



Inspection Report on

Nazareth House - Cardiff

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

Date Inspection Completed

13/06/2023

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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	31 st January 2023
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

This inspection was carried out to review areas where the service was not meeting legal requirements in January 2023. This is because there were serious concerns regarding health and safety, hygiene, and infection control as well as the overall governance of the service. We found that the service has made positive changes and improvements in the majority of areas to meet legal requirements.

Renovations and the redecoration of communal areas, bathrooms and people's bedrooms are being implemented. These actions ensure the service is safe and presented well.

Additional staff have been recruited and this has helped the service to maintain standards of hygiene and infection control. We found there to be improved oversight of the service by the manager and the Responsible Individual (RI). Some improvements have been made to the dining experience. However, we found that the deployment of care staff remains an issue. Care staff carry out multiple functions, including serving and preparing meals. This means during times where they could be interacting with people and supporting individuals, they may be called away to complete other tasks which are non-care related. Management informed us that kitchen staff are still being recruited and that these additional duties would stop once they had a full kitchen team in place.

Well-being

Feedback shows people are happy living at the home, have control over their care and have choices available to them. People and their families have the option to be involved in their regular care reviews. We saw that different menu options are available and the chef ensures people are happy with their meals. Feedback shows people are happy with their care, the home and the food. One person said "*I like the food here*". We saw people engage in different activities which are available throughout the day. People told us they enjoyed and are happy with the activities on offer. Regular resident's meetings enable people to share their thoughts and any concerns they may have. The RI visits the home on a regular basis and gains people's feedback on the quality of the service.

We observed lots of positive interactions and people told us that staff are kind and respectful. We saw people enjoying the spacious and well-maintained gardens with relatives. One person told us "*My family always visit and we come into my bedroom or meet in the garden in the nice weather*". People can choose to socialise with others throughout the day in communal areas. We saw that lunch time is a good opportunity for people to come together and catch up with other people living at the home. People are supported to maintain their health and regularly see a range of health professionals.

People are protected from abuse and neglect. Management has good oversight of any concerns and safeguarding matters. Care staff know the people they support well and are able to identify any areas of concern or changes in their normal mood. The manager has oversight of accident incidents trackers, medication, audits and day to day records. The audits can help in identifying any concerns early. Most care staff are up to date with their safeguarding training.

The service is currently being renovated and changes are positive. We saw a lot of work is being done on the building itself but also to the interior. This includes decorating, new furniture and implementing better systems to improve people's experience living in the home, this is ongoing. People told us they were happy with the service and the improvements that had been made. One person told us "*I am happy living in the home*".

Care and Support

People are happy with the care and support they receive from trained care staff. People told us that staff are kind, caring and respectful. Care staff know people well and understand their needs. We saw positive interactions between people and care staff. People are encouraged to attend resident meetings where they can share their views and any concerns they may have. The manager told us people and their relatives are involved in regular care plan reviews. Daily records provide a good level of detail and accurately reflect the persons day. Records show that people receive support from health professionals such as the General Practitioner.

People receive the right medication at the right time. Care staff approach people with dignity and respect when administering medication. We saw that medication trolleys are secure and that Medication Administration Records (MAR) are all completed appropriately. The manager also completes a medication audit on a regular basis to maintain oversight, the manager told us any actions are completed immediately.

There is an activities coordinator in place who is enthusiastic and engaging. On the day of inspection, we saw people contributing to an activity which they appeared to enjoy. We later saw people watching a television drama together, this was displayed on a projector and subtitles were included to ensure that people with different needs could be included in the activity. We saw different activities are available through the week such as attending church, bingo, quiz and a choir.

We observed a dining room experience and this was much improved from the previous inspection. We saw people socialising with one another and talking about their day. People appeared comfortable, happy, and content. Tables were clean and well presented with the appropriate cutlery and a menu. We saw that different meal choices are offered and available to people. The majority of people received the support they needed during the meal. People told us they like the food.

People told us that care staff are lovely. However, some people told us that they did not feel care staff are responsive to their needs. We saw that care staff are at times deployed to retrieve the kitchen trolleys, serve, and prepare meals as well as wash up cutlery and dishes. This reduces the number of care staff available to support people. Some people require two to one support and this needs to be considered when limiting care staff. In addition, this could mean that care staff are supporting people with personal care and then preparing and serving meals. This is unhygienic practice and could potentially spread infection which can place people at risk. Following the inspection, the service confirmed that dishes and cutlery are now being returned to the kitchen and that the domestic team will clean the dining rooms following mealtimes. A handover document is in place to appropriately deploy staff within the home. While no immediate action is required this is an area for improvement and we expect the provider to take action and will follow this up at the next inspection.

Environment

Since the last inspection, there has been significant progress made to secure the necessary compliance. This service is at the early stages of compliance and the improvements need to be embedded in the service. The service appears clean and well presented. There are now appropriate arrangements in place to maintain the cleanliness and the infection control procedures within the home. There are sufficient supplies of cleaning products and well as personal protective equipment (PPE). Additional domestic staff have been recruited to ensure that a thorough cleaning schedule can be implemented every day. The service also conducted a deep clean throughout the home.

The service has implemented a detailed maintenance plan and have already completed several renovations and redecoration of communal areas, bathrooms and bedrooms. We saw rooms are clean and some have had new furniture, flooring and had their walls replastered and redecorated. Bathrooms are clean and hygienic. Most of the equipment we saw was clean. Managers and senior managers as well as the RI have regular oversight of the maintenance plan to ensure work is progressing. Feedback shows people and their families are very happy with the changes and updates within the service and that these have had no negative impact on the day to day running of the service.

We found that the service has addressed most issues in relation to health and safety. Previous issues raised by the Fire Service have since been addressed and are no longer a concern. The service has since been reinspected by the Food Standards Agency (FSA) and have been awarded the rating of four, this means their performance level is 'good'. Storage areas have improved, and most doors leading to areas which could pose a risk to people are locked. Environmental audits are in place, these provide a good level of detail alongside the maintenance plan this ensures that any areas can be swiftly addressed and prioritised. The manager and/or deputy complete a daily walk around which includes observation of the environment.

Leadership and Management

There has been some good improvement in relation to the oversight and leadership at the service. The manager and the deputy complete regular walk arounds and are visible within

the service. The RI and senior managers attend the home on a regular basis to maintain oversight and to support the managers at the service. The manager has received supervision as well as regular informal chats to ensure that the service is progressing. We saw the RI has visited the service above regulatory requirements and gained feedback from people and care staff. Several audits have been implemented and these highlight areas of improvement and areas where the service is working well. People's weight, dietary intake and fluids are regularly recorded by care staff and nurses. The managers complete clinical meetings and a governance report. The governance report reviews medication, people's diets, pressure damage, complaints, weights, accidents and incidents. This is shared with a senior manager and then information is discussed on a weekly basis. This shows the service is being proactive in identifying any concerns, patterns or trends.

The service has worked hard to recruit new staff and this is ongoing. The service uses some agency staff but usually the same staff are allocated where possible to maintain continuity for people. Staff working rotas shows that a sufficient number of staff are deployed in the home. Care staff receive regular training, supervision and appraisal. All staff told us that they receive supervision and appraisals. Care staff told us they felt confident to raise any concerns in their supervisions or in staff meetings. Most staff are up to date with their training and specific training is provided for care staff to understand the needs of people they support. Management systems are now in place to maintain oversight and compliance of staff training, supervisions, safeguarding concerns and complaints.

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
N/A	No non-compliance of this type was identified at this inspection	N/A
6	The service provider has acted without sufficient governance and oversight of the service to be assured that people are protected from harm.	Achieved
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.	Achieved
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.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
34	Staff to be appropriately deployed to ensure people's personal outcomes are consistently met	Not Achieved
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.	Achieved
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.	Achieved

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