

Nazareth House Care Home Service

13 Hillhead
Bonnyrigg
EH19 2JF

Telephone: 01316 637 191

Type of inspection:
Unannounced

Completed on:
19 September 2024

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 nine bedrooms on the ground floor, three of which have ensuite facilities and 27 bedrooms on the first floor, 11 of which have ensuite facilities. The dining room and two lounge areas are situated on the ground floor. The home also benefits from a music therapy room and a chapel. 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 34 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 16,17,18 and 19 September 2024. The inspection was carried out by two inspectors. Two inspector volunteers also joined the inspection on 18 September. Their role was to speak with relatives and people supported to gain their views of the home. 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

- The home had a permanent music therapist. This greatly benefitted people living in the home, who had opportunities for one-to-one sessions, or to be part of larger groups, like the choir.
- Whilst staff were kind and showed warmth to residents, staff practice was inconsistent and did not always reflect the information within individual care plans.
- Whilst there were pockets of very positive interaction between staff and people supported, this was let down by variable communication. This meant peoples support needs were not always promptly addressed. to
- There remained a high number of agency staff working in the home. Whilst consistency of the agency staff was always considered, ways to recruit and retain permanent staff should continue to be discussed.
- Further thought was needed on how to promote team working. This may include an external consultant to work with the management team and staff.
- The manager and deputy manager were new to management and to their roles in the home. Further support to aid their development as managers would be beneficial to them.

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?	3 - Adequate
How good is our setting?	3 - Adequate
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.

People, overall, were very complimentary about the care and support they received. People who were unable to freely give an opinion of their care, looked relaxed and comfortable in their environment and in staff company. Whilst people were treated with kindness and respect during care tasks, there was variable meaningful engagement from staff out with the tasks. There were pockets of practice, which were person centred and meaningful, but these were outweighed by overall task orientated care. This had also been discussed at previous inspections.

An activity coordinator was due to commence employment and it was hoped this would enhance people lives in the home by giving more structure to activities.

A music therapist was employed in the home, and this benefitted people's health and wellbeing. From observing an individual session, we saw the person 'come to life'. The benefits of the music therapy sessions were clear and these also gave an outlet for how the person was feeling. There were also group sessions, where relatives could join in. This supported relatives to connect with their loved ones through music, which was especially relevant for people living with dementia who may find communication difficult.

People's wellbeing benefited from having contact with their families and friends. Family and friends were welcomed to the home at any time.

Some staff had worked in the home for a longer period and knew people's care needs better than others. There was a proportion of people living in the home who still needed time to settle in and for staff to get to know them. 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. A strength of the home was the collaborative working between health professionals and the management team. This included the systems put in place by the manager to monitor health, which allowed prompt healthcare interventions.

Personal plans contained information about health, people's preferences and assessed care needs. There had been an improvement in the content of the plans from the previous inspections. Whilst these remained a work in progress, we could see more accurate information about support needs which meant less ambiguity for staff. However, in saying this, there were several occasions where care was not given as was described in the personal plan. Staff also said there were occasions where communication was poor about changes to care. (See area for improvement 1)

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.

People were supported with nutrition and hydration. Adjustments were made to the menu to meet individual requests, including specific dietary requirements. People told us they enjoyed the food. We saw where people did not want the choices on the menu, alternatives were offered. People's weight was monitored to identify if further support was needed from a health professional, for example a doctor or a dietician.

Areas for improvement

1. To ensure people receive consistent care which is right for them, all staff should follow the directions as laid down in each person's personal plan. This includes all aspects of care and support. Systems should be used, such as observations of practice to ensure this can be evidenced.

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.

The manager had taken up their post in July 2024. To support improvement, they had put a full and detailed service improvement plan in place. This covered all aspects of the service, which was regularly updated and monitored.

A system of audits were in place and regularly completed. The audits fed into the 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 online format for the audits meant there was a lack of space to write detailed accounts of these. We discussed with management, areas which would further improve transparency of audits being completed. This to include, what was looked at, what was found including any observations to support findings and what actions were put in place to show improvements.

Audits linked to healthcare were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive health outcomes for people living in the home.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care Inspectorate. The manager ensured where needed, that any identified risk led to changes in planned care.

The manager and deputy had a plan for observed staff practice and one to one supervision as part of the quality assurance process. However, this was a work in progress and further evidence was needed to show how these supported improvements for the people living in the home and enhanced staff practice. An area for improvement has been made under key question three.

Further support was needed by senior management to ensure the manager and deputy had the opportunity to develop their skills and develop as managers. (See area for improvement 1)

Areas for improvement

1. To ensure the service is well led, further support was needed by senior management to enable the manager and deputy manager to develop their skills and build on their confidence in the management role. This would include on site support a minimum of one day per week.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23 I use a service and organisation that are well led and managed.

How good is our staff team?

3 - Adequate

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

Staffing was sufficient to meet the needs of people supported. Over the whole inspection we saw staff numbers reflected dependency and should have been sufficient to meet peoples needs. However there was often a lack of communication between staff about planned care ,management did not spend the time needed to fully observe staff practice, this meant it was difficult to identify the underlying issues. From observations in the lounge areas ,we saw interactions between staff and the people supported could vary greatly over the space of 30 minutes.

Some staff were caring and showed kindness and warmth when supporting people. However, most support was task oriented and at times, some staff had a lack of awareness to people's needs. There was a lack of evidence of staff reflection of practice, staff observed practices and one to one meetings . We do recognise there was a planned approach to these and this had started, however observations of practice throughout the day needed a stronger foundation. There was a lack of team working, with definite divisions within the staff group. We suggested bringing an external facilitator in, to support team building and to develop open and transparent communication. (See area for improvement 1)

Systems were in place to show staff were appropriately registered with regulatory bodies such as the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team.

At present the majority of staff had completed or will be completing the foundation training in dementia. As discussed at previous inspections, staff should be trained to skilled level when directly supporting people on a day to day basis. This would be seen as good practice. Because the manager has started the process to support further training in dementia we have not made an area for improvement.

Areas for improvement

1. To ensure people experience high quality care, the provider should continue to ensure that all staff have regular opportunities to develop their skills and reflect on their practice. This should include but not be limited to, planned observations of staff practice and regular one to one supervision. Thought should be given to improve team working and communication within the staff team, this may be achieved through an external facilitator who could support team building.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 setting?

3 - Adequate

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

There was an inventory of equipment in the service to confirm that safety checks in accordance with Lifting Operations and Lifting Equipment Regulations 1998. (LOLER). The home was well maintained.

There was a range of checks weekly, monthly and annually and records were signed and dated when completed. All maintenance checks for the home were overseen by the allocated maintenance member of staff. They had systems in place for all checks and carried these out efficiently with an underpinning knowledge of practice and legislation.

At present people did not all have independent access to the garden as there were some issues the safety of the paths, however this was to be addressed with non slip surfaces to be put in place .this will enhance peoples lives with the ability to go into the enclosed garden area independently.

Since the last inspection the addition of a café area had also meant relatives could meet with people in relaxed space in private. This had been a very positive addition to the home. An outdoor, fully enclosed bar area was also near completion.

At inspection we found issues with bed linen with some staining, two carpets needing replaced in bedrooms and overall décor looking tired. Some areas were also needing addressed on the outside of building as well. When we fed back what we found ,the manager had taken immediate action to rectify this,, where possible. There was a budget in place to redecorate the downstairs hallway, however a full refurbishment plan should be considered.

Staff practice was variable when it came to infection prevention and control, (IPC) we gave examples of this to the manager. These areas had already been identified by management and discussed at a team meeting in July. The laundry area was uncared for and there were again IPC issues, with no waste bin lid , items on the floor and general issues with cleanliness. (See area for improvement 1)

Areas for improvement

1. To ensure effective IPC practice, all staff should receive further training in IPC, the safe handling of linen and good hand hygiene. The laundry area should be kept clean and free from clutter. Any bins in the area must have a lid and and the appropriate pathways used to ensure the risk of infection from used linen is minimised.

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

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 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 but needed to be completed for everyone.

People benefitted from a range of assessment of health and care needs which informed detailed support plans and risk assessments. Prior to moving into the home an assessment was completed to enable a picture to be built of their needs. Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed.

People had access to external professional support such as GPs, opticians, and occupational therapists when this was needed. This ensured people were receiving regular routine health screening and had access to other peripatetic professional support.

Future care plans are a tool to discuss what matters most when making plans for care in the future. There was information in the plans on peoples wishes, which reflected discussions with the person and their family.

Family and friends had been involved in reviews of support which discussed peoples care and health. Whilst reviews were completed, we suggested comments from those living in the home and from relatives were incorporated into the reviews. This would then link into quality assurance processes, evidencing feedback.

At inspection, some task-oriented routines detracted from any activities. Further thought needs given as to how to support activities in a meaningful way. Whilst we recognise an activity worker has been employed but is yet to start, we have carried forward the previous area for improvement made. (See area for improvement 1)

Daily records of care were not consistently completed. There were gaps in all aspects of daily records and monitoring. This meant it was difficult to accurately assess if the planned care had been effectively carried out. We have carried forward the previous area for improvement made. (See area for improvement 2)

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 have 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. People's needs should be fully met as agreed in their personal plan, to achieve this, all documentation relating to care should be accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.

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

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

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

People should have confidence that staff know how to care and support them, taking accounts of their needs and wishes. To achieve this:

- The personal plans should be reflective of preferences in personal care.
- They should also give information to staff where the person is unable to effectively communicate any health concerns. This would include reference to changes in demeanour or body language.
- A review of plans should be undertaken to ensure that section within these do not contain differing information.

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 2 November 2023.

Action taken since then

Personal plans were improved from the previous inspection. There was, less contradictory information in them, and assessments of care were accurately recorded and reviewed. However care given did not always reflect the information held within the plans. Whilst more work was needed to ensure consistency across all the personal plans, there was enough progress to meet the area for improvement

Previous area for improvement 2

People's needs should be fully met as agreed in their personal plan, to achieve this, all documentation relating to care should be accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.

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

This area for improvement was made on 2 November 2023.

Action taken since then

This area for improvement has not been met and is carried forward under key question five.

Previous area for improvement 3

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 2 November 2023.

Action taken since then

Whilst there were significant strengths in having a music therapist employed in the home, there remained a lack of initiative from staff with regard to activities. As the activity co ordinator had not commenced employment at the point of inspection, this area for improvement has been carried forward under key question five.

Previous area for improvement 4

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 2 November 2023.

Action taken since then

Whilst reviews happened, as did communication with relatives these needed to be more detailed and better recorded. However six monthly reviews covered all aspects of care. Area to improve were the records of feedback from relatives .As reviews were taking place and all aspects of care were reviewed this area for imprpvment has been met

Previous area for improvement 5

To ensure people experience high quality care, the provider should continue to ensure that all staff have regular opportunities to develop their skills and reflect on their practice. This should include but not be limited to, planned observations of staff practice and regular one to one supervision.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS)

which state: '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)

This area for improvement was made on 2 November 2023.

Action taken since then

It was too soon at this time to see this has improved outcomes for people supported. planned observations of practice had commenced as had supervision for staff but this needed further evidenced. This area for improvement has been carried forward under key question three

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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