

Nazareth House Care Home Service

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Glasgow
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Type of inspection:
Unannounced

Completed on:
8 August 2024

Service provided by:
Nazareth Care Charitable Trust

Service provider number:
SP2013012086

Service no:
CS2013317817

About the service

Nazareth House is registered to provide care for 70 older people with physical/sensory impairment, some of whom may be living with dementia. There were 70 people using the service at the time of this inspection.

The provider is Nazareth Care Charitable Trust.

This purpose-built home is situated in Cardonald, Glasgow, and is close to local amenities and transport links.

The home is made up of two units, Larmenier on the ground floor and St. Theresa's on the first floor. Each unit has a dining room, several lounges and communal bathrooms.

Within the home there is a café area, hairdressing salon and a cinema. All bedrooms are single occupancy with en-suite walk-in shower and toilet facilities.

There is a large, enclosed garden with raised beds where residents can participate in gardening, if they so wish.

About the inspection

This was an unannounced inspection which took place between 30 July and 8 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate with support with telephone interviews carried out by another inspector.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Spoke with four people using the service and nine relatives
- Spoke with 14 staff and management
- Spoke with two visiting professionals
- Observed practice and daily life
- Reviewed documents.

Key messages

- People using the service and their relatives were very satisfied with the standards of care and support provided.
- Further work was needed to ensure a consistent approach to escalating concerns and that staff of all levels understood and followed best practice guidance aligned to adult support and protection reporting.
- The management team was motivated to ensure people living within the service received high standards of care and involved people with the ongoing development of the service.
- People benefited from living in a clean, comfortable, stimulating and well-equipped environment.
- Personal plans needed to be developed further to ensure that they consistently reflect the changing needs of people using the service and guide staff practice.
- As part of the inspection we assessed the service's self evaluation of key areas. We found the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The stable staff team at Nazareth House meant that people could be confident that they were supported by familiar individuals who knew their needs and preferences. People benefited from positive relationships with the staff team. Staff were observed using a kind, nurturing approach when supporting people.

Relatives expressed the opinion that good standards of care were provided to their loved ones, communications were appropriate and they felt involved with decisions around their relatives' ongoing care.

"From day one [relative] improved leaps and bounds. Now that [family member] has seen [relative] improve they're feeling better. Home gave suggestions for ways they could find support."

"No concerns whatsoever, I feel secure in the home meeting [relative's] needs."

"Kept up-to-date as next of kin - they [staff] don't hesitate to ring for example for permissions for vaccinations."

Staff spoke of their commitment to providing high standards of care. We saw they had taken time to ensure each person was well presented with matching clothes and jewellery. This made people feel valued and promoted self esteem.

Regular and appropriate referrals to external agencies were made when staff detected changes in the health and wellbeing of people within the service. External health professionals shared they had confidence staff provided good standards of care and support.

Having good nutrition helps keep people well. We observed staff providing appropriate levels of support at meal times. Meals consisted of well cooked food, attractively presented with a range of choices made available and tailored to meet people's needs. Regular drinks and snacks were offered outwith mealtimes.

Having the right medication at the right time is important to help keep people well. Those on medication prescribed on an "as required basis" for stress and distress had protocols in place. Other approaches had been used by staff before considering administering medication meaning that people's rights were being promoted. When medication errors had occurred, a lessons learned approach had been used in an attempt to reduce the risk of recurrence.

People benefited from a range of activities aligned to their preferences and abilities.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People can expect to use a service that is managed well. The staff team spoke positively about the manager who was approachable and supportive. Themes from completed interviews with relatives indicated that the management team was accessible, responsive and motivated to ensure good standards of care were provided to their loved ones.

"The manager and deputy couldn't be more empathetic. Couldn't have done more to help when [relative] was in hospital prior to coming into the home. Their experience is that it just gets better."

"It's absolutely marvellous. [Relative] was in another home previously. It's like night and day in comparison."

A quality assurance system supported a culture of continuous improvement. A range of audits helped managers assess the quality of the service and compliance with expected standards. This took account of key areas of service provision such as the environment, medication management, falls, accidents and incidents.

We found accident and incidents were reviewed and responded to. This included making adult support and protection referrals when adverse events occurred. However, some further work was required to ensure a consistent approach was used by staff when escalating concerns (see area for improvement 1).

Staff attended team meetings and one to one supervision sessions with their line manager. This gave an opportunity to express their views on what was working well and where developments were needed. During the inspection, we heard that the provider had facilitated an additional consultation opportunity for staff to express their views. This helped staff feel listened to and valued.

However, supervision records were not fully aligned with the organisation's procedures. Records did not detail which competencies were assessed and how areas identified as needing improvement would be monitored. Improvement in this area would offer assurance that staff worked to the expected standards (see area for improvement 2).

Having appropriately trained and skilled staff is important for keeping people safe. The service used a blended approach which consisted of online and face-to-face training. The manager had oversight of staff training. Compliance rates with mandatory training were high at over 84% compliance. This included adult support and protection training. However, staff we spoke with gave varying accounts about how they would escalate protection concerns. To ensure a consistent approach, in accordance with best practice, additional direction should be provided (see area for improvement 1).

People using the service, and their loved ones, were involved in shaping the ongoing development of the service through attendance at forums, meetings and completing surveys to share their views.

Feedback from people who use and work in the service, and the outcome of quality audits, was used to inform a service improvement plan.

The management team and key people had completed work on the self evaluation of the service against the quality framework for care homes for older people. We directed them to focus on core assurance areas and to build on this work.

Areas for improvement

1. The provider must ensure a consistent approach to escalating concerns relating to adult support and protection. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).
2. Staff supervision processes should follow organisational procedure. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service used a recognised tool to inform staffing levels which took account of the current needs of people living within the service. Staffing levels had increased to meet the needs of people.

The service had a stable staff team. This had been supplemented by some recent agency use. The service strived to use the same agency staff to promote continuity of care. We identified that improved oversight of the skill mix of staff was needed to ensure less experienced staff were appropriately supported by established staff.

Staff were polite, respectful and responsive when assisting people. We received positive comments about the attentiveness, kindness and compassion shown by the staff team.

"Staff are more than attentive and respond when [relative] is distressed - [relative] will get a cup of tea whenever they want."

"[Relative] is in a safe nurturing environment. Sometimes I go in unannounced and I've never seen anything that would upset me. [Relative] is ready and smart when I come in to see them to go out. They are well cared for."

How good is our setting?

5 - Very Good

We evaluated this key question as very good as there were major strengths in relation to the environment which promoted positive outcomes for people.

People were supported to maintain levels of independence with many holding keys to access their bedroom when they wished.

Technology helped to keep people connected to their families. People who wished to practice their faith were supported to attend the onsite church or if they preferred use remote access technology.

The home was cleaned to a very good standard with domestic staff following cleaning schedules.

Personal protective equipment (PPE) was readily available for staff with good practice guidance on display. Some staff chose to wear face masks; however they did not consistently follow good practice guidance. This is an area that should be monitored by the management team.

The home was bright, spacious, clean and well presented throughout.

The design of the home gave people opportunities to spend time where they would like with a range of communal lounges. The on-site café was used by many visitors joining their loved ones.

Bedrooms were spacious and all offered accessible en suite shower facilities which helped people maintain privacy and dignity. Specialist baths were available as alternative to showers.

There was a range of equipment to help keep people safe and comfortable such as profiling beds and sensor alarm pads.

The gardens were maintained to a very high standard and people were observed enjoying the facilities during the inspection.

Environmental audits had been completed and contracts were in place for the checking and servicing of equipment aligned to manufacturers' recommendations. This helped ensure the environment was safe and well-maintained.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Each personal plan contained a range of recognised assessments tools which were used to monitor the health and wellbeing of each person. These had been used to inform referrals to external agencies.

Overall, assessment tools had been used to help inform associated personal plans and direct how staff should provide support.

We found examples of inappropriate terminology. Care records should reflect the positive approaches and practices used to support people who live with dementia.

When adverse events occur such as when a person sustains a fall, associated risk assessments and support plans should be consistently reviewed to evaluate the effectiveness of risk reduction measures and reduce risk of recurrence (see area for improvement 1).

When people have been identified as at risk of dehydration there should be improved recording of intake (see area for improvement 2).

People we spoke with including relatives shared that they felt involved with the planning of care and reviewing the effectiveness of the care provided. The management team was in the process of transferring care review records within the electronic system used. This should be progressed.

Areas for improvement

1. To ensure people's needs are accurately recorded and consistently guide staff to keep people safe and well, personal plans and risk assessments should be re-evaluated following any adverse event. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

2. Where people are assessed as being at risk of dehydration, daily fluid targets should be identified and robust monitoring arrangements in place to evidence people's intake. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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