



Inspection Report on

Nazareth House - Cardiff

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

Date Inspection Completed

08/06/2021

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About Nazareth House - Cardiff

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| 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 | 17/02/2020 |
| Does this service provide the Welsh Language active offer? | No |

Summary

People and their families are happy with the care and support received by well-trained staff. However, people's care records do not always reflect the care and support provided by staff. The outside space includes large grounds, which people and their families described as "*beautiful*". Activities such as gardening club, quizzes and choir are available. The adjacent church promotes spiritual wellbeing for those who choose to attend. The environment appeared clean but action is required to improve issues relating to health and safety and to reduce any risks to people. Although we saw some measures in place to prevent the spread of Covid-19, there are areas that require immediate action. The majority of care staff receive appropriate levels of supervision and support. Care staff feel they can raise matters directly with management. However, rotas show discrepancies in how many care staff, nurses are required, and the majority of feedback received implied that recruitment is required to ensure a smoother delivery of care. There are some quality assurance systems in place, which support management in identifying issues. However, there are insufficient systems in place to review and assess the way in which the manager is implementing actions. The service has made some improvements since the last inspection, such as the administering of medication. However, some areas remain outstanding.

Well-being

People feel safe and receive support from well-trained care staff. People living at the home feel they can talk openly with care staff and raise any concerns they have. Residents' meetings enable people to share any issues and people told us they are involved in changes to their care. Care staff feel confident raising issues regarding abuse with the manager and the majority know how to raise concerns with external agencies. Relatives told us they feel their loved one is safe and receives person centred care. However, feedback from care staff, people and their families show that recruitment is required to enable a smoother running of the home.

Care staff and nurses regularly review people's personal plans and risk assessments. People told us that they are able to access the right health professional when they need to. Records show that appropriate health assessments are completed and kept up to date. However, daily records require improvement as we saw several documents, which did not reflect what care had been provided.

People have the opportunity to engage in a range of activities. An activity coordinator is in post who encourages people to participate in sports, choir, painting and gardening. There is a church for those who wish to attend mass and relatives told us how important this is for their loved one, especially during the Covid-19 pandemic. Relatives praised the care staff on supporting their loved one to maintain relationships by staying in touch during the Covid-19 pandemic. Recently the home has begun to facilitate safe visits from relatives and friends.

The majority of people praised the environment and location, especially the grounds surrounding the home. The home appeared clean and people praised the domestic team for doing such a good job. There is safe and appropriate equipment in place for people to use. However, during the inspection, equipment was not always stored appropriately and there are improvements required in relation to health and safety and infection control.

Care and Support

People told us they like their home and have activities available to them. The activity coordinator told us about sports activities, choir, quizzes and a gardening club available to people. Those that choose to can attend the church, which is adjacent to the service. Feedback from people and their relatives is positive although most feel the food menu could be improved and more varied. Nurses and care staff complete regular reviews of people's personal plans but we saw little involvement of people in this. We saw personal emergency evacuation plans (PEEPs), some of which are extremely detailed, and person centred. Care staff can use these documents to help them understand the care and support people need.

People living at the home told us that care staff understand their needs well and are quick to respond to them. People told us they feel well looked after and receive the care they need on a daily basis. However, daily records do not evidence this, as there are gaps in the majority of day records we looked at. Some people had no entries regarding their personal care for several days. Nurses and care staff told us that they do not always have time to complete the records required. This area for improvement now requires priority action.

People told us they feel safe in the home and are well looked after. There are systems in place such as a keypad entry into the service and a visitors signing in and out book. Care staff have good levels of safeguarding training and the majority have a good understanding of what to do following a concern. People told us they could talk with care staff and could approach management if they had a complaint. Management record safeguarding concerns and what actions they have taken including notifying the appropriate agencies. At the time of inspection, some disclosure and barring service (DBS) checks for staff were out of date. The responsible individual (RI) later informed us that these had been identified earlier in the year and they were already in progress.

The home appeared clean and there are some systems in place to prevent the spread of infection. Personal protective equipment (PPE) and hand sanitiser is available throughout the building and visitors are required to have a lateral flow device (LFD) test prior to entry. Records show that management provide regular updates and reminders to care staff regarding the use and importance of PPE. However, during inspection we saw several care staff not wearing their masks properly. We saw several items and equipment not correctly stored. For example, a yellow clinical waste bag and a bathroom sling. The Covid-19 visiting policy and the infection control policy are out of date. The policies are detailed but do not refer to current Welsh guidance. We have issued a priority action (non-compliance) notice and the provider must take immediate action to address this.

Environment

The home has a large outdoor space, which people and their families complimented and explained how much this has been of benefit during the Covid-19 pandemic. The majority of people told us they like their rooms and are able to decorate and personalise them as they wish. The home appeared clean and domestic staff are competent in their role. Appropriate equipment is available to people such as slings, specialist bathing equipment and hoists. The maintenance person completes regular checks to ensure that equipment is safe to use. Records show that regular servicing for equipment is undertaken and we saw evidence to show that management have oversight of this. However, there is a lack of appropriate storage within the home. During inspection, we saw items, which were not stored correctly such as a walking frame left in a corridor and stacked up boxes filled with PPE. Communal bathrooms had inappropriate items in such as pillows, personal toiletries and equipment. The deputy manager told us that the service had hired a skip to address this issue and we saw quality assurance systems had identified this and taken some action.

A planned maintenance programme is in place to ensure the building remains safe. Health and safety records regarding electrics, water temperature, and lifting equipment checks are in place. Monthly fire safety tests ensure that equipment is working, alongside fire panel and fire door checks. Care staff and nurses review PEEPs monthly and identify clear evacuation routes. Quality assurance systems are in place and these review the health and safety of the premises. During a tour of the building, we found two doors leading to an outside area, which were unlocked. This could pose a risk to some residents living in the home. The manager did address this at the time and locked one door. However, one required a carpenter.

Leadership and Management

Care staff receive good levels of training and support from managers. We saw that the majority of care staff have received appropriate levels of supervision and care staff including agency had had an induction. Every member of care staff we spoke to had worked at the service for a number of years and knew people well. People told us that the care staff *“work very hard”* and another said, *“I’m very happy with the staff, they’re great”*. People told us how the care staff always support them with their health and make sure they see the health professionals they need.

During inspection, there appeared to be adequate care staff on duty however, rotas show varying levels of care staff and nurses. One day there appeared to be eight care staff on duty and another only showed three. All the feedback we received implies that staff shortages affect the day-to-day running of the home. One relative told us *“they are pushed for time”*, a resident told us *“they’re always understaffed”* and care staff said *“we don’t have time to complete records”* and *“staffing is a bit of a problem”*. The RI has taken action to improve staffing levels and recruit more staff.

Virtual meetings have enabled the RI to maintain oversight of the service. These meetings include discussions with staff and management and review matters relating to complaints, premises and key performance indicators. We saw that a six monthly quality of care review includes a review of medication, general observation, health and safety, oversight of personal plans and recruitment and training. However, the quality of care review does not consider the outcome of engagement with people or others.

There are insufficient systems in place to review and assess the way in which the manager implements actions from the findings of internal quality assurance and external inspection reports. We saw that internal audits had highlighted the need to improve storage and declutter the home. The RI purchased several skips to aid this. However, this remained ongoing during our inspection. We saw that an internal quality assurance visit had highlighted the need to improve use of PPE although this remained an ongoing matter during our inspection. The previous inspection carried out by CIW identified several areas that required improvement. The service has addressed some of these, such as the administration of medication and personal plans. However, matters regarding storage, safe staffing levels and record keeping remain outstanding. We have issued a priority action (non-compliance) notice and the provider must take immediate action to address this.

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

Regulation 15 (1), (a), (b) and (c) – The service provider must prepare a plan for the individual which sets out – (a) how on day to day basis the individual’s care and support needs will be met, (b) how will the individual will be supported to achieve their personal outcomes, (c) the steps that will be taken to mitigate any risk to the individual’s well-being

Regulation 36 – The service provider must ensure any person working at the service (a) receives induction appropriate to their role and (d) receives core training appropriate for the work to be performed by them (including the agency staff)

Regulation 58 (1) – The service provider must have arrangements in place to ensure that medicines are stored and administered safely. These include (b) the recording of medicines

Regulation 60 (1) – The service provider must notify of service regulator of the events specified in Parts 1 and 2 of schedule 3 – This is because we had not been informed when an application was submitted to deprive a person of their liberty in their best interest to protect their safety

Regulation 84 (1) - The responsible individual must notify the service regulator of the events specified in Schedule 4 – This was because we were not informed when there was a change in management, removal of shared rooms and an updated statement of purpose document

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

Regulation 34 (1), (b), (c) and (d) - (1)The service provider must ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are employed to work at the service have regards to (b) the care and support needs of the individuals (c) supporting individuals to achieve their personal outcomes (c) the requirements of the regulations in Part 3 to 15

Regulation 44 Premises - (4), (b) secure from unauthorised access, (g) free from hazards to health and safety of individuals and any other persons who may be at risk, so far as is reasonably practicable, and (h) properly maintained

Regulation 48- Facilities and Equipment – The service provider must ensure that the facilities and equipment used for the

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| provision of the service are - (d) kept clean to the standard which is appropriate for the purpose for which they are being used, and (e) stored appropriately – In relation to appropriate storage of equipment and the cleaning arrangements to be in place for wheelchairs, walking frames and equipment to minimise infection control and cross contamination | |
| Regulation 59 (3), (a) – The service provider must – (a) ensure that records relating to individuals are kept up to date - This is because we found gaps in care records | |

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

| Areas where priority action is required | |
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| 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 |

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 | |
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| None | |

Date Published 21/07/2021