

# Inspection Report on

**Nazareth House - Cardiff** 

Nazareth House Colum Road Cardiff CF10 3UN

**Date Inspection Completed** 

29/02/2024



## **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	13 <sup>th</sup> June 2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

## **Summary**

People told us they are happy at the home. People and relatives praised the care staff for their level of care and support. The service continues to implement measures to improve and maintain the historic building. There is significant financial investment to maintain the building which includes an adjoining church. People told us that their faith is important to them and being able to attend daily mass is a huge part of their lives. There is a new manager at the service who relatives describe as "approachable" and "lovely." Records at the service need to improve to ensure they provide sufficient information for care staff. There are ineffective systems in place to monitor and improve, we found this is impacting people's health and well-being. We found that insufficient staffing levels and the poor deployment of care staff within the service remains an on-going concern.

#### Well-being

People have some control over their day-to-day life. People told us they have regular meetings where they can share any issues. People and relatives told us they can speak openly with management and care staff. Care staff hold positive relationships with people. Care staff treat people with dignity and respect. People and relatives praised the care staff for their level of support. People are not involved in their reviews, and we found some individuals' circumstances have not been considered. The Responsible Individual (RI) informed us they visit the service regularly to gain feedback from people.

People have access to planned activities throughout the week, which they told us they enjoy. People can attend church on a regular basis so their spiritual needs can be met. We saw people chatting with one another at mealtimes and appear to have developed good relationships with others. We saw choices are offered. People told us they are supported to see health professionals and are given their medication in the right way. Some medication records need to be improved. Insufficient staffing levels have impacted the quality of records regarding people's health. The service needs to take action to address this.

Visitors' identity is checked on arrival to ensure the visit is safe. Care staff are appropriately recruited and vetted prior to employment. Care staff receive training to understand how to keep people safe. Care staff know people well and attempt to be as responsive as possible to their needs. One staff member said, "Our job is to give them the best we can." However, issues with staffing levels and deployment are causing delays to people's care. Systems in place to monitor people's health and well-being are ineffective, this is placing people at risk and requires urgent action.

People live in a warm and comfortable home. People's rooms are personal to them with their own belongings around them. There is a church attached to the service enabling easy access for people who wish to practice their faith. People told us this is extremely important to them. There are vast and well-maintained gardens surrounding the service. The home is clean and has the appropriate equipment in place to aid mobility, which is safe to use.

#### Care and Support

People told us they are happy at the service, and we received positive feedback from relatives. People told us the accessibility of the church and attending mass is an important part of their day-to-day life. The service provides a weekly activity programme which includes, exercise class, bible study, quiz night, choir, bingo, and dog therapy. People told us they are happy with what activities are available. The dining experience is relaxed, and people told us they enjoy the food, and most are happy with the portion sizes. We saw people chatting together and appear to have developed genuine friendships. Care staff engage well with people and offer choices at mealtime.

Some people require support with eating, drinking, wound care, and personal care. Records relating to this are completed either very late or not at all. This may cause confusion for care staff and limit their ability to take appropriate action when needed. People have personal plans in place and most include important information about the person and reflect most of their care needs. People told us they usually have regular meetings so can raise any issues. We did not see any evidence to show people are involved in their personal plan reviews. We found some peoples personal wishes regarding the end of their life was not evident or there was opposing information, making this confusing to understand.

Care staff approach people with kindness, dignity, and respect. One relative said, "X is safe and well cared for by staff, could not do enough for X" another said that care staff "actually care." Some people told us they have access to health care professionals when required. People told us they receive their medication at the right time and in the right way. We found some medication records are insufficient and do not identify reasons for the medication nor their impact or possible side effect.

The recording of information needs to be improved. While no immediate action is required this is an area for improvement and we expect the provider to take action.

#### **Environment**

The building is historic and is attached to a church. People told us this is very important to them as enables them to practice their faith. One relative told us "It's like a community here." People's rooms are clean and personal to them with pictures and belongings decorating the room. There is some Welsh signage available throughout the building. Management told us they also offer a 'Welsh Wednesday' where people can enjoy Welsh cakes, tea and are offered Welsh activities.

Dining rooms are well presented and inviting. People sit together and can talk about their day. Drinks are readily available to most people. There are large, well-maintained gardens surrounding the service. The cleanliness of the service is good with some wear and tear such as scuffed doors and skirting boards. The service has ongoing maintenance work in place to enhance the environment. We saw financial investment into the service, such as the maintenance of the roof.

Relatives told us they felt the environment is much improved. Exit doors are secure to keep people safe. We found some internal doors, leading to areas which could pose a risk to people, were not as safe and secure, we informed the manager of this. On arrival, our identity was checked to ensure the visit was safe and we were asked to sign in so our visit could be logged. Equipment is available to people who need support with their mobility. This equipment is clean and safe to use. There are call bells available to people and people told us they are mostly responded to in a timely manner. The large building is very spacious, and this means care staff must walk further when responding to people, which can cause some delays. We saw good infection control measures in place and the home appears clean throughout. Care staff have access to Personal Protective Equipment (PPE) and we saw this being regularly used and disposed of on the day of inspection.

## **Leadership and Management**

People told us they like the care staff and get along with them well. One person said, "Staff are lovely and kind" and "they work very hard." Care staff files are well presented and include evidence to show they have been safely recruited. Care staff receive training and most mandatory courses are complete. There is limited evidence to show supervisions have been completed in line with regulation. Some care staff told us they do not feel listened to. We found care staff numbers are insufficient. Care staff told us this is because there are several people who require two members of staff to support them, some people require support with meals and some people are supported to attend mass. This limits care staff available for other people. Some people are not receiving their care in a timely manner, this is impacting their health. Some care staff told us they are unable to complete important records regarding people's health and well-being due to limited staffing. Some people told us there can sometimes be delays waiting for care staff and one person said, "When I call for help, there can be a delay as they are busy with others." This is still having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. Managers assured us that additional staffing would be put in place, and they would improve oversight of staffing to ensure they are well deployed.

There is a new manager in place who has plans to develop and enhance the service. Care staff told us they could approach the manager with any issues, one member of staff described the manager as "Lovely." The manager has been supported by the service to settle into the role. The RI told us they regularly visit the service to maintain oversight and complete a quality-of-care review, the service was unable to provide evidence for this during the inspection process. We saw senior managers have maintained some oversight and identified areas of improvement at the service. Managers told us that a weekly clinical meeting is completed. We found this document missed several opportunities to identify important health needs of people and implement action. The service completes a resident of the day where a senior member of staff will review the persons file and update this. We found this system to be ineffective as some people required action to be taken in relation to their personal wishes, health, and well-being and this had not been identified nor actioned. We have identified this is having an impact on people's health and well-being, placing them at risk and have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Summary of Non-Compliance			
Status	What each means		
New	This non-compliance was identified at this inspection.		
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.		
Not Achieved	Compliance was tested at this inspection and was not achieved.		
Achieved	Compliance was tested at this inspection and was achieved.		

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)			
Regulation	Summary	Status	
8	The service have not ensured there are effective monitoring systems and processes in place to improve people's health and well-being and quality of care	New	
34	Staff have not been appropriately deployed to ensure people's personal outcomes are consistently met	Not Achieved	

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement			
Regulation	Summary	Status	
59	Records have not been completed accurately and in a timely manner.	New	

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