

Inspection Report on

Nazareth House - Cardiff

Nazareth House Colum Road Cardiff CF10 3UN

Date Inspection Completed

31/01/2023

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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	12 April 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Since the last inspection, a new Responsible Individual (RI) was appointed in May 2022 and approved by Care Inspectorate Wales.

During the inspection, our concerns were such we have issued priority action notices. This is in regard to lack of governance and oversight of the service which has led to health and safety risks in the environment and poor management of infection control. The service provider has given assurance that immediate action will be taken. We have shared our findings with the commissioners, Cardiff Local Authority and Cardiff and Vale University Health Board.

People value the opportunity to engage in regular activities. We observed some positive interactions and people told us that staff were kind and caring. Relatives told us that they are kept informed and always felt welcome when they visit.

Well-being

People told us staff are kind and caring. We observed some positive interactions and people were comfortable in the company of care staff, who appear to understand the preferences and needs of people. Generally, personal plans are reflective of people's needs and clinical risks. This is important as they guide staff on how best to assist people and mitigate risk. Staff appear busy but generally responsive to people's needs. Daily care records show that people actually receive the care and assistance they require. People receive medication at the right time to maintain their health and well-being. There are strong links with the General Practitioner and other professionals. Care information is updated when there is a change to a person's needs, or when professional advice is received.

People value the opportunity to engage in regular activities. The home offers varied activities to suit people's interests and hobbies. There are regular volunteers visiting the home which people look forward too. People told us that they loved spending the summertime enjoying the beautiful and well-maintained garden with friends and relatives. They celebrated a 100th Birthday, which was enjoyable for all. Families are encouraged to visit their loved ones and spend quality time together.

People do not live in an environment that keeps them safe. People are encouraged to personalise their space with items that matter to them. There is a lack of regard to some areas of the home that require maintenance, repairs, and replacement. The lack of oversight of health and safety at the home places people living in, working at and visiting the home at risk of harm. Staff are appropriately using personal protective equipment but not always disposing of it safely. There are unsafe and inadequate arrangements in place to maintain satisfactory standards of hygiene and reduce the spread of infection. This is because working rotas show that there are not enough staff deployed to ensure the work required is complete.

People cannot be confident that the service provider and manager effectively monitor the quality and safety of service they receive. The RI is not visiting the service as frequently as required. This is a missed opportunity to evaluate the performance of the service and act quickly where issues are identified. The manager lacks insight into the issues happening within the home and has failed to escalate matters to the RI I so that action required can be taken to prevent risk and harm. There is a lack of management presence within the home at all levels, and ineffectual and infrequent auditing fails to keep them well informed.

Care and Support

Individuals are consulted about the range and frequency of activities. There is one activity co-ordinator employed at the service. People told us that they enjoy the varied activities and look forward to seeing the volunteers that regularly visit. People told us that they regularly see their friends and relatives. During the Summertime they enjoyed the garden parties with the relatives and celebrated a 100TH Birthday.

Generally, personal plans inform staff how best to support people and their preferences. They are regularly reviewed to ensure changes in people's needs are reflected. We found that when professional advice is given, this is appropriately recorded to ensure all staff are updated with changes. We will consider people's contribution to review meetings at the next inspection. Daily care records evidence that people receive the assistance they need to maintain their personal hygiene, continence care, repositioning, and nutrition/hydration intake. People appear clean in appearance and comfortable. Families told us that their relative always looks well cared for when they visit.

People appeared comfortable in the company of care staff. During our visit, we spoke to people in the home and relatives who told us that '*Staff are kind and respectful*' and '*The staff are marvellous and really helpful*'. Despite staff being busy, due to the level of assistance people require particularly on the nursing floor, we noted staff were responsive when people required support.

We observed a dining room experience which requires improvement. People are encouraged to socialise in the dining room, whilst others told us they choose to eat their meals in their bedroom. There is no menu displayed and we noted that they are not informed by staff what the meal comprises of when the meal is served. People told us that the menu is varied and dietary requirements are catered for. We saw that meals are well presented and appetising. The dining experience is not consistent for all people. Some people do not always receive the right staff assistance which can compromise their nutritional intake and place them at risk. This was because there is a lack of staff deployment at this time and staff are required to plate the meal before they assist the person, which is more time consuming and impacts on people's experience. The Food Standards Agency rated the home as "2 - requiring improvement" in August 2022.

People can be fully assured that their health is effectively monitored. The home links closely with a General Practitioner and other specialist health services. The GP visits the home on a weekly basis to monitor the health and well-being of people. It appears that appropriate health referrals have been made to seek further advice, when needed. Monthly health

checks take place to identify changes and act when needed. Records show that medical checks are undertaken when a fall has occurred. We noted the daily care records reflect positional changes to promote good healing and skin integrity.

People are given the correct medication to promote their health and well-being. There are arrangements in place to store medication securely. However, on the day of inspection a medication room was unsecure as the lock was broken and the area could pose a risk to people. This was not appropriately risk assessed to mitigate risk. Room and fridge temperatures are monitored to ensure medication is kept at the right temperature. However, we noted some instances when action was not taken when the temperature of the room needed to be adjusted. Medication administration charts show that people receive medication at the right time. When people are administered 'when required' medication the reason is identified and the effectiveness is monitored. Medication audits show that there is a system in place to maintain oversight but we found some gaps in the audits. These are important as they monitor that people receive the safe administration of medication and procedures are followed. The audits fail to inform staff of the improvements needed and by when.

Environment

People cannot be confident that there are appropriate arrangements in place to maintain the cleanliness of the home to prevent the spread of infection. There are Personal protective equipment (PPE) stations available throughout the home and we observed staff wearing PPE. However, we saw instances when contaminated PPE was not appropriately disposed of which can increase the risk of transmission of infection. We had significant concerns regarding the overall hygiene and cleanliness of the home. Some examples include carpets in the lounges and corridors are heavily worn and stained. Some armchairs in lounges are heavily soiled. Shower rooms are unclean and seals are mouldy. Some toilets are soiled and unclean with an offensive odour. We observed people are using equipment to safely transfer which is caked in debris and dirty. There is evidence that the neglect of the environment is prolonged. Staff working rotas show a persistent lack of housekeeping staff at times which has posed risks to the health and well-being of people and could compromise their dignity and sense of value. There is a lack of management oversight to ensure there are effective arrangements in place to protect people from such risks of harm. We have issued a priority action notice and expect the service provider to take immediate action

The lack of governance and oversight of the health and safety of the home places people living and working at the home at risk of harm. Other regulatory bodies have inspected the service and found failure in relation to fire safety and food safety; the service provider is working towards addressing all issues identified. We found that the service provider failed to put adequate arrangements in place to ensure there is routine maintenance, repairs, and a replacement programme to renew the furniture and fabrics of the building to keep people safe. Some examples include but not limited to, people told us that they were cold and use additional portable heaters as the heating in some areas of the building is inadequate. There was no risk assessment for the usage of heaters which can pose a burns and fire risk to people with an impairment. People are expected to use seating that is inappropriate to meet their needs. Much of the seating is broken or heavily soiled. Several walls in shower rooms, bedrooms and corridors are showing signs of damp and the walls peeling. People are using the areas which places their health at risk. Window restrictors are not fit to meet current health and safety guidance, placing people at risk of harm. Some storage areas that are disorganised and unsafe due to the level of storage from floor to ceiling. These areas were unlocked and accessible to people and posed possible fire risks. We found prescribed creams are stored in people's bedrooms which would pose a risk to people with a sensory or cognitive impairment. The manager showed no insight of the seriousness of the level of issues and unacceptable conditions for people living in the home. The lack of oversight has led to risks not being identified and quickly addressed. The service provider assured us that immediate action would be taken. Our concerns were such, we have issued a priority action notice.

Leadership and Management

Since the last inspection in April 2022, a new responsible individual (RI) commenced their position since May 2022 and approved by CIW. The manager is based at the home and a new deputy has been appointed.

The service provider has failed to ensure there is effectual oversight and leadership at the home which is compromising the quality, safety, and effectiveness of the service. The service is not operating in accordance with its statement of purpose and service policies. There needs to be improved visibility of the manager within the home to ensure that they are actively monitoring and acting quickly to escalate matters to the responsible individual when needed. We found there is inadequate oversight and monitoring of management performance. The manager is not always given regular opportunities to formally meet with the RI and written notes does not evaluate the manager's competence and compliance. The RI has not visited the service as frequently as required per the regulatory requirement. This is a missed opportunity to evaluate the performance of the service and act quickly when issues are identified. People living at the home and staff are not evidenced as being given the opportunity to share their views during their visits. Consultative quality assurance gives people a voice to tell the provider what works well and what does not. We found a lack of internal service auditing which would identify service concerns and failings for the RI to be kept informed and action to be taken. Also, the information could have been relied upon to keep the RI informed We noted that the provider, has on times failed to notify the regulator when a deprivation of liberty safeguard authorisation is in place, and when there are changes in the management team. The provider is legally obliged to notify us of these events and so we have issued a priority action notice and expect the service provider to take immediate action.

Recruitment and retention of appropriate staff remains challenging, but the service has developed plans in regard to this. There has been a successful recruitment drive and most positions are now appointed to. The service uses agency staff but usually the same staff are allocated where possible to maintain continuity for people. The appointment of the new staff will decrease the level of agency usage in the future. We examined the kitchen, housekeeping and laundry staff working rotas. We found that there have been persistent occasions when the staffing levels have fallen below the required number. The manager failed to frequently re-evaluate the staffing levels to ensure appropriate staff numbers are deployed at all times. This resulted in significant concerns regarding the unacceptable cleanliness and hygiene of the home. Staff information show that they receive supervision but not always on a regular basis, and the staff have not received an annual appraisal of their work. This is important for staff to understand their responsibilities and help them to reflect on their practice and identify their professional development. This is particularly important for new staff.

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	
6	The service provider has acted without sufficient governance and oversight of the service to be assured that people are protected from harm.	New	
57	The governance and oversight of the health and safety of the home places people living and working at the home at risk of harm.	New	
56	The service provider has failed to ensure there are safe and adequate arrangements in place to maintain satisfactory standards of hygiene to control infection and minimise the spread of infection.	New	

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	
44	Many areas of the home require redecoration, the roof terrace is uninviting and there is inadequate comfy and bespoke chairs for people to socialise together.	New	
21	People have not consistently received the assistance they require to promote nutritional intake and enjoy mealtimes. People have not received regular oral care to maintain their nutritional intake. The provider has not made available different equipment to meet people's needs safely and quickly and ensure their dignity and self-value is promoted.	New	
34	Staff to be appropriately deployed to ensure people's personal outcomes are consistently met	New	

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