



**East Ayrshire**  
COUNCIL

## **SOCIAL WORK INSPECTION UNIT**

### **INSPECTION REPORT**

**Gracelands  
Auchencar Drive, Kilmarnock**

**28<sup>th</sup> August 01**

**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>	Elderly male and female		
<b>Registered Capacity:</b>	Residential: 10 of 30 Day:	Single rooms:	Double rooms:
<b>Number At time of inspection</b>	Residential: 6 of 29 Day:		
<b>Type of inspection</b>	Unannounced		
<b>Inspector(s):</b>	Mr. George Stewart and Mrs. Isobel Dawson		
<b>Date of last inspection:</b>	20 <sup>th</sup> Feb 21 <sup>st</sup> March 2001		
<b>For further information on this establishment contact</b>	Mrs. Lyndsay Stirrat Mrs. May Williams		

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

Gracelands is a purpose-built building on two floors set in the Altonhill area of Kilmarnock. The Unit is registered with East Ayrshire Council and Ayrshire and Arran Health Board for a total of 30 elderly service users. Work has been delayed on a new 20 bedded extension, which was expected to be completed in the autumn of 2001.

The design of the present building allows for four small self sufficient living units each with their own facilities, but not so isolated that there is no opportunity for some cross over. On each floor there are two sitting/dining rooms with interconnecting doors. A pantry kitchen links the two sitting rooms, which in addition to providing tea and coffee making facilities for residents and visitors, encourages service users to maintain some life skills.

All users have individual bedrooms with en suite toilets and wash hand basins. Rooms are comfortably furnished, the décor and colour schemes are attractive and adequate seating allows for visitors. Heating systems in bedrooms are safe and can be managed by the user; dimmer switches can control the level of lighting. The hot water system is safe and meets all Health and Safety and Environmental Health requirements. Service users have keys to their bedrooms. In addition there is a visitors bedroom with en-suite facilities.

In order to maximise service user's independence, aids and adaptations have been provided throughout the unit. In addition to a bathroom and a wet shower room there are two specialised bathrooms with digitally controlled baths. The Qualia room offers music, aromatherapy, relaxation and an electronically controlled massage chair. Corridors are wide with support rails on each side.

Plans to landscape the garden have been delayed. This means that at one end of the building there is a steep bank, which represents a significant risk to residents. In addition, exits at fire escapes are not ramped and the steps present a danger to less ambulant residents if they have to leave the building by that means

**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."*

Residents have individual en-suite rooms. They are able to access a telephone to make private calls and receive their mail unopened.

**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"*

Not examined at this inspection.

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

Evidence indicates that residents do not have many opportunities to access community facilities and comments from staff suggested that this may be due to difficulty accessing regular transport. There are regular opportunities to participate in activities within the unit and many residents make good use of this.

Discussions with one resident indicated that they was unable to pursue their particular interests however he was unsure if given the choice that he would choose to do so.

Inspectors observed one service user in the Qualia room. The facility was used for an excessive amount of time and there was a lack of adequate supervision. This must be addressed promptly.

**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."*

The building is split into two distinct floors. Locks are in place to ensure that only staff move regularly between floors. The garden requires to be made safe and the issue of ramps at fire exits needs to be addressed.

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

Residents are encouraged to make choices about meals and lifestyles within the unit. These choices are more limited in relation to outside facilities and this requires further examination by the providers.

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

(See 3 and 5 above.)

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

Not examined.

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	28.8.01	Yes	
Brochure	28.8.01	No	The unit does not have a brochure.
Admission/discharge record	28.8.01	Yes	
Medication	28.8.01	Not examined	
Accidents	28.8.01	Yes	Accident records are well maintained, detailed and audited on a monthly basis.
Incident/violent incident	28.8.01	Yes	This documentation is detailed and well maintained.
Fire safety and checks	20.2.01	No	Fire records were found to be inaccurate at the previous inspection. During this visit inspectors were unable to access them.
Risk assessments	28.8.01	Not examined	
(moving/handling)	28.8.01	Not examined	
(COSSH)	28.8.01	Not examined	
Restraint (if appliqué)	28.8.01	No	There was no specific policy on the use of restraint.
Complaints	28.8.01	Yes	This is available to residents and visitors and is situated in the hallway.
Users financial records	28.8.01	Not examined	Access to these records was not possible during the inspection.

**Comments:** A number of unfortunate circumstances meant that inspectors were unable to access certain records during this unannounced inspection.

**Requirements:**

The unit is required to ensure fire records are accessible and that the recommendations of the previous report have been carried out in full.

The unit is required to produce a brochure as a matter of urgency.

The unit is required to produce a policy on the use of all types of restraint as a matter of urgency.

**Recommendations:**

Owner/managers should review what documentation is held centrally. At least one staff member should have access to all Health and Safety material day or night. The findings of this review should be submitted as part of the Action Plan.

**Commendations:**

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	28.8.01	Not examined	
Staff meetings	28.8.01	Yes	Staff meetings have taken place, however the frequency and content could not be examined for reasons highlighted previously.
Shift handover	28.8.01	Not examined	
Staff supervision	28.8.01	Not available	
Training records	28.8.01	In part	Staff members have a training record. There is however no co-ordinated training plan.
Training during last year	28.8.01	Yes	Food handling, fire awareness and moving and handling. Post inspection the manager provided information about additional training which had taken place.
Rotas	28.8.01	Yes	The rota indicated that that adequate staff cover is provided across a 24hr. Period.
Contracts of employment	28.8.01	Not examined	
Job descriptions	28.8.01	Not examined	
Absence levels/ monitoring	28.8.01	Yes	A hardback book provides the necessary information. This format makes it difficult to audit patterns of absence and the unit may wish to consider a move to individual records.
Staff Turnover	28.8.01	Not examined	
Bank Staffing	28.8.01	Yes	Securing trained permanent staff is proving difficult. This means that bank staff are used regularly. The management of this will be examined closely at the next inspection.

**Comments:** Inspectors note that issues raised at the last inspection have been taken on board. We would encourage further development in communication systems.

**Requirements:**

**Recommendations:**

It is recommended that the unit develop a training plan based on the needs of individual staff members and the overall training of the unit.

**Commendations:**

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	28.8.01	Yes	
Double/Single Ratio	28.8.01	Yes	
Ambient Temp	28.8.01	Yes	The unit was pleasant throughout.
Hot Water temp control	28.8.01	Yes	
Hygiene/cleanliness	28.8.01	Yes	The unit appeared well maintained.
Safety of environment	28.8.01	Yes	See requirements.
Fabric/Decor	28.8.01	Yes	The unit is furnished and decorated to a high standard.
Building maintenance	28.8.01	Yes	There were no obvious physical signs that building repairs were not being carried out. A system is in place for highlighting and then signing off work as it is completed. There were a number of entries that were not signed off and yet the work appeared to have been done. This should be addressed.
Garden Areas	28.8.01	No	See requirements.
Furnishing; Comfort/quality	28.8.01	Yes	Furnishings are of a good quality.
Security of establishment	28.8.01	Yes	There are steps taken to ensure the building is secure. This includes CCTV outwith the unit.
Privacy	28.8.01	Yes	

**Comments:**

**Requirements:**

The unit is required to provide ramps and hand rails at all fire exits.  
The steep bank in the garden area must be made safe as a matter of priority.

**Recommendations:**

**Commendations:**

The unit is commended for the standards of furnishings fabric and decor.

**7 - Care Standards**

**Care Planning and Review**

	Date	Standard	Findings at current Inspection
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	Checked	Acceptable?	
<b>Assessment</b>	28.8.01	Yes	Assessment material was available in case files.
<b>Care Plans</b>	28.8.01	In part	Care plans are in place for each resident. The recommendation made in the last report regarding the use of language has not been taken on board.
<b>Reviews</b>	28.8.01	Yes	Inspectors viewed initial review documentation. All review material should be checked at the next inspection.
<b>KeyWorker/ Named worker</b>	28.8.01	Yes	
<b>Daily notes</b>	28.8.01	Yes	Each resident has a written note of his or her experiences throughout the 24hr period. The standard of entry varied. There are some thoughtful entries and this standard should be held up as good practice for all.
<b>User involvement - care planning and review</b>	28.8.01	No	There is no evidence to suggest that residents are involved in the planning of their care. Where possible residents should be encouraged to sign their careplans, have their interests reflected in the activities they take part in and have issues such as spiritual needs noted.
<b>User contracts</b>	28.8.01	Not available	
<b>Residents information directory</b>	28.8.01	No	(See brochure)

### Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Menus - choice &amp; quality</b>	28.8.01	Yes	Menus indicate that choice is available on a daily basis. There is a three-week rotation of menus with traditional dishes proving very popular.
<b>Environmental Health Report issues</b>	28.8.01	Not available	
<b>Catering equipment and practices</b>	28.8.01	Yes	

### Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Displayed Program?</b>	28.8.01	Yes	A programme is displayed in the sitting rooms.
<b>Internal activities</b>	28.8.01	In part	Young at heart visit on a regular basis. Most assessments were incomplete.
<b>External activities</b>	28.8.01	In part	There are visits to local garden centres etc. This is limited
<b>Transport arrangements</b>	28.8.01	No	Although it is not an absolute necessity to have private transport, it does provide a degree of certainty that residents if they choose can get out on a regular basis. Inspectors could find no substantive evidence that alternative arrangements are acceptable.

**Comments:**

**Requirements:**

The unit is required to ensure careplans are linked to other documentation such as activity plans. In addition residents must be encouraged to play a greater part in the planning of their care.

Residents and their carers must be provided with information about services within the home and those accessed in the community.

Transport arrangements must ensure that residents are provided with adequate opportunities to access community resources of their choice on a regular basis.

### **Recommendations:**

### **Commendations:**

## **8 - Inspectors findings on other views**

### **User/Carer views**

A number of residents were spoken to as part of the inspection. There were also a number of confidential questionnaires distributed. Users and carers were generally very satisfied with the level of care on offer at Gracelands. The one recurring theme was the lack of opportunity to participate regularly in outings or to access community resources

### **Staff views**

Inspectors spoke with a number of staff during the inspection. A number also returned confidential questionnaires. It was highlighted in the previous report that some staff felt they were not able to provide a warm welcome. This issue has again been raised alongside the feeling that not enough information is provided to ensure an appropriate welcome for each individual.

Working with the residents appears rewarding for staff however there is a feeling that there is sometimes a lack of resources to complete the task. The manager commented that she was unsure what staff were referring to and this had not been raised with her as a problem by staff.

## **AGENDA**