

Nazareth House Care Home Service

13 Hillhead
Bonnyrigg
EH19 2JF

Telephone: 01316 637 191

Type of inspection:
Unannounced

Completed on:
16 July 2025

Service provided by:
Nazareth Care Charitable Trust

Service provider number:
SP2013012086

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CS2013317815

About the service

Nazareth House is a care home registered to provide a care service to 37 older people. The home does not provide nursing care. It is situated in a quiet area of Bonnyrigg in Midlothian and is set in substantial grounds.

There are nine bedrooms on the ground floor, three of which have ensuite facilities and 27 bedrooms on the first floor, 11 of which have ensuite facilities. The dining room and two lounge areas are situated on the ground floor. The home also benefits from a music therapy room and a chapel. There are two lifts to enable residents to move easily between floors. There is also a quiet room on the first floor for people to use. At the point of inspection there were 33 people living in the home.

The provider of the service is Nazareth Care Charitable Trust. Nazareth House, Bonnyrigg is one of two care services in Scotland operated by the provider. The provider also operates care home services in England and Wales.

About the inspection

This was an unannounced inspection of the service which took place on 7 and 8 July 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection information was reviewed about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with people using the service as well as feedback from relatives. We also spoke with management and staff, observed practice and daily life as well as reviewed a wide range of documents.

Key messages

- Staff were knowledgeable about people's care needs and showed genuine caring and respectful attitudes when supporting people.
- People living in the nursing home and staff benefitted from staffing levels that supported their care needs.
- Leadership within the home has improved with the ongoing support of senior management.
- Mealtime experience gave access to a variety of meals and drinks and choice promoted.
- The service needs to be able to demonstrate that people are protected from the spread of infection and cleaning schedules and regimes are based on good practice guidelines.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths made a positive impact, key areas needed to improve.

Residents at Nazareth House benefitted from compassionate and person-centred care, supported by warm and respectful relationships between staff and those living in the home. Staff demonstrated knowledge of individual needs and consistently promoted independence and choice. Feedback from residents and their families was positive.

Personal care standards were maintained, with all residents appearing clean and tidy, however, hand hygiene practices among people receiving care were inconsistent, including those with cognitive or physical challenges. The service needs to establish scheduled hand hygiene support led by staff, prioritising mealtimes and toileting routines. By embedding good hygiene practices, environmental cleanliness, and proactive surveillance, the home can enhance the overall quality of care while maintaining a secure and supportive living environment.

An area for improvement for infection control prevention has been made. **(See Area for Improvement 1)**

While skin checks were being carried out, documentation required improvement to ensure consistent evidence of daily monitoring. The manager has taken proactive steps to address this by introducing a comprehensive skin care bundle which evidences skin integrity is checked daily.

Care documentation, particularly daily running notes, requires development to move beyond task-focused entries. Enhancing these records with meaningful observations on residents' physical and emotional wellbeing will improve continuity of care and communication across the team.

Residents' healthcare needs were well-supported through timely and appropriate referrals to external professionals including GPs, opticians and podiatrists. Health assessments and care planning processes were robust, with ongoing monitoring in place for key indicators such as weight, falls, and associated risks. A health care professional who visits the service told us "I am updated regularly with any change of circumstances with the residents I have placed in Nazareth House. I feel it has offered them a better quality of life through ensuring they are safe, cared for and been part of a family type environment. Care staff have always shown patience, kindness and been respectful on the occasions I have been present."

Medication administration is provided via an online system. Management monitored and audited medication to ensure any medication errors had been acted upon as well as stock control and storage of the medication. Staff received regular training to ensure safe practice which benefitted people's health. People could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

As required medication protocols were in place and generally well understood by staff. Recommendations were made to the manager to expand guidance around antipsychotic medications, particularly to include steps that should be taken to manage behavioural concerns before administering these medications. The manager responded positively to this feedback and has agreed to review and update the protocols accordingly.

Daily activities were supported by staff in collaboration with the activity coordinator. However, some sessions lacked engagement, with several residents expressing feelings of boredom. In contrast, the music therapy session was well attended and demonstrated a high level of participation and enjoyment. The therapist skilfully engaged individuals, creating an inclusive and uplifting environment.

There is a recognised need to strengthen links with the wider community and to increase opportunities for residents to go out, in line with their expressed preferences. While efforts are underway to secure a bus, alternative transport solutions should be explored in the interim. This area has been identified as a priority for improvement.

An area for improvement for meaningful engagement from the last inspection was not met and will be carried forward.

Areas for improvement

1. To ensure people receive hand hygiene practices that align with public health recommendations and the Health and Social Care Standards, reducing infection risk the provider should ensure:

- Hand hygiene practices among people receiving care are consistent, particularly for those with cognitive or physical challenges.
- Establish scheduled hand hygiene support led by staff, prioritising mealtimes and toileting routines.
- Place clear, user-friendly signage near hygiene stations to encourage good technique and independence.
- Increase availability of hand sanitiser in communal areas and ensure residents are encouraged and assisted in using it appropriately.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states that :

"My environment is secure and safe." (HSCS 5.17)

"I experience high quality care and support based on relevant evidence, guidance and best practice."(HSCS 4.11)

How good is our leadership?

4 - Good

We evaluated this key question as good where strengths impacted positively on outcomes for people and outweighed areas for improvement

Effective systems were in place to assess and monitor the quality of the service and environment. Audits were carried out regularly, and processes have become more organised and transparent. Identified issues were clearly documented, alongside planned actions to address them.

Daily "flash huddles" supported good communication between staff and management, promoting consistency in care delivery. Audits were conducted by the management team, with observations of practice being expanded by the manager. Relevant evidence is now collated in a dedicated file, with plans to integrate this into staff supervision sessions to enhance performance monitoring.

Team meetings and individual supervisions were held routinely. Staff benefitted from a comprehensive range of training opportunities, contributing to a workforce that is knowledgeable and confident in their roles. This supported assurance for people using the service that staff were competent in meeting their needs.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care Inspectorate.

The manager, is building strong and trusting relationships with staff, relatives, and external health professionals. Positive feedback was received regarding leadership, with comments highlighting the manager's approachability, and commitment to continuous improvement. A relative stated "management are approachable and always ready to answer any questions you may have concerning your relative. If you have any issues, these are dealt with swiftly and you are kept informed." Another said "there has been issues about continuity of leadership over recent years but the situation appears to have stabilised now."

Much progress has been made since the last inspection. The manager demonstrates a clear understanding of service strengths and areas still requiring development. It is evident that considerable effort has gone into improving the quality of leadership and care. The service now benefits from a more structured leadership presence. However, it was noted that a more robust day-to-day oversight is required. Management visibility throughout the day is essential, as is consistent monitoring to ensure that delegated tasks are completed.

The management team continues to receive the support needed to thrive in her role. Risk assessments are in place, and they have demonstrated confidence in recognising the scope of their responsibilities and seeking support when appropriate.

How good is our staff team?

4 - Good

We evaluated this key question as good where strengths impacted positively on outcomes for people and outweighed areas for improvement

Nazareth House has a clear and structured recruitment policy, which includes essential pre-employment checks such as two satisfactory references and confirmation of protecting vulnerable groups (PVG) membership. While the policy outlines a value-based approach to interviews, current practice tends to focus more on factual and functional questions related to previous employment and human resource matters. Management are now exploring ways of making interview questions more competency and performance-based. Additionally, it's important that shadow shifts carried out at the end of staff inductions are formally recorded.

Throughout our visit, we observed staff as friendly, motivated, and genuinely committed to supporting residents. Communication within the team was respectful and effective, and staff expressed feeling well supported by their managers. Feedback from residents about staff interactions was very positive.

Staff had access to a wide variety of training, delivered both online and in person. This training was closely monitored by the manager to ensure it met the evolving care and support needs of those living at the home. Service-wide compliance with training stood at 92%, with ongoing SVQ qualifications ranging from Level 2 to Level 5.

Staffing levels were guided by a regularly reviewed dependency tool, which reflects residents' changing needs. Based on our sampling of rotas and related data, we found the home to be appropriately staffed to support residents effectively.

The home held regular staff meetings, and managers provided appropriate supervision, creating space for staff to reflect on their practice and discuss development opportunities. All staff were registered with the appropriate professional bodies and demonstrated an understanding of their responsibilities.

Importantly, staff shared how supported they felt in their roles and how they enjoyed their work at Nazareth House, a testament to the positive culture fostered within the service.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths made a positive impact, key areas needed to improve.

Some areas of the building were found to be inadequately maintained, with noticeable malodours present. Hygiene standards did not meet acceptable levels. Specific examples include the downstairs bathroom and lounge carpet as well as lack of much needed decoration in certain areas of the home.

Although domestic cleaning schedules are in place, key components such as detailed documentation of deep cleaning activities were absent. Significant gaps in the schedules suggest that essential cleaning tasks have not been completed, aligning with our observations during the inspection.

Management was made aware during the inspections and immediately looked at improving audits, observations of practice and a more robust oversight. Infection control will now be discussed in every daily huddle as well as management presence on the floor. It is imperative that the environment be enhanced to promote a welcoming and comfortable atmosphere for those residing in the home.

A requirement has been made regarding Infection Control Prevention (IPC). **(See Requirement 1)**

Requirements

1. By 18 November 2025, the provider must support people to ensure a safe and hygienic environment for individuals experiencing care, the provider must implement enhanced environmental cleanliness measures in line with current infection prevention and control guidance. This must include:

- Reviewing and updating cleaning protocols to reflect the latest standards, with targeted attention to high-touch surfaces and communal areas.
- Establishing and maintaining a robust cleaning schedule with clear roles and responsibilities, regular monitoring, and documented evidence of completion.
- Delivering continuous training and supervision for domestic and care staff on effective cleaning practices, including correct usage of cleaning products and equipment.
- Conducting regular environmental audits to assess standards of cleanliness, with prompt and responsive action taken when improvements are identified.
- Oversight must be in place from the management team.

This is to comply with Regulation 4(1)(a) and (d)(welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"My environment is secure and safe." (HSCS 5.17)

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

How well is our care and support planned?

4 - Good

We evaluated this key question as good where strengths impacted positively on outcomes for people and outweighed areas for improvement.

Support plans reviewed were person-centred and informative, offering meaningful insights into each individual's life history, medical background, and personal preferences. Plans provided sufficient detail to guide appropriate care and support; however, some required further updates to ensure all essential information was accurately captured. Improvement efforts are ongoing, and management demonstrated awareness of areas still requiring development.

Anticipatory care plans were in place, though several would benefit from further enhancement, particularly through conversations with next of kin or family members. Some plans lacked documented wishes and preferences regarding place of care and decisions around future treatments or interventions. While the foundations of these plans were sound, continued refinement is needed to ensure they fully reflect each person's values and choices.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people receive consistent care which is right for them, all staff should follow the directions as laid down in each person's personal plan. This includes all aspects of care and support. Systems should be used, such as observations of practice to ensure this can be evidenced.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 19 September 2024.

Action taken since then

All care and support as directed in care plans was carried out and evidenced. Observations of practice were taking place daily.

This area for improvement has been Met.

Previous area for improvement 2

To ensure the service is well led, further support was needed by senior management to enable the manager and deputy manager to develop their skills and build on their confidence in the management role. This would include on-site support a minimum of one day per week.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23 'I use a service and organisation that are well led and managed'.

This area for improvement was made on 19 September 2024.

Action taken since then

Regular senior management meetings were taking place with the home manager and deputy within the home as well as weekly online meetings. The home manager is confident to phone the senior management team outwith these meetings if needing advice.

This area for improvement has been Met.

Previous area for improvement 3

To ensure people experience high quality care, the provider should continue to ensure that all staff have regular opportunities to develop their skills and reflect on their practice. This should include but not be limited to, planned observations of staff practice and regular one-to-one supervision. Thought should be given to improve team working and communication within the staff team, this may be achieved through an external facilitator who could support team building.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 19 September 2024.

Action taken since then

Supervisions are taking place where staff have opportunities to discuss their personal and professional development as well as reflective practice. Team working has improved with new recruits joining the team and a change in culture within the service.

This area for improvement has been Met.

Previous area for improvement 4

To ensure effective IPC practice, all staff should receive further training in IPC, the safe handling of linen and good hand hygiene. The laundry area should be kept clean and free from clutter. Any bins in the area must have a lid and the appropriate pathways used to ensure the risk of infection from used linen is minimised.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

This area for improvement was made on 19 September 2024.

Action taken since then

The laundry had an in and out door as well as clean and dirty areas. All bins had lids and Infection prevention and control (IPC) practices were in place. Staff had completed training in IPC.

This area for improvement has been Met.

Previous area for improvement 5

People should have choice about getting involved with activities and interests important to them, both in the care home and their community. The provider should continue to develop opportunities for people to participate in meaningful activities. This is to enable people to get the most out of life and have options to maintain and develop their interests, activities, and what matters to them. This includes opportunities to connect with family friends and the local community, in different ways.

People with specific communication needs or cognitive impairment should also be supported to participate in a meaningful way and those important to them involved in planning activities and evaluating how meaningful they were. The recording and monitoring of this should help to promote positive outcomes for all.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

This area for improvement was made on 19 September 2024.

Action taken since then

Much progress has taken place since the last inspection and meaningful engagements were taken place as well as opportunities to connect with family and friends. Improvement needs to be made regarding building up links with the local community to further enhance positive outcomes for those residing in Nazareth House.

This area for improvement has Not been Met and will be carried forward.

Previous area for improvement 6

People's needs should be fully met as agreed in their personal plan, to achieve this, all documentation relating to care should be accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 1.19), 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 19 September 2024.

Action taken since then

Improvement has been made in the recording of personal care and hygiene. A further document is now in place to evidence better the recording of skin integrity. Training has taken place regarding dental hygiene.

This area for improvement has been Met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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