



**East Ayrshire**  
COUNCIL

**SOCIAL WORK INSPECTION UNIT**

**INSPECTION REPORT**

**Enable Homes  
Catrine**

**MANAGING ORGANISATION  
Enable**

**30th August 2001  
Inspection Type:  
Unannounced**

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

## 1 - INSPECTION INFORMATION

<b>Registration Category:</b>	Adults with profound physical and learning disabilities	
<b>Registered Capacity:</b>	Residential: 4 Day: 0	Number of ensuite rooms: 0
		Number of double rooms: 0
<b>Number At time of inspection</b>	Residential: 4 Day: 0	
<b>Type of inspection</b>	Unannounced	
<b>Inspector(s):</b>	Mina Cassidy Isobel Dawson	
<b>Date of last inspection:</b>	29.3.01	
<b>For further information on this establishment contact</b>	Liz Catterson, Director of Operations Enable	

## 2- Description of establishment, services and facilities.

This project is located in a four-in-the-block Council house situated in the outskirts of Catrine. The area is considered low amenity and this limits the freedom of service users have to enjoy their local community.

The internal upgrading provides a warm comfortable environment where all efforts have been made to adapt what is less than adequate housing to a high standard. There has been no progress in dealing with a number of the areas highlighted in previous Inspection Reports such as the unsuitable ramp, unsecured garden area, inadequate external lighting and poor roughcasting in addition to some internal adaptations. Although, it is understood that there has been meetings between the key stakeholders and a programme to address these issues has been agreed.

The Unit has continued to develop Essential Lifestyle Plans for each service user, which are of good quality and provide detailed and holistic information. In some instances information is presented in pictorial format to ensure that service users participate in the care planning process. Every effort is made to involve service users in making decisions and choices regarding their own lifestyles and the type of support they wish to receive.

Staff continue to provide a variety of stimulating and enjoyable social and recreational activities. However, the unsuitability of the Units' transport due to Health and Safety issues requires to be addressed to ensure that service users are not restricted in their access to external activities.

All service users have access to an East Ayrshire Council Resource Centre Monday – Friday; records indicate that there is good communication between staff in both facilities.

**Inspector:** \_\_\_\_\_

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

**Head of IRC Unit** \_\_\_\_\_

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

### 3 - QUALITY OF LIFE SUMMARY

In this section the inspectors set out their views 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.

**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."***

Service users' personal private space and belongings are maintained and protected. Essential Lifestyle Plans show that service users' privacy in all areas of their life is taken fully into account.

**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"***

Essential Lifestyle Plans show that assessed needs, including health and well being, are addressed in a way that respects the dignity of individuals. The project leader and staff have continued to develop Essential Lifestyle Plans for service users, which are detailed and holistic.

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

Individual activity programmes show that Service Users' have the opportunity to participate in a range of social and leisure activities. Service Users are also encouraged and supported to maintain and develop relationships.

**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."***

Risk assessments that recognise the rights of individuals are in place and continue to be developed as part of the Essential Lifestyle Plans. Although on the whole users feel secure within their own home, there are difficulties in relation to the suitability of some aspects of the internal and external design of the building such as unsuitable ramps, external lighting and internal door widths.

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

Service Users are assisted to achieve a level of independence in addition to making choices, which are compatible with their wishes and abilities.

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

Individuals enjoy a range of activities which takes into account specific hobbies and interests. There is a need for the organisation to review current transport arrangements in order to ensure that service users are not disadvantaged by the lack of appropriate transportation.

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

*Service Users' cultural and religious beliefs are addressed in their Essential Lifestyle plans.*

## 4 - Records & Procedures Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	30/8/01	Yes	
Brochure	30/8/01	In Part	Although there is information available from the Unit outlining the services that Enable Homes offer this does not relate specifically to Catrine Enable.
Admission/discharge record	30/8/01	N/A	
Medication	30/3/01	In Part	Medication records are well maintained with appropriate signatures and codes. However, it is noted that although particular arrangements are made for transferring medication to Service User's Day Centres there is no system in place to account for this medication.
Accidents	30/8/01	Yes	Separate documentation for staff and residents, which are detailed and well maintained.
Incident/violent incident	30/8/01	Yes	
Fire safety and checks	30/8/01	Yes	Fire safety checks are carried out at appropriate intervals. However, it is noted that the first of the two annual fire drills, stated as required in the organisations procedures document, is now overdue.
Risk assessments	30/8/01	Yes	Although these risk assessments are in place the format and the information contained in them is presently being reviewed. Residents' individual risk assessments are presently being developed as part of the Person Centred Planning process.
(moving/handling)	30/8/01	Yes	
(COSSH)	30/8/01	Yes	
Restraint (if appliqué)			Not applicable in this setting
Complaints	30/8/01	In part	The organisation's Complaints' Policy states that there should be a complaints register available for examination by the Registration & Inspection Unit.
Users financial records	26/3/01	Yes	

### Comments:

### Requirements:

A Brochure specifically detailing the services provided for service users in Catrine should be developed.  
A complaints register should be available for examination by Inspection Officers as stated in the Organisation's own procedures.

### Recommendations:

A system should be introduced which accounts for medication transferred outwith the Unit.

## 5 - Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Recruitment Practices</b>	30/8/01	No	This will be examined in more detail at the next inspection. However, the inspectors are concerned to note that a memo from the Organisation's Head Office states the requirement to have appropriate references and police checks available for new members for staff within 6 months of commencing employment.
<b>Staff meetings</b>	29/3/01	Yes	
<b>Shift handover</b>	29/3/01	Yes	
<b>Staff supervision</b>	30/8/01	Yes	
<b>Training records</b>	30/8/01	Yes	.
<b>Training during last year</b>	30/8/01	Yes	Emergency Aid Fire Safety Manual Handling Managing difficult epilepsy Administration of Enema Administration of Rectal diazepam Values Training Autism Awareness Supervision for Supervisors Food Safety & hygiene
<b>Rotas</b>	30/8/01	Yes	The rota shows that there is a minimum of two staff on duty over the 24-hour period. It is also noted that rotas are flexible to respond to individual service users needs.
<b>Contracts of employment</b>	30/8/01	Yes	
<b>Job descriptions</b>	30/8/01	Yes	Staff members have been issued with job descriptions.
<b>Absence levels/ monitoring</b>	29/3/01	Yes	
<b>Staff Turnover</b>	30/8/01	Yes	The Team leader's post is currently being covered by the Depute Team Leader in an acting up basis. Two part time staff have been employed on a temporary basis to ensure that the total number of staffing hours has not been reduced.
<b>Bank Staffing</b>	30/8/01	Yes	.

### Comments:

### Requirements:

References must be followed up and police checks completed before staff are appointed.

### Recommendations:

## 6 - Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	30/8/01	Yes	.
Double/Single Ratio	30/8/01	Yes	All single rooms
Ambient Temp	30/8/01	Yes	
Hot Water temp control	30/8/01	In part	Water temperature is controlled centrally as part of the overall heating system. However, the water pressure is very poor.
Hygiene/cleanliness	30/8/01	Yes	All areas appeared clean and hygienic.
Safety of environment	30/8/01	No	As stated in previous Inspection reports a number of issues relating to safety of the environment remain outstanding and require to be addressed as a matter of priority. (see details below)
Fabric/Décor	30/8/01	Yes	
Building maintenance	30/8/01	No.	As with safety of the environment.
Garden Areas	30/8/01	No	
Furnishing; Comfort/quality	30/8/01	Yes	
Security of establishment	30/8/01	No	As with safety of the environment
Privacy	30/8/01	Partially	Service users' have their own rooms, which are fitted with appropriate locks. All efforts are made to ensure that service users' privacy is maintained within the Unit. However, the issues relating to the lack of privacy in the garden area requires to be addressed.

### Comments:

### Requirements:

1. External ramp from pavement to front door must meet all specifications in terms of surface, slope and handrails.
2. External lighting and security should be upgraded.
3. All doors should be wide enough to accommodate wheelchair use.
4. The housing of the gas boiler in the user's toilet should be reviewed.
5. All wash hand basins should be of a suitable height for wheelchair users and appropriate level taps fitted.
6. Kitchen should be accessible to wheelchair users.
7. Rear garden should offer both privacy and security and the layout accessible to wheelchair users. The front garden should be brought up to an acceptable standard.
8. Toilet door should be replaced by a sliding door.
9. Patches of unpainted areas left following repairs to the external roughcast are unsightly and unacceptable.
10. External lighting requires to be up graded particularly to the side of the building and along the ramp and pathway to the pavement.

## 7 - Care Standards

### Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	30/8/01	Yes	The Unit has continued to develop Essential Lifestyle Plans for individual service users, which includes detailed assessments, reviews and support plans. Some plans are presented in a pictorial format to ensure service users' involvement in the process.
Care Plans	30/8/01	Yes	
Reviews	30/8//01	Yes	
KeyWorker/ Named worker	30/8/01	Yes	
Daily notes	30/8/01	Yes	
User involvement - care planning and review	30/8/01	Yes	
User contracts	30/8/01	Yes	All service users have an Accommodation and support agreement.
Residents information directory			Not applicable in this care setting

### Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	30/8/01	Yes	Where appropriate, individual service users are involved in menu planning shopping and cooking as part of individual care plans.
Environmental Health Report issues	30/8/01	Yes	
Catering equipment and practices	30/8//01	Yes	Kitchen fittings and design should be accessible to wheelchair users

### Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?		N/a	Not applicable in this form in this setting.
Internal activities	30/8/01	Yes	Resident's Essential Lifestyle Plans show that individuals have access to a broad range of internal and external activities, which take into account the individuals abilities and interests. In addition group activities such as social evenings and outings to places of interest also take place.
External activities	30/8/01	Yes	
Transport arrangements	30/8/01	No	As stated in previous Inspection Reports the Units' mini bus poses a number of health and safety hazards to both service users and staff. However, staff have informed Inspectors that the mini bus is due to be replaced in the very near future.

#### Requirements:

Unit transport requires to be replaced as a matter of some urgency as it does not appear to meet Health

and Safety moving and handling requirements.

**Commendations:**

The Team Leader and staff are commended for the quality of presentation and information contained in individuals' Essential Lifestyle Plans.

**8 - Inspectors findings on other views**

**User/Carer views**

Three questionnaires were sent to relatives/cares of which one was returned. The respondent felt that the service user was extremely well settled expressed a high level of satisfaction with the overall care received by the service user. They felt that they were kept sufficiently informed about the service user and that they were able to talk to various members of staff about their relative.

**Staff views**

Four questionnaires were distributed to staff of which two were returned. Each expressed high levels of job satisfaction stating that they felt valued and were kept up to date with what was going on in the Unit. It was also stated that both staff and service users' views and opinions were listened to and that complaints were listened to and dealt with.

**AGENDA**