

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**AFFLECK HOUSE
Auchinleck**

**Owned & Managed by
East Ayrshire Council**

Inspection Date 25.9.01

Type of Inspection: Unannounced, short, focussed

**W.J. Duncan
Head of Inspection, Registration and Complaints Unit
East Ayrshire Council
Social Work Department
Council Offices
Lugar
CUMNOCK KA18 3JQ**

Tel: 01563 555343 Fax: 01563 555400

INSPECTION INFORMATION

Registration Category:	Elderly male & female users
Capacity:	Residential: 25 permanent + 3 respite Day Care: maximum of 8 from tues-frid Single rooms: 28 Double rooms: None
Number At time of inspection	25 permanent + 2 respite
Type of inspection	Unannounced, short, focussed
Inspector(s):	Mrs Isobel M Dawson
Date of last inspection:	28 June 2001
For further information on this establishment contact	Mrs Rosemary Robertson, Unit Manager Tel: 01290 420902 Ms Margaret Richmond, Service Officer, Tel: 01563 576984

Description of establishment, services and facilities.

Affleck House is a purpose build residential established owned and managed by East Ayrshire Council. The unit was originally opened around 1974 and was upgraded in 1996. Of the 28 residential places, 25 are for permanent and 3 for respite care offered to people who continue to live in the community. In addition there are 8 day care places offered Monday-Friday.

All users have single bedrooms and the unit is on one level with easy access throughout. Various sitting areas are provided throughout the unit, there is a comfortable dining room with an additional sitting area alongside. The unit continues with a programme of redecoration and upgrading of fabric and soft furnishings. The unit is comfortable throughout.

Most of the recommendations contained in previous Inspection Reports have been acted on. However, user contracts are not yet in place, the ventilation in the kitchen area remains inadequate and the programme for covering radiators is incomplete. Plans are in hand to upgrade the shower area.

INSPECTOR:
SIGNATURE: _____

Date _____

HEAD OF UNIT:
SIGNATURE: _____

Date _____

In this section the inspectors set out their findings on the quality of life the establishment is achieving for service users. Each heading is followed by a short statement setting out the standard that is expected to be achieved. This is followed by comments from the inspector giving their view as to whether the standard has been met.

1. Privacy - *"The individual has his/her privacy protected and maintained in the home, in his her living areas and in relation to belongings, personal and financial affairs."*

Each resident has a single bedroom with wash hand basin. Throughout the establishment there are a variety of sitting areas where users can mix in a larger group or have some privacy in smaller sitting rooms. Users are free to go to their bedrooms at any time. It was noted that users right to privacy was respected. Personal records were held confidentially.

Users should have whatever support they need to manage their finances, legal and personal affairs so that they can be involved in all decisions and make informed choices personally or with the support of an advocate Mail management procedures should be reviewed to ensure that users receive all personal correspondence

2. Dignity health and well being - *"the individuals health and well being is promoted and their assessed care needs met without risk to their dignity"*

There are well established links between the unit and community health providers and users are supported in accessing appropriate health care.

Staff are sensitive user's need for privacy and dignity when providing personal care .

3. Social and emotional well being - *"The individual feels valued contented and fulfilled and can pursue social and leisure activities of their choice"*

A planned programme of activities is clearly displayed and the users named worker also keeps them informed of activities available. Users were happy with the range of internal activities but said they missed the spontaneity of access to a mini bus on a sunny day.

4. Security and safety - *" The individual lives in a safe and secure home. Any limitations of rights or restriction of movement must be based on an informed risk assessment and be regularly and formally reviewed."*

Users say that one of the benefits of living in Affleck House is the feeling of security they get. The building has a secured entrance and there are no reported concerns regarding the security of the unit.

5. Independence and choice - *"The individual shall be assisted to achieve a level of independence and choice compatible with his/her wishes and abilities"*

Each user is encouraged to be involved in their care planning and review process. However, care must be taken that users receive whatever support they need to manage their finances, legal and personal affairs so that they can be involved in all decisions and make informed choices personally or with the support of an advocate.

6. Participation - *"The individual has the right to maintain a fulfilling and interesting life style within and outwith the home."*

Staff support users in creating opportunities for users to maintain their links with their local community and accessing activities outwith the unit. However, this can be limited owing to the lack of transport appropriate to the service users needs.

7. Culture and Belief - *"The individual has the right to expect that his/her cultural beliefs will be respected."*

Care plans acknowledge users social, cultural and religious needs.

Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	28.6.01	yes	
Brochure	25.9.01	in part	The previous brochure is being updated
Admission/discharge record	28.6.01	yes	
Medication	28.6.01	yes	
Accidents	25.9.01	yes	
Incident/violent incident	28.6.01	yes	
Fire safety and checks	25.9.01	yes	Maintenance checks completed July 2001. Fire drill with evacuation May 2001 with detailed report; Fire aware training in April & Sept 2001 and will be completed for all staff by Feb 2002
Risk assessments	25.9.01	in part	All respite users should have a risk assessment completed on admission
(moving/handling)	25.9.01	in part	All respite users should have a moving & handling assessment completed on admission
(COSSH)	28.6.01	yes	
Restraint (if applicable)	25.9.01	no	New procedures being written
Complaints	25.9.01	yes	Users views are actively sought through a comments and suggestion questionnaire
Users financial records	25.9.01	yes	Internal records show that user's finances are well maintained. However, it noted that the unit hold bank statements for a resident over which neither they nor the user, have any control. The management of this account and the overall user's finances should be discussed with all involved at an early review.

Requirements:

Recommendations:

Commendations:

The new questionnaire which actively seeks user's comments and suggestions at the end of a respite period, or at reviews for permanent users, is a positive way of getting feedback from users.

Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	28.6.01	yes	
Staff meetings	28.6.01	yes	
Shift handover	28.6.01	yes	
Staff supervision	28.6.01	yes	
Training records	26.9.01	yes	Training since March 2001; SVQ induction(1), communication skills (1) Fire Warden training (1) Human Development (2) First Aid (1) Elder Abuse (1). Completing SVQ 2 (2), SVQ 3 (5).
Rotas	28.6.01	yes	
Contracts of employment	26.9.01	yes	Manager confirmed that all care staff have contracts of employment. It is thought that the issue raised in the previous report may have arisen with domestic/catering staff.
Job descriptions	28.6.01	yes	
Absence levels/ monitoring	25.9.01	yes	
Staff Turnover	25.9.01	yes	
Bank Staffing	25.9.01	yes	

Comments:

The previous Inspection report noted comments made by some staff that they did not have contracts of employment. The manager has confirmed with all care staff that they have contracts. It is thought that this issue may have been raised by domestic/catering staff.

Requirements:

Recommendations:

Commendations:

Physical / Environment Standards			
	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	25.9.01	no	25 rooms do not meet the current minimum standard requirement. One service user mentioned that bedroom space is quite restrictive.
Double/Single Ratio	25.9.01	yes	single rooms throughout
Ambient Temp	25.9.01	yes	
Hot Water temp control	25.9.01	yes	
Hygiene/cleanliness	25.9.01	yes	
Safety of environment	25.9.01	no	It is noted that although costed, not all radiators have been fitted with covers. The grill in the kitchen has been awaiting the fitting of a back plate, the lack of this could create a fire hazard. Repair work has been completed on the roof. It is noted that plans are in hand to upgrade the shower area.
Fabric/Decor	25.9.01	yes	Curtains, carpets and bedding have been replaced in three respite rooms and other bedrooms recarpeted. Corridor carpet in wing 3 should be replaced. Other areas are comfortable and of a good standard.
Building maintenance	25.9.01	yes	
Garden Areas	25.9.01	yes	The unit has been gifted new raised containers and plants. It is hoped that service users, who chose the plants, will be involved in their maintenance.
Furnishing; Comfort/quality	25.9.01	yes	
Security of establishment	25.9.01	yes	
Privacy	25.9.01	yes	

Comments:

Requirements:

The outstanding radiator covers should be completed as a matter of urgency. The backplate for the grill should be fitted, although because of the ongoing ventilation problems within the kitchen, if possible it would be advantageous to have the grill installed under the extraction hood.

Recommendations:

Commendations:

The ongoing programme of upgrading continues to enhance the unit and provides a pleasant, comfortable environment which the service users clearly enjoy.

Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	25.9.01	in part	There should be assessments and care plans in place for all service users
Care Plans	25.9.01	in part	as above
Reviews	25.9.01	yes	
KeyWorker/ Named worker	25.9.01	yes	
Daily notes	25.9.01	no	Daily entries are made, however comments such as "care as planned" "appears to have had a settled night" & "no complaints" are not considered useful
User involvement - care planning and review	25.9.01	yes	Users have the right to make decisions about their life and have access to resources to help them carry out their decisions..
User contracts	25.9.01	no	It is anticipated that these will be completed in the near future.
Residents information directory	28.6.01	yes	

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	25.9.01	yes	
Environmental Health Report issues	25.9.01	yes	The recommendations made in the report of 14.8.01 have been acted on.
Catering equipment and practices	25.9.01	no	While the problem with inadequate ventilation is ongoing, the manager has tried to overcome this with the installation of a freestanding fan/air-conditioning unit. As previously stated the fitting of grill back plate is outstanding.

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	25.9.01	yes	
Internal activities	25.9.01	yes	
External activities	25.9.01	yes	Limited to both lack of appropriate transport and physical abilities of service users.
Transport arrangements	25.9.01	no	No regular appropriate transport available.

Comments:

Requirements:

Users should have whatever support they need to manage their finances, legal and personal affairs so that they can be involved in all decisions and make informed choices personally or with the support of an advocate. All mail should be given to users and whatever practical support is required provided.

Recommendations:

Commendations:

Inspectors findings on other views

User/Carer views

Four service users were seen during the Inspection and five others completed confidential questionnaires.

All spoke highly of the comfort of the unit, the quality of care provided and the quality of the meals.

One mentioned that their bedroom was not always warm, another that there was insufficient space in bedrooms for personal items and another that they missed pottering in their garden.

It is recognised that staff have no control over bedroom space, but will no doubt check that bedrooms are at an acceptable temperatures for all service users. The lady who missed pottering in her will have the opportunity of being involved in the new garden planters/

Staff views

Three staff were seen during the Inspection and five completed confidential questionnaires.

A theme running through all the comments was the lack of a mini bus and how this inhibited outings and visits into the community and the need for more staff. Staff felt that there was sufficient time put aside to welcome and settle new users, on most occasions sufficient information was available about users at the time of admission and that staff's complaints were listened to.

AGENDA