



**East Ayrshire**  
COUNCIL

## **SOCIAL WORK INSPECTION UNIT**

### **INSPECTION REPORT AND SUMMARY REPORT**

#### **Nazareth House**

**Date of Inspection: 11<sup>th</sup> February 2000**

**W.J. Duncan**  
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## INSPECTION INFORMATION

**NAME OF ESTABLISHMENT:** Nazareth House

**LOCATION OF ESTABLISHMENT:** 23 Hill Street, KILMARNOCK

**MANAGING ORGANISATION:** Poor Sisters of Nazareth

**CATEGORY (as per Registration):** Elderly

**MAXIMUM NUMBER OF RESIDENTS  
TO BE ACCOMMODATED (as per Registration):** 51

**NUMBER RESIDENTS/ATTENDING  
AT TIME OF VISIT:** 43

**NATURE OF INSPECTION** Short. Focussed, announced

**INSPECTOR(S) PARTICIPATING:** Mrs Mina Cassidy  
Mr George Stewart  
Mrs Isobel Dawson

**DATE(S) OF INSPECTION:** 11<sup>th</sup> February 2000

**DATE OF LAST INSPECTION REPORT:** Evening Insp 19.08.99  
Full Inspection 10.03.99

**FOR FURTHER INFORMATION ON  
THIS ESTABLISHMENT CONTACT** Sister Cabrini  
01563 522835

## QUALITY OF RECORDS

### 1. Sampled Case Files

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The Unit Manager informed the Inspectors that the format for recording residents information had changed in recent months. Previous Inspections had found the standard of recording to be acceptable. However, Inspectors noted that the quality of recording has now deteriorated. Records are not maintained on a daily basis, entries are very brief and fail to reflect an accurate picture of residents daily living.

**It is recommended that a system of daily recording is introduced for all residents.**

### 2. Sampled Financial Records

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

Not examined in this Inspection.

(c) Additional Inspectors observations at this Inspection

### 3. Other records including specific comment on Fire Safety records and Medication records

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

**Fire Records** – Fire records are well maintained. Fire safety checks are carried out on a weekly basis and recorded appropriately.

**Medication Records** – The Inspectors found some minor omissions in the Medication Administration Records (MAR) where staff had failed to sign the allocated box or enter the appropriate code.

**Accident Book** – It was noted that there were separate accident books for both residents and staff and that all accidents were recorded appropriately

**It is recommended that medication records are completed accurately and**

consideration is given to further staff training.

## QUALITY OF MANAGEMENT AND STAFFING

### 1. Communication systems within the staff group

**(a) Recommendations in last report**

It is recommended that night staff receive a proper verbal changeover before they commence their shift.

**(b) Findings at this Inspection - Progress**

The Unit Manager informed Inspectors that time-tabled verbal changeovers are now taking place before the commencement of each shift.

**(c) Additional Inspectors observations at this Inspection**

Inspectors noted that it was normal practice for monthly staff team meetings to be scheduled throughout the year with an invited speaker attending on a bimonthly basis. The year 2000 programme includes presentations from various organisations and agencies as well as staff development sessions in care planning and the key worker role.

### 2. Staffing Levels

**(a) Recommendations in last report**

It is recommended that the role of night staff is reviewed and that clear guidance and expectations are provided. This guidance should allow flexibility that is determined by the needs of the residents.

**(b) Findings at this Inspection - Progress**

The Unit Manager informed Inspectors that although night shift staff are expected to carryout some domestic tasks it is clearly understood that at no time should these tasks take priority over the needs of the residents.

**(c) Additional Inspectors observations at this Inspection**

The staffing rota showed that the number of staff on all shifts was adequate to meet the needs of the residents.

### 3. Staff Training and Qualifications

**(a) Recommendations in last report**

None

**(b) Findings at this Inspection - Progress**

**(c) Additional Inspectors observations at this Inspection**

Inspectors noted that four members of staff had recently been trained as trainers for Moving and Handling. This training was being cascaded to care staff in a half day session and continued as "on the job" training. In addition a range of aids had

been purchased to facilitate this training and to assist staff to carryout the requirements of the legislation.

## QUALITY OF PHYSICAL ENVIRONMENT

### 1. Compliance with space standards

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(d) Additional Inspectors observations at this Inspection

Although the number of double bedrooms has recently been reduced by one, the Unit Manager is aware that the ratio of double bedrooms is in excess of the recommended 20%. However, each of the bedrooms were well laid out and able to take account of individual residents privacy.

**The Management are commended for recently reducing the number of double bedrooms within the unit and it is recommended that this policy continues.**

### 2. Heating levels (including water temperature control)

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

It was noted by Inspectors that some of the older type radiators throughout the Unit were very hot to touch. The Unit Manager informed Inspectors that appropriate covers had recently been obtained and are to be fitted in the near future.

**It is recommended that the radiator covers are fitted without delay**

### 3. Hygiene and cleanliness

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The Unit was found to be clean and fresh throughout with a high standard of housekeeping

#### 4. Safety of the environment

**(a) Recommendations in last report**

**All independent action taken by staff to improve security must be reviewed and stopped immediately if they compromise fire safety.**

**(b) Findings at this Inspection - Progress**

The Unit Manager informed Inspectors that staff are no longer taking additional unacceptable precautions to improve the security of external doors in the Unit. However Inspectors noted that some external doors still appear to be poorly fitted and could be perceived by staff as potential security risk.

The Unit Manager informed Inspectors that the Fire Service had carried out a check of the building and were satisfied with the location of fire exits and the number available.

**(c) Additional Inspectors observations at this Inspection**

The Inspectors noted that security cameras are now in place adding extra security to vulnerable external areas around the unit. In addition work is underway to fit an electronic entry system to the rear gate to the grounds.

**It is recommended that the security of external doors is reviewed and appropriate action taken where required.**

#### 5. Fabric and decor standards

**(a) Recommendations in last report**

None

**(b) Findings at this Inspection - Progress**

**(c) Additional Inspectors observations at this Inspection**

The Inspectors found that the general standard of fabric and décor throughout the Unit is of a good standard. However, there is some staining to the ceiling tiles in room 17 and the adjacent bedroom.

It was also noted by Inspectors that polythene is used to cover the chairs in the first floor dining room. Inspectors were informed that these chair covers were to be replaced as part of an ongoing programme.

Bedrooms are bright and pleasant and individualised to the residents own taste. It is noted by Inspectors that three of the double bedrooms have recently been redecorated to a high standard. It is evident from the quality of the soft furnishings and accessories that a great deal of effort had been made by staff to provide a very pleasant environment for the residents.

**1. It is recommended that the unacceptable use of polythene covers on**

the chairs in the first floor dining room are replaced with a more suitable material.

2. It is recommended that the damaged ceiling tiles are replaced

Staff are commended for their efforts in providing a pleasant environment for residents.

## 6. Standards of building maintenance

- (a) Recommendations in last report

None

- (b) Findings at this Inspection - Progress

- (c) Additional Inspectors observations at this Inspection

The recommendations in 5(b) regarding damaged ceiling tiles is reiterated.

## QUALITY OF CARE ARRANGEMENTS

### 1. Care System: Methods for Individual Care Planning and Review

- (a) Recommendations in last report

None

- (b) Findings at this Inspection - Progress

- (c) Additional Inspectors observations at this Inspection

A number of Care Plans were examined and found to be, in the main, concentrating on the physical needs of the residents and the practical methods adopted to manage these needs. The care plans did not fully address the holistic needs of the resident. There was no evidence of the residents involvement in the compiling of their care plan or any reference to the residents choices or preferences.

Reviews are minuted and up to date.

**It is recommended that care plans address the residents holistic needs and that residents are encouraged, whenever possible, to be involved in the care planning process.**

### 2. Quality of Menus and Catering arrangements

- (a) Recommendations in last report

None

- (b) Findings at this Inspection - Progress

Not examined in this Inspection.

**(c) Additional Inspectors observations at this Inspection**

**3. Quality of activity programmes**

**(a) Recommendations in last report**

None

**(b) Findings at this Inspection - Progress**

**(c) Additional Inspectors observations at this Inspection**

Not examined at this Inspection

**INSPECTORS FINDINGS ON OTHER VIEWS**

**1. Staff views expressed**

**(a) Recommendations in last report**

None

**(b) Findings at this Inspection - Progress**

**(c) Additional Inspectors observations at this Inspection**

Five questionnaires were distributed to staff, of which four were returned. Three of the four responses were generally positive and one commented negatively about a number of practice and organisational issues. Of these negative comments, the issue that domestic chores were occasionally given priority over spending time with residents was acknowledged in two of the other questionnaires

Management will require to take cognisance of the views expressed by staff. It is suggested that these issues are addressed in future staff meetings.

**2. User/Carer views**

**(a) Recommendations in last report**

None

**(b) Findings at this Inspection – Progress**

**(c) Additional Inspectors observations at this Inspection**

Five questionnaires were distributed to residents, all of which were returned. The residents general comments regarding the standard of care and the quality of

the environment were positive. However, each of the residents commented that they had not seen a copy of any of the Inspection Reports for the Unit. One resident commented that they did not have a private lockable space in their bedroom and another commented that they were unable to have a bath or shower whenever they wished.

One resident raised a number of issues which required to be addressed further. An Inspector met with this resident who then confirmed that the issues raised had been dealt with satisfactorily by the Unit Manager.

Five Questionnaires were sent to carers of which one was returned. The comments regarding the quality of care and the environment were positive. However, the carer also raised the issue about residents not being able to have baths or showers when they chose.

It is recommended that Inspection Reports are made available to staff, residents and carers.

From previous Inspections it was understood that all residents have access to private lockable space within the bedrooms. As a result of this issue being raised by a resident, management are asked to confirm that this arrangement is still in place.

From further discussion with a resident it was recognised that even when staff were unable to assist with bathing immediately on request, arrangements were made with the resident for a mutually convenient alternative time.

**EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT**

**SUMMARY INSPECTION REPORT**

**NAZARETH HOUSE**

**Date of Inspection 11 February 2000**

**Summary of Inspection**

Nazareth House is located in a large Victorian building set in landscaped grounds in the centre of Kilmarnock allowing access to the amenities of the area.

The building is large with three levels but each is managed to ensure that it has distinct features. This helps to remove much of the institutional feeling created by such a large building. A great deal of effort has been made to tastefully decorate residents' accommodation with great emphasis on personalising rooms. Sitting rooms are conservatory style with comfortable furnishings and containing a wide variety of plants. There is evidence of a continuous programme of refurbishment and upgrading.

Sister Cabrini, one of the five nuns from The Poor Sisters of Nazareth Order, also acts as Unit Manager and is generally available 24 hours a day. The Unit has a large staff group, therefore communication systems require to be comprehensive to ensure continuity of residents care.

The unit has a well-documented commitment to training which has been enhanced further with 3 members of staff being trained as trainers in Moving and Handling. This will facilitate the training of all staff and ensure that training is up-dated on an on-going basis.

Residents and relatives refer to the care, kindness and compassion of staff and generally consider that the service provided is of a high standard.

Nazareth House continues to work hard to improve and develop both the physical environment and the standards of care residents receive. The Inspectors found that staff respect the privacy and dignity of residents and have a genuine investment in the Unit.

**Previous recommendations carried forward:**

1. It is recommended that night staff receive a proper verbal changeover before they commence their shift.
2. It is recommended that the role of night staff is reviewed and that clear guidance and expectations are provided. This guidance should allow flexibility that is determined by the needs of the residents.
3. It is recommended that all actions taken to improve security must be reviewed and stopped immediately if they compromise fire safety.

**Further recommendations**

1. It is recommended that a system of daily recording should be introduced for all residents.
2. It is recommended that medication records are completed accurately and consideration is given to further staff training.
3. The Management are commended for recently reducing the number of double bedrooms within the unit and it is recommended that this policy continues.
4. It is recommended that the security of external doors is reviewed and appropriate action taken where required.
5. It is recommended that the damaged ceiling tiles are replaced and the covers on the chairs in the first floor dining room are replaced with a more suitable material.
6. It is recommended that care plans address the residents holistic needs and that residents are encouraged, whenever possible, to be involved in the care planning process.
7. It is recommended that the radiator covers are fitted without delay

**Commendations**

Staff are commended for their efforts in providing a pleasant environment for residents.

The Management are commended for recently reducing the number of double bedrooms within the unit

**LEAD INSPECTOR:**

**SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**COUNTERSIGNED BY HEAD OF UNIT: W J Duncan**

**SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**AGENDA**