

Inspection report

Nazareth House Care Home Service

13 Hillhead
Bonnyrigg EH19 2JF

Inspected by: Jan Ferguson
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 21 June 2007

Service Number

CS2003011180

Service name

Nazareth House

Service address13 Hillhead
Bonnyrigg EH19 2JF**Provider Number**

SP2003002631

Provider Name

Sisters Of Nazareth

Inspected ByJan Ferguson
Care Commission Officer**Inspection Type**

Announced

Inspection Completed

21 June 2007

Period since last inspection

5 months

Local Office AddressStuart House,
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Introduction

Nazareth House is situated on the outskirts of the town of Bonnyrigg within its own extensive grounds. The Care Home provides 24 hour care to 37 service users. It is adjacent to the convent and chapel which is used by the residents in the Home and the local community.

The emphasis of the service is to "create an atmosphere where the physical, emotional and spiritual well being of our residents is our prime concern. Our approach is based on respect for the dignity and individual work of all our residents."

There are plans to reprovide the service in a new purpose built home.

Basis of Report

The inspection was announced and took place on 21 June 2007.

Prior to the inspection the service submitted a completed annual return as requested by the Care Commission. The care home submitted a self evaluation form. This contained information on what the manager thought they did well, and how she thought some things could be improved.

This service was inspected after a Regulatory Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA. This assessment resulted in this service receiving a low RSA score and so low intensity inspection was required as a result. The inspection was then based upon the relevant Inspection Focus Areas and follow up of any recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the inspection, evidence was gathered from a number of sources including:
A review of relevant policies and procedures, records and other documentation including:
Staff training records and training plan
Staff records
Risk assessments
Staff duty rotas.

Discussion took place with

The manager

Senior staff on duty

Care staff on duty

There was observation of:

interactions between staff and service users,
the environment.

The regional manager was present for the feedback of the inspection.

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the inspection focus areas (protecting people, restraint and palliative care) and the following:

National Care Standards for Older People Standard 5: Management and Staffing

National Care Standards for Older People Standard 19 Support and Care in Dying and Death

in conjunction with the Regulation of Care (Scotland) Act 2001 and associated regulations.

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

There were three requirements made following the last inspection. An action plan was received and the requirements met within the timescale for achievement.

Comments on Self-Evaluation

A fully completed self- evaluation document was submitted by the service. This was completed to a satisfactory standard and gave information for each of the standards associated with the inspection focus area. The service identified strengths and some areas for future development.

View of Service Users

Six service users were spoken to individually and others in small groups. All expressed satisfaction with the service and spoke positively about the staff.

View of Carers

Four relatives of service users were spoken with and they were satisfied with the service provided. One commented on a perceived lack of variety of activities; however the manager advised that a review of the provision of activities was in progress.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

The service users spoke positively about the care provided by staff.

The home has infrequent visits from children to the service. There is a child protection policy in place and senior staff have received training in child protection issues.

The home has a policy on adult protection and abuse and a policy regarding the use of restraint and maintaining appropriate records.

The home has a copy of "Rights, Risks and Limits to Freedom"- the principals and good practice guidance, Mental Welfare Commission 2006 Any episodes of restraint are recorded in the service user's care plans in line with good practice.

Senior staff have received training on abuse and can facilitate further training for staff in the home.

A training plan was maintained and staff's learning and development issues are recorded.

Areas for Development

Staff have not received training on restraint. (See Recommendation 1 and 2)

A policy is being developed on contacting local agencies with regard to adult protection. This will be reviewed at the next inspection visit.

National Care Standard Number 19: Care Homes for Older People - Support and Care in Dying and Death

Strengths

A two day training course on "Palliative care" has been arranged with eleven staff attending. Computer records are kept of all training undertaken.

The district nurses support the staff in care of the dying. The Sisters from the Convent and resident priest are available at all times for comfort and reassurance for service users and their relatives.

Service users can inform staff of their wishes with regard to death and dying and this was recorded in the service user's personal plans.

A resident was receiving palliative care prior to the inspection and relatives spoke to the CCO and stated that they "could not fault the care" of their relative who was receiving pain relief.

Areas for Development

The home has a copy of "Making good care better" national practice statements for general palliative care in adult care homes in Scotland. The home should consider implementing these statements. This will be reviewed at the next inspection visit.

Staff in the home are aware of how to access support from the primary healthcare team, however staff both professional and from the home have different perceptions of the procedure.

Enforcement

There has been no enforcement action taken against this service since the last inspection visit.

Other Information

Home management agreed to review the provision of beds in the home to ensure that they did not compromise the staff's Moving and Handling practices.

The service is progressing there own quality assurance systems.

Requirements

There were no requirements made at this inspection.

Recommendations

1. It is recommended that staff receive appropriate training, assessment and record keeping associated with restraint.
2. It is recommended that staff receive appropriate training in safe techniques of physical restraint.
3. It is recommended that the service develop a policy and procedure to guide staff on how to access advice and support from appropriate members of the primary healthcare team or specialist palliative care team within their locality.

Jan Ferguson

Care Commission Officer