

Nazareth House Care Home Service

13 Hillhead
Bonnyrigg
EH19 2JF

Telephone: 01316 637 191

Type of inspection:
Unannounced

Completed on:
24 August 2023

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. The home does not provide nursing care. It is situated in a quiet area of Bonnyrigg in Midlothian and is set in substantial grounds.

There are 36 bedrooms. One of these is a shared room. Nine bedrooms are on the ground floor and three of these have en suite facilities. The dining room, two lounge areas and a sensory room are also situated on this floor. On the first floor there are 27 bedrooms, 11 of which are en suite. There are two lifts to enable residents to move easily between floors. There is also a quiet room on the first floor for people to use. At the point of inspection there were 31 people living in the home.

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

About the inspection

This was an unannounced inspection which took place on, 22 August between the times of 8.15 am and 4.30 pm and 23 August 2023 between the times of 5.15 am and 4pm. The inspection was carried out by one inspector. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

spoke with people living in the home and visiting family members

talked with members of staff and the manager

observed staff practice and daily life

reviewed a range of documents

We have used the short observational framework for inspection tool (SOFI). SOFI is an approved, internationally recognised tool for regulators. It provides a framework to enhance the observations about well-being and staff interactions that we already make on inspection, especially for service users unable to communicate their views.

Key messages

- There had been a significant turnover of staff in twelve months, including the deputy manager and activities worker, who had both recently left. This impacted on the quality of care and meaningful engagement for residents.
- Whilst most staff were kind and showed warmth to residents, staff practice was inconsistent and did not always meet the expectations set by the Health and social care standards.
- Further work was needed to ensure personal plans accurately reflect care needs and preferences.
- Management must have a better overview of staff practice, incidents and accidents and quality assurance. This would include a process to support staff where practice issues have been identified.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How well is our care and support planned?	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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Whilst people were treated with kindness and respect during care tasks, there was little or no meaningful engagement from staff out with the tasks. There was a lack of understanding about the ethos of person-centred care. A requirement has been made under key question three in the body of this report about staff knowledge and practice.

People's wellbeing benefited from having contact with their families and friends. There were systems in place to support this. Family and friends were welcomed to the home.

A music therapist visited the home and people benefitted from this and enjoyed the activity.

When the activity worker had been employed in the home, there was a range of activities available which people enjoyed. The activity worker had left over five weeks ago. Whilst the manager was actively trying to recruit, there was now no structure in place to support any activities daily. During the two days spent in the home observing practice we only saw one activity with the residents taking place, which was bingo. Out with this, despite there being opportunities to do so there was limited engagement with residents.

Staff observed during these times were only seen to carry out task related care. Some staff practice was poor when supporting residents with tasks, with a lack of conversation and understanding about their role. This meant that most residents were spending time in the lounges with no meaningful conversation, interaction or access to activities. A requirement has been made under key question three in the body of this report about staff knowledge and practice. We have also carried forward a previous area for improvement made, at the last inspection, about activities under this key question. (See area for improvement 1)

Whilst at this inspection there was a lack of any meaningful activities for people, we recognise that prior to the activity worker leaving, there was a full activity programme. Relatives we spoke with and who gave feedback confirmed this. We have taken this into account when considering the grade for this key question.

Some staff had worked in the home for a longer period and knew people's care needs better than others. There was a high proportion of people living in the home who needed time to settle in and for staff to get to know them. However, there was access to a range of healthcare professionals who were actively involved in ensuring changes to health or concerns were promptly identified and actioned.

Personal plans contained information about health, people's preferences and assessed care needs. Some plans were person centred and well written. However, in many, there was inaccurate information about care needs. Given the level of new staff this would be a risk that people would not receive the care and support they needed. The information about care in the plans did not always reflect staff practice. Daily records were written in a task orientated way and there were inaccurate records for fluid and food intake. (See requirement 1)

Following a complaint investigation an area for improvement was made regarding the documentation of elimination and the monitoring of this. Personal plans sampled showed that elimination records were up to date, and this was being effectively monitored. However, we could not see instruction or guidance in the

plans about the signs and symptoms that someone would exhibit should they be suffering with irregular bowel movements and were unable to express this. For this reason, we have carried forward the area for improvement made. (See area for improvement 2)

There was an online system to record medication administration. Records of medication were well recorded and there were descriptions of why a person would be prescribed as needed medication. Medication audits were used to effectively monitor administration. Where errors were identified these were actioned.

Staff attended daily meetings to plan each day, these supported consistent communication between staff, sharing relevant information about residents care.

Requirements

1. By 27 October 2023, personal plans must accurately reflect the care provided and ensure that service users' health, safety and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. To do this the provider must at a minimum ensure:

- Personal plans are reviewed and updated accordingly to reflect all assessed care needs.
- Personal plans are fully audited to ensure all the information held within them can be cross referenced as being accurate. This includes the effective use of assessment tools used to determine risk.
- The effectiveness of the care provided to service users is measured through observation of their care, quality audits and feedback from them and those important to them . All observations must be documented.
- 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 accurate recording of residents food and fluid intake and the maintaining of other relevant records.

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

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

1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and
4.27 I experience high quality care and support because people have the necessary information and resources.

Areas 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).

2. To support people's health and wellbeing, the manager must implement care and support plans for people who are at risk of becoming constipated. This should include, but is not limited to, ensuring records detail preventative actions to be taken, how this will be monitored and managed, and ensure there is effective clinical oversight of people's elimination records.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

It is important services have effective systems to assess and monitor the quality of the service and environment/equipment. This helps drive service development and improvement which results in good outcomes for people living in the home.

A system of audits were in place and regularly completed. The audits fed into a service improvement plan for the home, of which senior management had an overview. The manager completed regular governance reports on the home which highlighted areas where improvements were needed with actions. However, whilst the service improvement plan had identified actions there was a lack of evaluative information about how the audits were completed.

The audit outcomes were available but not how the assessments were done or what information was sampled. This meant there was no effective way of consistently tracking what was audited. This was discussed at the previous inspection and has not been actioned. (See area for improvement 1)

Accidents and incidents had been appropriately recorded, however for some there was a lack of evidence to show how these had been actioned and where appropriate investigated. This was discussed with the regional manager and manager. (See area for improvement 2)

Relative and residents meetings, had taken place in the past, but not recently. There was a meeting planned however the lack of consistency meant this was a lost opportunity to both share information and gain feedback from residents and their family members. (See area for improvement 3)

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. This would include providing clear evidence of the audit carried out, the information sampled and the outcomes with identified actions to be followed up.

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).

2. Where any accident or incident reported to management, results in unexplained or unexpected injury this should be fully investigated and recorded, and notified to the care inspectorate.

This is to ensure care and support is consistent with the health and social care standards 4.1: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes and 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

3. To ensure people are actively encouraged to be involved in improving the service, family, friends and people supported should be given feedback on how quality assurance processes have led to improvements based on their feedback and suggestions.

This is to ensure care and support is consistent with the health and social care standards 4.1: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

How good is our staff team?

2 - Weak

We evaluated this key question as weak there were important weaknesses that needed priority actions.

Staff were recruited in a safe way. Induction processes were in place, and this included mandatory training. Whilst an induction process was in place, not all staff practice reflected the underpinning knowledge required.

Observations of practice had been undertaken, but when these highlighted practice issues, we could not see evidence of follow up, one to one meetings or reflection by staff to show improvement. At inspection we observed the same issues highlighted in previous months observations. The probationary process for new staff had not been carried out effectively and there was a lack of detailed one to one meetings with staff. Some staff practice we witnessed did not meet the expected standard of Nazareth Care. (See requirement 1)

For those needing support with moving and positioning we observed practice that was not in line with best practice. People experiencing care were not being supported in a meaningful way resulting in some people being distressed when being moved. (See requirement 2)

Some staff showed little or no initiative when supporting residents in the lounge areas. Some staff were caring and showed kindness and warmth when supporting people, however most support was task orientated. There was very little interaction, if any, out with tasks. This led to poor outcomes for people supported.

Further development of staff training including training to reflect practice guidance on dementia would be of benefit. This was discussed at the previous inspection, but not actioned. A revised area for improvement has been made. (See area for improvement 1)

There has been significant staff turnover in the last twelve months. This meant that the majority of staff were newer to their role. The staff rotas indicated that staffing was sufficient to meet the needs of people supported. However, on both days we were in the home, we observed no staff allocated to support people in

the lounges. Staff did not consistently engage with people out with task-oriented care.

There were four night staff including a senior support worker. However, a number of people chose to get up by 7am, this meant there was a lack of overview of the lounge areas where people spent their time prior to the day staff arriving. This meant there was no staff overview for people who were assessed as at risk from falls.

At the point of inspection there was no deputy manager or activities worker in post, this impacted on the overview of care. However, a deputy manager has been recruited to post and it was hoped to secure the recruitment of an activity worker in the next four weeks.

There was a lack of overview by management of the deployment of staff which made it difficult to assess if there was enough staff to meet people's needs. The provider should reassure themselves that staff is sufficient to meet the needs of the people supported. (See requirement 3)

Requirements

1. By 27 October 2023, people experiencing care must have responsive care from staff with the right knowledge and competence. The provider must at a minimum ensure:

- There is a management overview of the quality of care provided, which is evidenced based and recorded.
- Records of the overview of the quality of care includes an action plan with end dates for any improvements required and further review as needed.
- Observations of staff practice are carried out and recorded. This would include, ensuring training is put into practice, and that staff practice reflects the health and social care standards.
- Where practice is identified as needing improvement there is support through training and one to one meetings.

This is 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 to ensure care and support is consistent with the health and social care standards :3.14 which state: 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.

2. By 27 October 2023, in order to protect service users and staff ,the provider must ensure that it is always suitably competent persons who carry out safe and effective moving and assisting techniques. The provider must at a minimum ensure:

All staff must receive appropriate training and updates in line with good practice guidance in order to carry out safe and effective practices. This includes observed practice for staff, feedback and any identified actions, all of which must be documented.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users Regulation 15(a) and (b), (i) and (ii) - Staffing.

This is to ensure care and support is consistent with the health and social care standards :3.14 which state:

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.

3. By 27 October 2023, staff must be able to support people to receive care that meets their health, safety and wellbeing needs and enables them to experience respectful, personalised, and compassionate care. The provider must at a minimum ensure:

- There are enough staff on each shift who are appropriately trained, skilled, and competent in the role they are to perform at all times.
- The numbers and skill mix of staff deployed is based on an accurate assessment of each service users' needs, including needs arising from living with other service users in a group, taking the layout of the building into account.
- Make certain there are enough staff to ensure that service users experience meaningful engagement and occupation.

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 is to ensure care and support is consistent with the health and social care standards which state: 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like. 3.15 My needs are met by the right number of people and 3.16 People have time to support and care for me and to speak with me.

Areas for improvement

1. A full management overview of training should be undertaken, this would include:

- Training to reflect the promoting excellence framework for people with dementia, at a minimum of skilled level.
- Training which specifically reflected people's health needs living in the home.
- Training being linked into one to one supervision, be reflective of residents needs and staff be given the opportunity to reflect on their learning through observed competency checks.
- All staff undertaking training on the health and social care standards as part of their induction, including meaningful engagement.

This is to ensure care and support is consistent with the health and social care standards 4.27 I experience high quality care and support because people have the necessary information and resources.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Personal plans reflected choices and we saw some examples of people's choices being supported. Such as wearing jewellery, being supported to maintain appearances and keep in touch with family and friends. Some people had information about their life, which needed further work but was a good foundation to get to know the person. Further thought should be given to complete life stories for everyone living in the home. This had started at the last inspection but needed to be completed for everyone.

Anticipatory care plans are a tool to discuss what matters most when making plans for care in the future. Whilst there was information in the plans on peoples wishes, further work was needed to ensure the information was detailed and reflected discussions with the person and their family. This was in relation to people who had more recently moved into the home.

Family and friends had been involved in reviews of support with a social worker. However, the in-house reviews for people, which would include assessing if their support reflected the outcomes identified were not consistently done. This was highlighted at the last inspection and the area for improvement has been carried forward. (See area for improvement 1)

Areas for improvement

1. Six monthly reviews of support, as good practice, should give detail on discussions and reflect all aspects of care, including outcomes and activities. Outcomes of what people want from their life in the home (including relatives views) should be reflected in the review of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

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

Personal plans should accurately reflect the care provided. To do this the manager should ensure: Personal plans continue to be reviewed and updated accordingly to reflect all assessed care needs. The plans are fully audited to ensure all the information held within them can be cross referenced as being accurate. Daily records of care are improved to reflect the quality of care given, this includes food and fluid intake as appropriate.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 1 December 2022.

Action taken since then

The personal plans sampled did not all contain up to date and relevant information in way that would effectively direct staff to carry out care . For this reason we have made a requirement about personal plans which will replace this area for improvement under key question one.

Previous area for improvement 2

To ensure people are actively encouraged to be involved in improving the service, family, friends and people supported should be given feedback on how quality assurance processes have led to improvements based on their feedback and suggestions.

This is in order to comply with the Health and Social Care Standards 4.1: 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 1 December 2022.

Action taken since then

This area for improvement has not been met and is discussed further under key question two, where it has been carried forward.

Previous area for improvement 3

All staff should undertake the relevant level of training to promote their understanding and skills relating to supporting people with dementia. The training should reflect the promoting excellence framework for people with dementia, at a minimum of skilled level.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 4.27 I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 1 December 2022.

Action taken since then

This area for improvement has not been met and is discussed further under key question two, where a revised area for improvement has been made.

Previous area for improvement 4

To improve the environment of the home the provider should continue to develop a refurbishment plan. This should include, but not be restricted to redecoration, repairs, equipment replacement and improving the garden area. The plan should detail the timescales for refurbishment to take place and be reviewed on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 1 December 2022.

Action taken since then

Repairs and refurbishment is part of the ongoing service improvement plan. There is an allocated member of the team responsible for maintenance. They were fully aware of all the general maintenance needed to be completed and had a plan in place for this. However, this was only one person and thought should be given

as to how effective one person would be in the longer term in being able to maintain the home and large garden area. At this time this area for improvement was met.

Previous area for improvement 5

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 1 December 2022.

Action taken since then

This area for improvement has not been met and is discussed further under key question five, where it has been carried forward.

Previous area for improvement 6

Six monthly reviews of support, as good practice, should give detail on discussions and reflect all aspects of care, including outcomes and activities. Outcomes of what people want from their life in the home (including relatives views) should be reflected in the review of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 1 December 2022.

Action taken since then

This area for improvement has not been met and is discussed further under key question five, where it has been carried forward.

Previous area for improvement 7

To support people's health and wellbeing, the manager must implement care and support plans for people who are at risk of becoming constipated. This should include, but is not limited to, ensuring records detail preventative actions to be taken, how this will be monitored and managed, and ensure there is effective clinical oversight of people's elimination records.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 28 November 2022.

Action taken since then

Whilst elements of this area for improvement had been met, there was a lack of supporting evidence to show that there was clear guidance within the personal plan of how staff could recognise specific signs of constipation for individuals. This area for improvement has not been met and is discussed further under key question one, where it has been carried forward.

Complaints

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

Detailed evaluations

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

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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