

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: 11 February 2014

Date of Publication: March 2014

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

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✘ | Action needed |
| Meeting nutritional needs | ✔ | Met this standard |
| Safeguarding people who use services from abuse | ✔ | Met this standard |
| Requirements relating to workers | ✔ | Met this standard |
| Assessing and monitoring the quality of service provision | ✘ | Action needed |

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. Some rooms comprise a self-contained unit of sitting room, bedroom and shower room.</p> <p>On the day of our inspection 58 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

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our visit, we spoke to six people who used the service. They told us about their experiences at the home, although some were unable to speak with us in detail. They were mainly positive about the home and the staff; however, we did find some areas of non-compliance.

We also spoke with seven members of staff.

The atmosphere was relaxed and homely; we observed staff interacting with people who used the service and it was clear that there were good relationships between them.

There were large gardens with seating and parking. There was an accessible entrance and a lift. Accommodation was provided in three units over two floors and we saw that rooms were light, clean and personalised with people's belongings. Each unit had a separate dining area and a lounge area, although we observed that most people stayed in their rooms. A room was available for families to stay if necessary.

There was a chapel and we were told that Mass took place every day.

We saw that a range of activities was provided and we heard how these were designed to stimulate, for example, to promote hand/eye co-ordination, sensory stimulation and mental stimulation. Staff told us that visitors were encouraged to engage in activities with their relative and we saw a list of suggestions, which included the benefits to be gained, displayed in the home.

A variety of information was displayed around the home, such as complaints, the home's core values and named dignity champions.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 April 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Before people received any care or treatment they were not always asked for their consent and the provider did not always act in accordance with their wishes and where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The staff we spoke with understood that capacity fluctuated and that people using the service may have capacity to consent to some things but not others.

They told us that they took time to explain processes so that people were able to understand and agree to them. Some were able to outline the processes they followed to ensure valid consent was gained and, where people lacked capacity, how a 'best interest' decision was made taking account of people's known preferences, but some staff were less clear about this. We noted too that some staff were unsure of what an advance decision was, which indicated a risk that advance decisions might not be adhered to. Some of the people we spoke with who used the service told us that the staff talked with them and asked them before they carried out any care or treatment. Most who were able to say were not sure whether they had been involved in planning and reviewing their care. We observed staff interacting with people and talking with them about what they were doing.

The files we saw contained a consent form, to be signed by the individual or their family, agreeing to a photograph being used in the file; however, none that we saw were signed and all the files we saw contained a photograph. Care plans were reviewed every month by staff. We were told that the people using the service were involved in the review and signed to confirm their agreement; however, we did not see signatures on any of the reviewed documents. More significantly, the files we saw contained little or no evidence of discussion about the individual's needs, choices and preferences, either with the individual or their families; thus it was not possible to say whether the care plans were person centred or reflected people's wishes. Some files contained assessments of capacity but we saw no evidence of best interest discussions or decisions where capacity was found to be

lacking. One assessment that we saw was incorrectly completed.

The training records we saw confirmed that most staff had undergone training on the Mental Capacity Act 2005 (MCA). We were told that the MCA and Deprivation of Liberty Safeguards (DoLS) Codes of Practice were available for staff to consult; however, what we were shown was a policy which made reference to the Codes.

We saw policies on consent, the rights of people who used the service, mental capacity and advocacy.

Overall, the provider did not have systems in place to ensure that valid consent was gained where possible or a best interest decision made where the individual person was not able to give consent.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The people we spoke with all said the food provided was good. We did not see a choice being offered at lunchtime; however, some of the people we spoke with told us that the staff brought round menus after breakfast and asked them what their lunch and dinner choices would be. This was confirmed by staff and by order forms we saw. People told us that choices were offered at every mealtime and we saw examples of four weeks' menus which confirmed that. We saw options such as roast beef, chicken, gammon, quiche, fish, a range of vegetables, sponge puddings and fruit. However, some staff expressed concern that there was little variety in the choice of sandwich fillings.

People who used the service were weighed on admission and weight routinely monitored on a monthly basis but more often if necessary, for example, if weight fluctuated. The staff we spoke with were able to describe what constituted a balanced diet, circumstances in which dietary supplements would be given and when a referral for specialist services would be requested, for example, a nutritionist or speech and language team, who would carry out a nutritional assessment.

We observed that most people who used the service were able to eat independently, some with the use of aids. Other people were assisted individually and the staff spent time helping them and prompting by way of reassurance. People were assisted to maintain their dignity and independence during mealtimes via encouragement and assistance from staff, although we noted that some staff referred to the protective garments used as 'bibs'. The staff we spoke with described how they ensured service users could take the time they needed.

We observed that trays were taken to some people to eat in their rooms; however, none of the files we saw documented the reasons for this, for example, as a personal preference or being due to illness.

Guidance on 'protected mealtimes' was provided to ensure people had the opportunity to have enough to eat and drink.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Staff told us how varying special needs such as pureed food, soft diets, and diabetic and gluten free diets were accommodated.

People were provided with a choice of suitable and nutritious food and drink.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the people we spoke with confirmed that they would speak to the staff or the manager if they observed any kind of abuse and that they were confident that it would be dealt with. They were able to say what they would consider to be abuse.

All the staff we spoke with demonstrated understanding of safeguarding, described types and signs of abuse and outlined the action they would take if they had any concerns. They demonstrated confidence in questioning the conduct of their colleagues and others. Some demonstrated understanding of capacity and the Deprivation of Liberty Safeguards (DoLS) and were able to outline the action to be taken if a person lacked capacity, although others were less clear.

We observed staff assisting and interacting with people throughout the inspection and noted that they did so confidently and calmly, ensuring that dignity and independence was maintained.

The training records viewed confirmed that most staff had received training on the Mental Capacity Act 2005 (MCA). Some staff, but not all, had received training on safeguarding.

We saw policies on the rights of people who used the service, whistleblowing, the Mental Capacity Act, challenging behaviour and control and restraint.

Overall, people who used the service were protected against the risk of abuse because the provider had made suitable arrangements.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Staff we spoke with were able to describe the recruitment process and the checks required before newly recruited staff began their employment.

In the staff files we looked at, we saw evidence of checks being undertaken prior to the commencement of employment. Each member of staff had completed an application form detailing their relevant experience, skills and qualifications. This was followed by an interview and we saw interview assessment sheets designed to establish suitability for working at the home. There was evidence of references being taken up and police checks obtained prior to staff starting work. Each person's identity had been confirmed along with entitlement to work in the UK. A medical questionnaire was included in the recruitment process.

The staff we spoke with were able to outline how they would report their concerns if they suspected that a professional was no longer fit to practice.

We were told that there was a written policy for recruitment and selection although we did not have sight of this among the policy documents. We saw policies and documentation relating to equal opportunity, induction and a probationary period for staff.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

Assessing and monitoring the quality of service provision

✕ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have effective systems in place to regularly assess and monitor the quality of service that people receive or to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff meetings took place on a three monthly basis. The minutes we saw included discussion about roles and responsibilities and accountability. Staff on one unit told us that they also held their own departmental team meeting every month. The staff we spoke with confirmed that they had the opportunity to input into service provision and that they were able to speak with the manager about issues or concerns.

We were told that three monthly meetings were held with people who used the service, although we did not see minutes of those meetings at the time of our inspection. We were told that the meetings of December and January had been cancelled. Minutes for meetings which took place in July and August 2013 were sent to us two days later. The latter meeting did not consider matters raised at the former and it was not clear whether they had been addressed or feedback provided. The second meeting raised a matter of staffing levels, expressed in relation to the time people had to wait for staff. The proffered solution was to reschedule Mass; however, this was not the preference of the people who used the service. Staffing was also raised via satisfaction questionnaires. We saw satisfaction questionnaires completed by people who used the service and their relatives, which contained a section for comments and suggestions. In the main, these evidenced a good level of satisfaction with the service provided although it was not clear whether an issue relating to delays in answering the nurse call system had been addressed. We were told that during the period of time in question there had been increased complexities of need on the floor and that, rather than increase the staffing level to accommodate the additional need, staff would be 'borrowed' from the other units. We also saw that there was a suggestions box in the foyer, which gave people a further opportunity to raise matters.

A programme of training was in place for all staff which demonstrated continuing professional development. This meant that people were cared for by people whose skills and knowledge were up to date. Some staff had undertaken the 'six steps' programme designed to enhance end of life care and this was to be rolled out across the home. One

member of staff had been trained to train others and provided in-house training.

We saw that annual appraisals were carried out but we did not see records of supervision, which would enable the provider to monitor progress against objectives and ensure that, for example, attitude, skills and experience were appropriate.

Risk assessments carried out in relation to the welfare and safety of the people who used the service and attached to care plans were viewed. Care plans were reviewed routinely every month by staff and changes at other times documented as necessary. However, as the care plans we saw were not clearly person centred, we could not establish that the assessments of risk were appropriate to the individual. We were told that audit of care plan reviews took place but we did not see evidence of this during our visit. Two days following the inspection, we were sent a blank copy of a pro forma for auditing care plan reviews but we did not see the document in use.

We were told that complaints received were kept in the file of the individual concerned and we saw a file which contained a record of a complaint. We saw that the matter had been responded to appropriately; however, it was not clear how complaints made by other people were dealt with and with no central record we could not establish how analysis was carried out or what the service had learned from complaints received.

We were told that records of adverse events were kept but these were not available; thus we were unable to establish how adverse events were analysed and whether any action was taken, for example, where a trend might have been observed.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The staff we spoke with demonstrated understanding of lines of accountability, responsibility and reporting and were able to outline the process they would follow if a decision maker was not available. However, we did not see an organisational chart or written description of the process for decision making which would assist staff.

We saw a report from the local authority dated June 2013 and noted that some recommendations had been actioned although not all were complete.

Policies and procedures relating to complaints, equal opportunities and whistleblowing were seen.

There was little evidence that the provider had effective systems in place to assess and monitor the quality of the service being delivered.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| | |
|--|---|
| Regulated activities | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment |
| Treatment of disease, disorder or injury | How the regulation was not being met: The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. |
| Regulated activities | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision |
| Treatment of disease, disorder or injury | How the regulation was not being met: The provider had no effective system to regularly assess and monitor the quality of service that people receive and the provider had no effective system to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. Regulation 10 (1) (a); 10 (1) (b); 10 (2) (b) (i); 10 (2) (b) (iii); 10 (2) (c) (i); 10 (2) (d) (i); 10 (2) (d) (ii); 10 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. |

This section is primarily information for the provider

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 April 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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