



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

NAZARETH HOUSE

Date of Inspection: 14 NOVEMBER 00

**W.J. Duncan
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East Ayrshire Council
Social Work Department
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Lugar
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INSPECTION INFORMATION

NAME OF ESTABLISHMENT:	Nazareth House
LOCATION OF ESTABLISHMENT:	23 Hill Street Kilmarnock KA3 1HG
MANAGING ORGANISATION:	Sisters of Nazareth
CATEGORY (as per Registration):	Elderly persons
MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):	48
NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT:	43
NATURE OF INSPECTION	Full, announced
INSPECTOR(S) PARTICIPATING:	Mrs Isobel M Dawson Mrs Mina Cassidy
DATE(S) OF INSPECTION:	14 November 00
DATE OF LAST INSPECTION:	11February 00
FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT	Sister Cabrini 01563 522835

QUALITY OF RECORDS

1. Sampled Case Files

(a) Recommendations in last report

The reintroduction of a system for maintaining relevant daily recordings was recommended.

(b) Findings at this Inspection – Progress

Daily records are now maintained but some continue to be sparse and do not reflect the holistic care that is provided to residents.

(c) Additional Inspectors observations at this Inspection

It is recognised that although all staff have not yet attained the anticipated standard of daily recording, training and support is continuing in this area.

2. Sampled Financial Records

(a) Recommendations in last report

Not examined during this Inspection.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

All financial management records including users finances, unit accounts, and charges made are scrupulously maintained. Accounts are detailed and easily followed.

The Unit is commended for the quality of their financial records systems.

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

(a) Recommendations in last report

Medication records had minor omissions in the MAR records where staff failed to sign the allocated box or enter the appropriate code.

(b) Findings at this Inspection - Progress

The recommendation was appropriately dealt with, **medication records** were found to be fully completed during this Inspection.

(c) Additional Inspectors observations at this Inspection

Fire Logs, maintenance records, fire drills are recorded and detailed. All recommended procedures are carried out as required. Three named staff have responsibility for fire precautions with the overall responsibility lying with the maintenance employee.

Some foodstuffs were being stored in the medication refrigerator next to the

dining room. **Food should not be stored in the refrigerator designated for the storage of medication.**

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Recommendations in last report

Night staff should receive a proper verbal changeover before they commence their shift.

(b) Findings at this Inspection - Progress

Although night staff were not seen during this Inspection, it is reported that this recommendation has been dealt with. Night staff have received clear guidance about their role, the arrangements for verbal changeovers and the need to appraise themselves of written communication when coming on duty.

(c) Additional Inspectors observations at this Inspection

Staff meetings are held monthly, on alternate months these take the form of development meetings. It is noted that in order to encourage staff to participate, they are paid for attending when off duty.

2. Staffing Levels

(a) Recommendations in last report

None made; staffing levels showed that the number of staff was adequate to meet the needs of residents

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Not checked in detail during this Inspection, but it was noted that throughout this Inspection there appeared to be sufficient staff to meet the needs of the resident group.

3. Staff Training and Qualifications

(a) Recommendations in last report

None made.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Training during last year:

	Management	Care staff	Domestic staff
Induction		27 days	
Lifting/handling		3 days	
Fire safety		2 days	
Food handling			
SVQ		2 staff level 3; 4 staff level 2	
Philosophy & culture of death	seminar	All staff	
Health & safety	seminar	All staff	
First Aid-heart start	Seminar	All staff	
Key worker role	Seminar	All staff	
Mental health for the elderly	seminar	All staff	

Seven staff have now obtained SVQ (3) and a further seven SVQ (2).

The organisation is commended for their commitment to SVQ training for staff, which is available to all staff.

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

(a) Recommendations in last report

The management were commended for their ongoing commitment to the reduction in the ratio of single to double bedrooms.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Since the time of the last Inspection, the unit has further reduced the number of double rooms by one. The management acknowledge that this policy should continue.

Bedrooms are laid out in such a way that the resident's privacy is recognised and maintained within the double bedrooms.

There are a variety of sitting, dining and activity areas throughout the unit.

2. Heating levels (including water temperature control)

(a) Recommendations in last report

All radiators should be fitted with covers without delay.

(b) Findings at this Inspection – Progress

Radiator covers have been fitted throughout the unit.

(c) Additional Inspectors observations at this Inspection

The unit was found to be warm and comfortable throughout. Where residents have access to water the temperature levels are thermostatically controlled.

3. Hygiene and cleanliness

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The unit was fresh and cleaned to a high standard throughout.

4. Safety of the environment

(a) Recommendations in last report

The security of the external doors should be reviewed.

(b) Findings at this Inspection - Progress

This recommendation was made during a period where there were a number of prowlers and young persons creating a nuisance around the doors and garden areas. It would appear that there is now less of a problem.

(c) Additional Inspectors observations at this Inspection

Management have continued to review their security with both the police and fire service and have responded to their suggestions. Additional security cameras have been fitted in strategic external areas and monitors placed throughout the unit. All windows are alarmed.

5. Fabric and decor standards

(a) Recommendations in last report

Polythene covers on the dining room chairs in one area should be replaced with a more suitable material and damaged wall tiles should be replaced.

(b) Findings at this Inspection - Progress

The dining room chairs have been recovered, the replacement of roof tiles will continue as part of the ongoing maintenance programme.

(c) Additional Inspectors observations at this Inspection

Throughout the unit the décor, soft furnishings and bedding complement each other and provide a comfortable environment. Each bedroom is individualised by the use of different colours, fabrics and furnishings. Curtains, bedding, screens and fitments are colour coded and the environment created is clearly enjoyed by the residents.

6. Standards of building maintenance

(a) Recommendations in last report

The recommendation regarding ceiling tiles made in 5 was repeated in this section.

(b) Findings at this Inspection - Progress

See 5 b

(c) Additional Inspectors observations at this Inspection

There is an excellent system for the reporting and monitoring of repairs and maintenance requests. The maintenance employee actions and signs off repairs timeously. No outstanding repairs are noted.

QUALITY OF CARE ARRANGEMENTS

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

(a) Recommendations in last report

A system of daily recording should be introduced for all residents.

(b) Findings at this Inspection - Progress

This recommendation has been acted on, daily notes are maintained for all residents.

(c) Additional Inspectors observations at this Inspection

Care plans are in place that take account of identified needs, goals set and action taken to meet stated goals. These care plans are regularly evaluated with the format identifying areas that should continue to be developed.

A key person is identified to be responsible for the co-ordination and maintenance of care plans.

It is encouraging to note that senior staff are examining the system for reviewing and updating care plans at this time

In addition to the format and information currently in use it would be useful to consider the following when updating the care plans and reviews:

- All aspects of the individual's strengths and needs should be addressed and unmet needs identified and recorded.
- Care plans should be written, dated and signed by the responsible staff member (key worker) and resident if able.
- The appropriateness of the care plan should be reviewed regularly.
- Summaries of daily recordings should provide the basis of review reports

2. Quality of Menus and Catering arrangements

(a) Recommendations in last report

Not examined.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The quality of the equipment, the standard of hygiene and the overall management of the catering arrangements are to be commended. The system for ordering, delivering and storing food is well managed.

Menus indicate that residents receive a wholesome, nutritious and balanced diet that takes account of resident's choices. Meals are well prepared and presented. Residents spoke of the quality and variety of their meals, which they enjoyed.

It is understood that the small refrigerator in the kitchen attached to the first floor dining room does not have adequate shelf storage; if this is confirmed the fridge should be replaced.

3. Quality of activity programmes

(a) Recommendations in last report

Not examined.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Residents referred to the choice of activities available to them, which included music and movement, board games, floor games, outings in the unit's mini bus, visits to shops accompanied by members of staff and music videos.

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

Two members of staff returned the confidential questionnaires. Comments were generally positive. They felt valued and were given the opportunity to participate in relevant training. They have a contract of employment and are able to access their personnel records if request to do so. One member of staff felt that increased staffing levels would allow staff to give more one to one time to residents. One member of staff felt that there were insufficient stimulating activities available for

residents and that a member of staff should be employed specifically to arrange activities and entertainment for residents. They also commented that staff were not always treated the same.

2. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Inspectors spoke to three residents at the time of the inspection. The residents were happy with the standard of care provided by staff. They expressed satisfaction with the type of activities available in the Unit and the opportunity to go on occasional outings. They stated that they felt safe and well cared for and enjoyed the company of staff and other residents.

Five relatives were sent confidential questionnaires of which three were returned. They each expressed high levels of satisfaction with the standard of care provided in Nazareth House and the friendly approachable staff.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

Nazareth House

14 October 2000

Summary of Inspection

Nazareth House is a large Victorian building set in landscaped gardens near to the centre of Kilmarnock. Over its 100-year history the establishment has moved from an institution with a large number of residents, to an elderly care establishment with 48 residents who are accommodated on three floors.

Efforts have been made to create a homely, user-friendly environment within this large building. The three floors offer quite distinct living areas with bedrooms, sitting rooms, dining room with small kitchen and ancillary accommodation. In addition a conservatory has been added to each floor thereby providing additional bright seating areas with an open outlook. All bedrooms have individualised colour-coded fabrics, décor and furniture. The unit is warm and comfortable throughout.

Nazareth house is managed by the Sisters of Nazareth, the unit manager is from this order and is on site 24 hours a day; the remainder of the staff are employed and work normal shift patterns.

Residents speak highly of the quality of care they receive and refer especially to the quality and variety of meals provided.

Previous recommendations carried forward:

None

Further recommendations

- 1. The process of reducing the ratio of double to single rooms should continue.**
- 2. Refrigerators designated for the storage of medication should not be used for any other purpose.**

Commendations

1. The Unit is commended for the quality of their financial records systems.
2. The organisation are commended for their commitment to SVQ training for staff which is available to all staff.
3. The quality of the equipment, the standard of hygiene and the overall management of the catering arrangements are to be commended.

LEAD INSPECTOR: Mrs Isobel M Dawson

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA
