met in the inspection of 22 February 2022. Staff training is ongoing to support staff in their understanding of stress and distress and we will revisit this at the next inspection.

In summary, whilst there was ongoing work to continue to improve the personal plans and records of care, there had been sustained improvements since the last inspection to show that all elements of this requirements had been met.

## Met - outwith timescales

### Requirement 2

By 14 February 2022, you must ensure that service users experience a service which is well led and managed, which results in better outcomes for service users. This must include, but is not limited to:

- a) Ensuring there is appropriate and effective leadership of the care service.
- b) Ensuring that there are quality assurance systems in place to support a culture of continuous improvement.
- c) Implementing effective action planning to address areas of required improvement within reasonable timescales.
- d) Communicating needs of people to staff caring for them.
- e) Organising staff appropriately to care for people.

This is in order to comply with regulation 4(1)(a) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 14 December 2021.**

### Action taken on previous requirement

There was a comprehensive audits system in place. This showed that the care provided was being monitored and linked into staff training and the ongoing improvements in the home. There was a full improvement plan in place, which had been identified through the audit process.

There was observed sharing of information for staff at handover and a meeting mid-morning for all staff to check on progress of the care that day and highlight any concerns. At inspection the meeting was facilitated by the manager, who directed staff well and clearly had a strong overview of care to be provided that day.

All staff had up to date written handover information relating to care and any actions needed, for example, appointments, activities etc. Staff worked well together, and we observed new staff and agency asking more established staff questions about an individual's care.

We saw relaxed, well directed care which was a significant improvement from some previous visits.

In summary, whilst the quality audits were still in the early stages of implementation, the completion of these reflected that there was an overview of care and support, with identified actions. The communication between staff had improved and on the day of inspection, the care was well led and directed.

## Met - outwith timescales

### Requirement 3

By 14 February 2022, you must ensure that staff are able to support service users to receive care that meets their health, safety and wellbeing needs and enables them to experience respectful, personalised and compassionate care. This must include, but is not limited to:

- a) Ensuring there are enough staff on each shift who are appropriately trained, skilled and competent in the role they are to perform at all times.
- b) Basing the numbers and skill mix of staff deployed on an accurate assessment of each service user's needs, including needs arising from living with other service users in a group, taking the layout of the building into account.
- c) Ensuring the numbers and skill mix of staff employed are based on an accurate assessment of each service user's needs and identified areas for potential harm.
- d) Making certain there are enough staff to ensure that service users experience meaningful engagement and occupation. This should include regular opportunities to be outdoors and away from the care home.

This is in order to comply with regulations 4(1)(a) and 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 14 December 2021.**

### Action taken on previous requirement

Staff recruitment was ongoing; however this had significantly improved since the initial inspection in December 2021. There was a majority of permanent staff on each shift, with an average of two agency staff. Whilst staff were still getting to know the people and build up relationships, we saw respectful, interactions from staff who were genuinely caring. This was a strong foundation to build on.

Because there had been more established staff on shift, they would direct and support newer staff. Staff we spoke with felt they had a balanced induction to the home and that they could seek advice and support at any time.

A new activity coordinator had commenced employment, and this would be of benefit to people through stronger engagement in activities. Staff and people supported told us of activities they had undertaken, such as a BBQ in the gardens, football match, going for coffee and external entertainment. Although further thought needs to be given to how to reflect the choice of some people living in the home wanting to have

the opportunity for further community activities out with the home.

Staff rotas showed consistency with the numbers of staff on shift and where agency staff were needed, this was organised well in advance.

Whilst staff training was ongoing, given the number of newer staff, we found improvements in practice and record keeping. Although not always consistent there was better recording of care provided.

In summary ,recruitment of permanent staff was leading to more consistent care and better outcomes for people. A new deputy manager was due to commence in May 2022 and this would support the ongoing development of practice in the home. Whilst there remained vacancies and agency use, this had less of an impact as previously, given the balance had changed from over 90% the staff being agency in the home. The training and induction of new staff was supportive and staff comments reflected this.

**Met - outwith timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.