

# **SOCIAL WORK INSPECTION UNIT**

## **INSPECTION REPORT**

**Dalmellington Care Centre  
9 Waterside Street  
Dalmellington KA6 78W**

**Owners  
Highfield Group**

**Inspection Date 18.10.01**

**Type of Inspection: Unannounced**

**W.J. Duncan  
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## INSPECTION INFORMATION

<b>Registration Category:</b>	Older people
<b>Registered Capacity:</b>	62 permanent (residential & nursing) 7 day care.
<b>Number At time of inspection</b>	Total 41: 12 long term and 3 respite Residential + 26 Nursing. 1 day care; 4 lunch club
<b>Type of inspection</b>	Unannounced, short, focussed
<b>Inspector(s):</b>	Mrs Isobel M Dawson Mrs Mina Cassidy
<b>Date of last inspection:</b>	15 May 2001
<b>For further information on this establishment contact</b>	Mrs Yvonne P Acting Unit Manager 01292 550555 Mrs Elizabeth Roscoe Area Manager

## Description of establishment, services and facilities.

Dalmellington Care Centre first opened as Knoweview Nursing Home in 1992 by Ayrshire & Arran Health Board. In 1994 the unit was jointly Registered with East Ayrshire Council thereby establishing a Nursing and Residential Home. Over a period thereafter there was a failure to maintain the physical environment, and concern was expressed about physical standards within the unit.

The unit was purchased by Advantage Healthcare in September 1998 prior to the company going into Receivership in October 1999. However, during the period of Receivership considerable investment was made in upgrading, redecoration and refurbishment creating a more pleasant and comfortable living environment for users.

It is acknowledged that during this period of uncertainty an acceptable level of care was maintained through a supportive Management group and committed staff. In 12.9.01 the unit was Registered following purchase by the Highfield Group and it is hoped that this organisation will bring further stability and commitment to the users and staff in the unit.

New documentation, procedures, training opportunities and financial assurances for ongoing upgrading of the unit are in place.

**INSPECTOR:**  
**SIGNATURE:** \_\_\_\_\_

**Date** \_\_\_\_\_

**HEAD OF UNIT:**  
**SIGNATURE:** \_\_\_\_\_

**Date** \_\_\_\_\_

## QUALITY OF LIFE SUMMARY

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 findings 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."***

All users have single bedrooms to which they have free access and in which they can entertain visitors. In addition there is a quiet room available. Bedrooms, bathrooms and toilets are fitted with suitable locks; staff knock and wait for permission before entering a user's bedroom and recognise the need to provide personal care in private.

All users files are maintained confidentially and they and/or their representative are invited to take part in any formal review on their care.

**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"***

Documentation indicates that users will be involved in their care planning and that their health and social needs will be assessed on admission and reviewed regularly thereafter. A range of equipment and adaptations are available to meet their needs. Part of the assessment recognises that user's have the right to self medication and they will be provided with a system suitable for this purpose.

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

An activities organiser develops a planned programme of activities both within and outwith the unit. Users are enabled to take part in leisure activities of their own choice and offered opportunities to experience Users' documentation includes assessment of need in relation to health and self care skills, social and cultural and spiritual preferences.

Users can have access to tea and coffee making facilities unless considered unsafe as part of their risk assessment. Users previously had the ability to control the heating in their bedrooms, however the new radiator covers now prevents this.

**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."***

A new process for risk assessments for staff and users is being completed at this time.

All visitors to the unit pass the reception area and must sign the visitors book. At night this door can only be accessed through a staff member. An acceptable restrain policy is in place.

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

Individual care plans and documentation indicate that users will be able to choose a level of independence compatible with their wishes and abilities. Users will be afforded opportunities to participate in making decisions about their daily living routine, opportunities to be involved, or not, in activities both within the unit and in the community. Users can choose to bring their own furniture into their personal living space.

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

Users will be encouraged to be involved in users' groups where their views will be actively sought on aspects of the home such as leisure activities, menu planning, maintaining community links.

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

Records indicate that users will be supported in maintaining their own individual beliefs and culture. Users will have the right not to participate. Although users are encouraged to maintain links with their community, and private cars are available for transport, less able users are disadvantaged as no suitably equipped vehicle is available.

## Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	15.5.01	yes	
Brochure	15.5.01	yes	
Admission/discharge record	15.5.01	yes	
Medication	18.10.01	in part	MAR sheets have been introduced with the same dispensing procedure continuing. The Pharmacist will attend to train staff in the completion of sheets. The procedure for the handling of day care/respite users medication should be reviewed.
Accidents	18.10.01	yes	Accidents are listed in a hard backed book with a separate accident form completed. Information could be more detailed.
Incident/violent incident	15.5.01	yes	
Fire safety and checks	18.10.01	yes	
Risk assessments	18.10.01	in part	In the process of being completed. General task related risk assessments and individual resident's risk assessments proforma available.
(moving/handling)	15.5.01	yes	
(COSSH)	15.5.01	yes	
Restraint (if applicable)	15.5.01	yes	
Complaints	15.5.01	yes	
Users financial records	15.5.01	yes	

### Comments:

In October 2001, a new recording was established for accident records, risk assessments, fire records and restraint policy. These are a marked improvement on previous records.

### Requirements:

### Recommendations:

Procedures should be in place for the management of drugs for respite/day care users. When the medication is managed by users these should be noted in their personal files.

## Management and Staffing Standards

	Date Checked	Standard Acceptable	Findings at current Inspection
Recruitment practices	15.5.01	yes	
Staff meetings	18.10.01	yes	Staff meetings are to be scheduled regularly. It is noted that a staff meeting recently took place although no minutes were available.
Shift handover	18.10.01	yes	
Staff supervision	18.10.01		This process will be explored at the next Inspection.
Training records	18.10.01	yes	Induction training available to all staff. An SVQ trainer will be provided by the Company who recognises the requirement for a trained workforce. All staff will be supported in obtaining appropriate qualifications.
Rotas	18.10.01	yes	
Contracts of employment	18.10.01	yes	
Job descriptions	18.10.01	yes	
Absence levels/ monitoring	18.10.01	yes	
Staff Turnover	18.10.01	yes	There have been major changes in the Management staff recently with the loss of the overall Manager and his Depute.
Bank Staffing	15.5.01	yes	

### Training 2001 for care staff

Care Planning & Key Worker role, behavioural communication, moving & handling, heart-start, health & safety.

### Comments:

- After a long period of uncertainty when the unit was in Receivership, the new owners are reported to have brought a feeling of stability to the unit. However, it is concerning that so soon after the purchase both of the Senior Management staff left. A Senior Nurse from the unit has been appointed Depute and will be Acting Manager, with regular input from the external Manager, until the new Manager takes up her appointment on 12 October.
- An SVQ assessor is to be available to the unit to ensure that all care staff have opportunities to gain SVQ qualification. New training opportunities will be available for all staff.

### Requirements:

### Recommendations:

## Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	Feb 01	yes	
Double/Single Ratio	15.5.01	yes	All users have single bedrooms
Ambient Temp	15.5.01	yes	It is noted that the new radiator covers prevent users from regulating the regulating the temperature of their room heaters.
Hot Water temp control	15.5.01	yes	
Hygiene/cleanliness	18.10.01	yes	
Safety of environment	15.5.01	in part	It is noted that there is no designated non-smoking area for staff.
Fabric/Decor	18.10.01	in part	Considerable upgrading of the furnishings, decor and fitments have taken place. Plans should continue to decorate and re-furnish lounges.
Building maintenance	18.10.01	in part	Plans to upgrade the laundry, install gas supply to kitchen, upgrade water tanks will be reviewed at the next Inspection.
Garden Areas	18.10.01	in part	As previously stated plans are in hand to resurface the area around the unit and develop the gardens.
Furnishing; Comfort/quality	18.10.01	yes	Considerable refurbishment has taken place and plans are in hand for further work.
Security of establishment	15.5.01	yes	
Privacy	15.5.01	yes	

**Comments:**

**Requirements:**

Users must have access to the heater controls in their rooms allowing them to control the temperature in their rooms. If this is considered a risk then it should be clearly documented in their care plans.

A non-smoking staff room should be available for staff.

**Recommendations:**

**Commendations:**

**Care Standards**

### Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	18.10.01	yes	All users' documentation has been replaced. The procedures and documentation should provide accurate and detailed information relevant to the delivery of care and effective communication arrangements. Documentation covers assessment, care planning and reviews. User involvement in the decision making is recorded.
Care Plans	18.10.01		
Reviews	18.10.01		
KeyWorker/ Named worker	18.10.01	yes	
Daily notes	18.10.01	yes	
User involvement - care planning and review	15.5.01	yes	
User contracts	15.5.01	yes	
Residents information directory	18.10.01	in part	Requires updating

### Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	18.10.01	in part	menus are required to show the choices available at each mealtime.
Environmental Health Report issues	18.5.01	yes	
Catering equipment and practices	18.10.01	in part	Although some equipment has been replaced this has not been fully completed.

### Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	18.10.01	yes	
Internal activities	18.10.01	yes	
External activities	18.10.01	yes	
Transport arrangements	18.10.01	in part	Unit cars are available. These can prove restrictive to users with mobility difficulties who can be disadvantaged through lack of appropriate transport. The purchase of suitably equipped vehicle should be considered in the longer term.

### Comments:

## **Requirements:**

### **Recommendations:**

The upgrading of the kitchen and equipment should continue.  
Menus should show all choices available at each mealtime.  
Consideration should be given to purchasing suitably adapted transport.

### **Commendations**

## **Inspectors findings on other views**

### **User/Carer views**

Users seen during the Inspection confirmed their satisfaction with the service they receive. Two carers were seen during the Inspection and spoke highly of the quality of care received, the opportunities for independence and privacy and the support they received from staff.

### **Staff views**

Staff seen continued to be concerned about the future of the unit, but felt that the new owners had shown their commitment through the upgrading the building and the opportunities that will be available to them for training.

### **External professionals views**

One Social Worker responded to the confidential questionnaire giving very detailed and useful comments. The standard of care provided has always found to be good, reports from users and their families have been positive'; staff have been friendly, helpful and sensitive to the needs of users, families and other professionals. Users are supported in personalising their own rooms.

## **AGENDA**