



Inspection Report on

Nazareth House - Cardiff

**Nazareth House
Colum Road
Cardiff
CF10 3UN**

Date Inspection Completed

10 August 2021

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About Nazareth House - Cardiff

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Nazareth Care Charitable Trust
Registered places	54
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active offer' of the Welsh language.

Summary

The service has made some improvements since its previous inspection such as the supervision of management and hygiene and infection control. The completion of daily records has improved and we were told about a new system that will make it easier for care staff to document daily records. However, we still found gaps in records such as food charts. Care staff appear passionate and dedicated to the people they support. Regular care staff appear to know the people they support well. People told us they get along well with the care staff although feel they are always rushing and do not have time to speak with them. Feedback we received shows that inadequate staffing levels continues to be a concern within the service. We saw that quality assurance systems have identified issues within the service and the service has implemented appropriate actions. Most people and their relatives are dissatisfied with the overall dining experience at the service. These areas have been identified as priority action notices and require immediate action.

Well-being

People's physical and mental health is supported through appointments with the relevant health professional. We saw that professionals views are sought when required and plans are updated to reflect any changes. Risk assessments are completed and reviewed where appropriate. However, people are dissatisfied with the food at the service and the overall dining experience. This could impact people's physical as well as emotional health.

Activities and events are organised to promote peoples physical and mental health. We saw some people engaged in a game of dominoes. People feel they are well looked after, however, most people feel that care staff do not have enough time to sit and talk with them. Relatives feel that interaction and engagement within the service is low. We saw limited opportunities for people to interact or engage with an activity when we visited.

People are happy living at the home and, even though some raised concerns with us, people feel safe and content. People praised the care staff and feel they work very hard. People appear to have good relationships with those care staff they know well. People know who the manager is and we saw people openly discuss issues directly with them.

People live in safe accommodation, which supports their needs. Equipment is readily available and safe to use. People told us they liked their bedrooms and enjoyed the service's large grounds.

Care and Support

Personal plans and risk assessments are regularly reviewed and person centred. There is some improvement in daily records. However, these still include gaps. Management told us that a new recording system is starting this year and this will make recording more accessible and user friendly for care staff. The provider has made good progress and we no longer consider this to be an area for priority action. However, further improvement remains needed to fully meet the relevant regulation. This priority action has now been reduced to an area of improvement. We will follow this up at the next inspection.

People receive support from trained care staff who appear passionate about their role. We saw consistent care staff hold good relationships with people and know them well. Some relatives praised the home for their level of care and support; however, some relatives raised concerns about a lack of interaction and engagement. We observed people receive limited engagement and little interaction when we visited. One person told us that *"staff are rushed and don't have time"* and a staff member commented, *"we haven't got time to sit and talk with residents"*. We saw some people playing dominoes on the day of inspection and management told us about new activities and events planned. During a 'residents meeting', it was discussed that a 'ladies lunch', 'gentlemen's club' and a 'sports day' had been organised.

The appropriate professional completes assessments such as speech and language therapy (SALT). Care staff and nurses complete records to record and monitor people's weight. However, there are gaps in food and drink charts. Where records are complete, the information is not sufficient to inform a professional about the person's diet and fluid intake. People are not satisfied with the dietary options available to them and the dining experience, as a whole, needs to be improved. One person described the food as *"horrible"* and a relative told us *"the food is appalling"*. The RI told us that a new menu has been implemented and images of meals are now being shown to people to provide a visual of what to expect. We have issued a priority action notice and expect the provider to take immediate steps to address this.

The service has improved its standards of hygiene and infection control since our previous inspection. We saw that personal protective equipment (PPE) is readily available throughout the service. Care staff who are employed by the service have improved their use of PPE and we saw that masks were being worn correctly. We did observe agency staff did not wear their masks correctly and we addressed this with them and informed the management. The environment has now been decluttered and equipment is being stored appropriately. The Covid-19 and infection control policy has been reviewed in line with Welsh Government guidance. However, there were delays and confusion in providing the most up to date policy. The provider has made good progress and we no longer consider this to be an area for priority action. However, further improvement remains needed to fully meet the relevant regulation. This priority action has now been reduced to an area of improvement. We will follow this up at the next inspection.

Environment

People are happy with their accommodation. We saw personalised bedrooms and people told us they enjoy the service's large grounds. The service has made improvements in relation to their health and safety arrangements. During the inspection, we saw a maintenance person carry out checks and provide feedback to the deputy manager. We saw that equipment is serviced and clean. The maintenance person has implemented good systems to ensure that appropriate health and safety checks are completed on time. The building is secure, and the majority of locations that need to be secure were locked on the day of inspection. Equipment is now being stored in the appropriate location. Management told us that there had been a great effort to dispose of unwanted items within the service.

Leadership and Management

People have the opportunity to share their views in resident meetings. We found that most people appear confident in sharing their concerns with management. A 'resident's survey' had been completed in 2019 and one was ongoing at the time of inspection. The RI conducts three monthly visits to the home, which provides people and care staff with an opportunity to raise any concerns. We saw internal audits and inspections have been carried out within the home and by senior managers, which identify actions for the service. The RI has completed a six monthly quality of care review, which identifies what the service does well and what they need to improve. We saw some communication between the RI and the management team via email and virtual meetings. Regular heads of departments meetings ensure that any concerns are shared with the teams. Management told us that they have faced additional pressures due to limited support with administrative tasks; however the RI confirmed that this is being rectified.

Staffing continues to be a concern within the service. Management and staff told us that during times of sickness or annual leave staffing is problematic. During the day of inspection, short staffing was an issue. Rotas show a high usage of agency staff. The majority of feedback we received from care staff, people and their relatives, raised concerns about short staffing and the impact this has on people. A relative told us "*there are frequently no staff to be found*" and a staff member commented, "*There's no time, I want to do more, I can't*". People commended the staff for their hard work and dedication although are concerned about their welfare due to pressures when understaffed. Internal quality assurance systems have identified issues relating to staffing. Management and the RI told us that recruitment is ongoing and new employees have already been recruited. We have issued a priority action notice and expect the provider to take immediate action to address this.

Areas for improvement and action at, or since, the previous inspection. Achieved

Regulation 56 1, (a) Hygiene and Infection Control	Regulation 56(1)(a)
Regulation 59: Records (3), – The service provider must – (a) ensure that records relating to individuals are kept up to date	Regulation 59(3)(a)
Regulation 66 :Supervision of management of the service – The responsible individual must supervise the management of the service, which includes taking steps described in regulation 64, 72 and 73	Regulation 66

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

Regulation 34 Staffing - The service provider must ensure there at all times a sufficient number of skilled and competent staff deployed to work at the service	Regulation 34(1)
Regulation 21 - Standards of care and support - Individuals must be provided with choice that meets their needs and preferences	Regulation 21(1)

We found poor outcomes for people, and / or risk to people's wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required

Regulation 56 - Hygiene and infection control - All staff working at the service must wear the appropriate PPE Management must have access to the most up to date policy in relation to hygiene and infection control	Regulation 56(1)(a) Regulation 56(2)
Regulation 59 3 a - Records - The service must ensure that daily records are up to date	Regulation 59(3)(a)

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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