



Inspection Report on

Nazareth House - Cardiff

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

Date Inspection Completed

29/08/2024

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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	23/02/2024
Does this service promote Welsh language and culture?	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

We found several improvements have been made at the service. We found significant improvements to staffing levels and the deployment of care staff. Improved management systems help to maintain oversight. There is a relatively new management team at the service who continue to work towards understanding the different oversight systems in place to enable them to maintain sufficient and effective monitoring. The service is overseen by a regional manager and a Responsible Individual (RI). People and care staff told us they have seen improvements since the last inspection. The home is warm, clean and welcoming. People and their relatives told us they value the accessibility to the adjoined church and the well-presented gardens. Maintenance work on the environment is ongoing, some good progress has been made. We did note areas that require urgent action, this is in relation to health and safety and risk management. We did not see an improvement to record keeping, therefore this remains an area for improvement. In addition, we have identified an area for improvement with reference to the competence and skill of nurses.

Well-being

People feel their voices are heard. People told us they have seen an improvement in the service since the last inspection. There is a notable increase in staffing and better management on how staff are deployed. This means people get the right support when they need it. Care staff told us they have time to sit and communicate with people and there are quick responses to call bells. The manager told us that regular resident meetings continue. People can share feedback with staff, the management team and the RI. People and care staff told us they are happy and feel listened to.

People's mental and physical health is supported. The 'activities lead' offers a range of activities which people appear to enjoy. These include physical exercise as well as mentally stretching activities like quizzes and word games. The manager is considering new ways to engage people in the service by finding out all the things they love, so they can continue to do the same, similar or new things they enjoy. People and relatives praised the service for the surrounding grounds and the benefits of the adjoined church. People told us their faith is very important to them.

Records need to be improved to clearly account for all care provided. We found professionals regularly visit the service to aid people's health. Most medication records we viewed are good.

People told us they feel safe. People and care staff know who the managers are and feel they could report concerns if needed. Care staff know people well and appear to have good relationships with one another. People appear very comfortable with their care staff. The service informs safeguarding and Care Inspectorate Wales (CIW) of notifiable matters. Individual circumstances have not been sufficiently considered to reduce people's risk. The service is working on improving these records.

There has been significant investment in the renovation of the historic building and church. People told us they enjoy the large garden grounds and regularly attend church for Mass. The service is welcoming, warm and clean throughout. There is mobility equipment readily available to people which is mostly fit for use. Personal protective equipment is available to care staff. We noted several areas which pose a significant risk to people's health and safety, such as the security and safety of the building and some equipment. We are issuing a priority action notice regarding this.

Care and Support

People have access to various activities throughout the week such as quizzes, dog therapy, film club, bible study and exercise classes. An enthusiastic 'activities lead' interacts and engages with people very well. The manager has added new ways to provide stimulating activities and facilities for people to use at the service. There is a small shop available which we saw people use and enjoy, in addition to a 'snack bar' and newspaper collection stand. The manager is considering adding a small pub and new ways to enhance mealtimes, focusing this on people's senses to improve and enhance their overall dining experience. The dining experience we observed was positive. Tables were nicely presented with a menu, meals looked presentable, warm and appetising. Lots of people were encouraged to sit together and socialise. People received the support they needed when eating. The manager told us that regular resident meetings, allow people to feedback on food, activities and the service.

Personal plans include some important information about the person. The electronic system in place enables care staff to easily add information as soon as care and support is provided. The system alerts senior care workers when a review or action is due such as a body check or observations following falls. We found minimal alerts were overdue at the time of inspection. However, we found some records have failed to include very important areas of risks, such as missing persons protocol, and Deprivation of Liberty (DoLs) information. There are several gaps regarding personal care and some personal plans did not reflect how often people wanted and required their personal care. Care staff said this is due to the handheld devices not always connecting to the internet. This will remain as an area for improvement.

Most medication records are completed in full. The service use an electronic system which reduces the risk of missed medication. The new deputy manager and seniors complete audits and stock checks, we found these have improved. A GP visits the service weekly. Personal protective equipment is available throughout the building, and we saw care staff use this correctly.

Environment

People told us they are passionate about their faith and appreciate having the easy access to the church. The service offers large well-maintained gardens, we saw people go out with care staff to enjoy this space. There are several lounges available to people, we saw some people relaxing engaged in a crossword on the interactive table. The large activities room includes a coffee machine, chess board, connect four and other boards games. Staff are responsive and attentive to people's needs. People were comfortable in the company of the staff and appear to have built a good relationship.

There has been a significant financial investment into the renovation of the historic building. The service is warm and clean throughout. There are good infection control measures in place, and we saw domestic staff actively cleaning with the appropriate cleaning materials. Moving and handling equipment is available, and most is fit for use. People's rooms are clean and include their personal belongings. There is a maintenance person at the service. We saw records to show staff regularly share maintenance work required with them, although this information could be more detailed. This would enable for priorities to be in made in relation to people's safety.

We noted significant concerns in relation to risk management and health and safety. We noted some people's beds were badly broken and some bed rail protectors were not being used effectively. This could pose a serious risk to people becoming trapped in the bed and potentially cause serious injury. Following the inspection, the managers informed us this had been addressed. People have not been appropriately risk assessed as being at risk of leaving the building unsafely. Some exits have not been appropriately maintained and/or risk assessed to reduce the risk of people leaving unsupported. There were ineffective safety checks in place. Several doors which could lead to an area of risk were either not locked or were not being used in line with fire safety requirements. This is 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. The RI has informed us action has and is being taken to address these issues.

Leadership and Management

We saw an increase to staffing levels and some improvement to the deployment of care staff. Care staff are visible in all areas. People and care staff told us this has aided in better oversight, responsiveness and allows them time to sit and talk with the person. We saw care staff respond quickly to call bells. There are dining assistants in place who serve meals and tidy up kitchen areas. This means care staff can focus on care. Care staff appear motivated and approach people with enthusiasm and kindness. People and relatives said they are happy with the staff. Communication and staff engagement has improved.

The manager is now supporting with face-to-face training for care staff. Care staff told us this has been very positive, and new staff appear confident and understand the service's values. One staff member said, *"The additional training we have received has been really beneficial and helps me to reflect on my practise,"* another said *"The manager is one of us, she is really good and visible in the home."* Most staff say that the manager is supportive, approachable, and the new deputy manager is 'hands on' and visible. Most staff told us they feel listened to. People and care staff say they can raise concerns with the manager.

The manager completes daily 'walk-arounds' of the home and morning meetings with the heads of department. These ensure that important information can be shared with the wider team. A regional manager conducts weekly oversight of the service and is supporting the new management team in their roles. House governance records review people's care needs and concerns. This aids the provider to identify areas that require action. The relatively new management team are still learning the systems and processes in place, this level of oversight is required to ensure they can maintain effective oversight. The RI completes their regulatory duties, we saw the RI gains feedback from people and care staff. These documents review the environment, training and staffing. However, a further analysis of information on feedback, safeguarding, and accident and incidents would aid in identifying clear areas the service does well and what they need to improve. The service informs safeguarding and Care Inspectorate Wales (CIW) of notifiable matters.

Several areas that require improvement were identified in the area of the home where nursing care is provided. Nurses should maintain oversight of people's care, the care staff, plans and records. Nurses have failed to maintain effective oversight of records as we found significant gaps. Some concerns were raised regarding poor communication and a lack of empathy and skill shown by some nurses. The management team have identified some gaps in the knowledge and skill of nurses. While no immediate action is required, this is an area for improvement, and we expect the provider to act.

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
57	The provider has failed to manage and reduce significant environmental risks	New
34	Staff have not been appropriately deployed to ensure people's personal outcomes are consistently met	Achieved
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	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.

Area(s) for Improvement		
Regulation	Summary	Status
35	The provider has failed to ensure that all Nurses are of suitable skill and competence.	New
59	Records have not been completed accurately and in a timely manner.	Not Achieved

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