

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Nazareth House - Manchester

Scholes Lane, Prestwich, Manchester, M25 0NU

Tel: 01617732111

Date of Inspection: 18 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Nazareth Care Charitable Trust
Registered Manager	Miss Barbara Lupton
Overview of the service	<p>Nazareth House is registered to provide care, including nursing care, for up to 61 people. It is attached to the convent of the Sisters of Nazareth in its own grounds near Prestwich. There is a residential unit and two nursing units, and all bedrooms are single.</p> <p>On the day of our inspection 59 people were living at the home.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During our inspection we looked at the care records for five people living at Nazareth House. In all cases people were assessed prior to moving to the home. Their care needs were usually reassessed every month and we saw evidence that their needs were being met.

We observed people being treated in a dignified way. People's records showed that personal choices had been taken into account in the way their care was delivered.

The people we spoke with were very complimentary about the home, the staff and their care. Their comments included "I'm so lucky being here. All the staff are so genuine and caring", "I couldn't ask for more. This place is absolutely brilliant and the care I get couldn't be better" and "All the staff are excellent. They do everything I need them to do".

The home was spacious and well maintained, and regular checks were carried out to ensure it was safe.

Staff received regular training that was monitored by the Manager. They had an annual appraisal meeting with their manager and staff told us they felt well supported at work.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

During our inspection we looked at the care records of five people living at Nazareth House. We saw that people were asked about their likes and dislikes, their family and friends, and about the activities they enjoyed at an assessment that was carried out prior to them moving to the home. A brief life history had usually been compiled and it was clear the person was involved in writing this. It was also evident that people had been involved in discussions about their care planning, and they had signed their care plans when they were able to do so.

People's spiritual needs were fully considered. A Mass was held at the home at least twice every day. We saw that priests also visited people in their rooms if they were unable to attend the services. For people who were not of the Roman Catholic faith church leaders from their denominations were invited to the home.

It was clear in care plans that people's dignity and respect was considered at all times. One person had speech difficulties, and it was recorded that they were able to understand and answer questions but staff must give them the time to do this.

We observed staff always knocking before they entered anyone's bedroom. People were spoken with in a respectful way, and we saw staff taking the time to chat with people.

People told us there were lots of activities for them to join in with. One person said "There's everything for everybody. I couldn't fault it, not one bit".

We spoke with three people who lived at Nazareth House. Their comments were all very positive. One person told us "There's nothing at all that's too good for you" and "[The staff] are like friends, not carers". Comments from other people included "It's very nice here. Everyone is very nice", "I'm so lucky being here. All the staff are so genuine and caring" and "Nothing is too much trouble. Even at night, if you want something [the staff] are there". One person said staff always asked them what they wanted to wear. They told us they were treated as an individual and always felt they could do what they wanted at what

time they wanted.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the care records of five people living at Nazareth House. Paper records were kept but all relevant information and daily updates were kept on a computerised system.

We saw that prior to a person moving to Nazareth House a senior staff member visited them to assess their needs and ensure the home could meet those needs. When they moved to the home risk assessments had been carried out, for example to check if people were at an increased risk of malnutrition or developing pressure ulcers. In all cases where a risk had been identified there was a plan in place to minimise the risk. We saw evidence that these care plans were usually reviewed every month. The computer system created an alert that the Manager could see if any risk assessments or care plans were out of date.

We saw an example of a person being at risk of malnutrition for a short time. During this time a record of exactly what they had consumed was kept until the risk was assessed as being reduced.

People's records were updated several times a day. We saw that the care that was specified in the care plans was being carried out, and where more in-depth information was required this was recorded.

We spoke with three people who lived at Nazareth House. They all spoke very positively about the care they received. Comments included "They couldn't do any more than what they're doing", "All the staff are excellent. They do everything I need them to do" and "I always get the help I need". One person, who described the home as "like a five star hotel", told us "I couldn't ask for more. This place is absolutely brilliant and the care I get couldn't be better".

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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During our inspection we saw the provider had taken steps to provide care in an environment that was suitably designed and well maintained.

The home had two passenger lifts of which one was able to accommodate a bed. These were regularly serviced. The fire risk assessment had been completed in November 2012 and no risks had been identified. The gas safety certificate was also up to date.

All areas within the home were accessible for people with mobility difficulties, including wheelchair users. Bedroom doors were wide to make mobilising easier. Corridors were also wide, and hand rails were along the walls for people to use as they walked around the home.

People were all accommodated in single bedrooms with hand wash basins. Some had their own en-suite bath or shower rooms. The others had 'Jack and Jill' en-suite facilities. We saw the home's plans for all bedrooms to have their own en-suite facilities by 2017.

We saw that a monthly workplace inspection was carried out every month. This included inspecting staircases, walkways, emergency lighting, car parks and storage areas. Where action or maintenance was required we saw this was recorded and actioned, then updated at the next monthly inspection.

Water temperature in all areas was checked monthly, water tanks were inspected, and there was a timetable in place to clean all the shower heads. The domestic staff made sure taps in each bedroom were used regularly. These actions and checks were important to minimise the risk of a Legionella outbreak.

There were several garden areas around the home, and these were all well maintained.

The records we saw provided evidence that all maintenance and safety checks were up to date. The staff member responsible for carrying out the checks had a well organised system in place.

The people we spoke with were positive about the environment. Comments included "I love my room. It's bright and has a lovely view", "It's just like home, it's a beautiful place"

and "The whole home is beautiful".

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We saw records that confirmed staff training was monitored by the Manager. Mandatory training, such as moving and handling, infection control and fire safety, was up to date for the majority of staff. Training was also provided on other aspects of care, such as the Mental Capacity Act 2005 and dementia care. Nursing staff had recently had updated training in some medical procedures. We saw that staff had the opportunity to complete National Vocational Qualifications (NVQs) and two of the three staff we spoke with had been trained to NVQ3 level.

All staff were scheduled to have an annual appraisal meeting with their manager before the end of March 2013. We saw that approximately a third of staff had already had their meeting and the paperwork was in place ready for when other staff had their meeting. The staff we spoke with said they also had supervision meetings with their manager. The Manager told us that these were not held as often as they liked, but they were in the process of setting up a system so staff were seen formally on a more regular basis. We saw evidence that these formal meetings had already been put in place for new staff so they were monitored and supported during their probationary period.

The Manager and Deputy Manager had recently started making themselves available at set times during the week. This was so that staff knew they could make an appointment to see them during these times if there was anything they needed to discuss. All the staff we spoke with told us they could request a meeting with their manager at any time and they felt well supported at work.

We saw minutes from meetings that were held with staff on each unit. These provided evidence that staff were kept up to date about any changes within the home. The Manager chaired these meetings and it was clear that they offered support to staff while ensuring they knew what was expected of them while at work.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We looked at the paper and computer records for five people living at Nazareth House. Paper records were kept securely in a locked cupboard. Staff could see computer records by accessing the system with their own password.

People's records all contained up to date information about all aspects of their care and support. They were well maintained and easy to understand.

We also looked at records regarding the building, including safety and maintenance checks. These were also well organised and up to date.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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