



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**Kerrmuir Hostel
Hurlford
East Ayrshire Council**

**Inspection Date(s):
30th March 2001
&
5th April 2001
Brief Unannounced Inspection**

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1 - INSPECTION INFORMATION

Registration Category:	Adults with Learning Disability
Registered Capacity:	Residential: 12 Day: N/A
Number At time of inspection	Residential: 12 Day: N/A
Type of inspection	Brief Unannounced (Kerr - 02-00/01)
Inspector(s):	Bill Duncan
Date of last inspection:	14 th December 2000
For further information on this establishment contact	Joyce Lappin, Manager Tel 01563 572018

2- Description of establishment, services and facilities.

Kerrmuir provides residential care for 12 adults with learning difficulties in adapted terraced housing within a housing scheme close to the centre of the village of Hurlford. The adapted nature of the housing results in an establishment which appears from the outside to be less obviously an institutional setting.

Bedroom accommodation is on the upper floor with social space, dining room, kitchen and office accommodation on the ground floor. Entrances to the Unit are ramped and there is a garden area to the rear and a small grassed area to the front. Kerrmuir provides a homely environment for a fairly long established group of residents many of whom would hope eventually to move to more normal housing either on their own or in smaller groupings.

Residents are encouraged and enabled to engage in normal community activities of their own choice and to exercise choice in the fabric and decor of their rooms. The unit has a "training kitchen" and one resident currently uses this as part of their programme with support also given for shopping.

In recent years residents and staff have been anticipating and preparing for change and the possibility of moving to other premises but these changes did not occur as anticipated. Unfortunately this has left the establishment as a whole, both staff and residents with some uncertainty as to the future for the establishment. Residents and staff also expressed some disappointment that there had not been more communication from external managers following the abandonment of previous plans to move to other premises. Some residents are nevertheless maintaining their plans to obtain other accommodation in the future.

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 are able to lock their bedrooms and to treat this as private space. Inspectors observations indicate that staff respect and promote resident privacy in relation to belongings, personal and financial affairs.

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"

The interactions between staff and residents that have been observed at this and previous inspections indicate that staff promote health and well being and do so in ways which respect dignity.

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

Observation of the interactions between staff and residents indicate that strong relationships have been developed and that residents feel valued by staff. Residents appear to feel able to pursue their social and leisure interests knowing that staff will be supportive and encouraging.

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."

Security and safety was enhanced by attention to security lighting and the fitting of window bolts. Access to the Unit for visitors is controlled but a bell is required at the front door. Safety is potentially compromised by the lack of temperature control of hot water outlets and low surface temperature covers for radiators.

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 individualise their own bedrooms and to maximise their independence in external and internal activities. Residents' independence is further encouraged through their active involvement in the Person Centred care planning process. Essential Lifestyle Plans (part of the Person Centred Planning process) are developed with residents using pictures to aid communication. The ELP for one resident with visual difficulties was produced on tape.

Independence and choice is potentially compromised by the uncertainty over the future of the establishment and it is to be hoped that this will be resolved in the near future.

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

Residents are encouraged and supported in developing and maintaining interests both within and outwith the home. They are also encouraged to participate in menu planning and in the general life of the unit through residents meetings.

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

There was no evidence of distinct cultural differences among the present client group. Nevertheless Inspectors would take the view that the Person Centred Planning Process will ensure that culture and beliefs are taken account of in drawing up individual care plans.

4 - Records & Procedures Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	30/3/01	No	Previous plans for reprovisioning of the Unit did not proceed. The present aims and objectives for the Unit require to be clarified.
Brochure			To be checked at next Inspection
Admission/ discharge record			Not checked at this inspection
Medication	30/3/01	Yes	The medication system using Mars sheets was generally well managed. However a resident returned with medication which was then entered onto an old Mars sheet and dates changed. (It was not felt that this reflected adversely on the overall quality of the system however.)
Accidents	30/3/01	Yes	Appropriate system is maintained and shows no inappropriate pattern of accidents.
Incident/violent incident			To be checked at next Inspection.
Fire safety and checks	30/3/01	Yes	Checks shown for 26/3 & 2/4/2001. The Unit has experienced difficulties motivating residents to respond to Alarms.
Risk assessments			To be checked at next Inspection
(moving/ handling)	30/3/01	Yes	Sampled resident files contained moving and handling assessments.
(COSSH)			To be checked at next Inspection
Restraint (if appliqué)			Not Applicable
Complaints			To be checked at next Inspection
Users financial records	30/3/01	Yes	Sampled records were well maintained and signed by staff. Residents who are able should be encouraged to sign transactions.

Comments:

The standards of recording and the quality of the systems in this establishment are generally good.

Requirements:

Inspectors acknowledge the difficulties that have arisen following the breakdown of previous plans to disperse residents to replacement accommodation. This has left uncertainty about current and further plans.

It is required that the aims and objectives of the unit are reviewed and residents are involved in and informed about future plans at the earliest opportunity.

Dates on Mars medications sheets must not be changed retrospectively. A new mars sheet should be used if necessary to accommodate medication returning with clients from hospital.

Recommendations:

Commendations:

The manager and staff identified difficulties in getting residents to respond to Alarms and are dealing with this pro-actively by arranging for the Fire-Safety Officer to talk to residents.

5 - Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	30/3/01	Yes	Complies with East Ayrshire Council procedures
Staff meetings	30/3/01	Yes	Regular Monthly minuted staff meetings are held.
Shift handover	5/4/01	Yes	A shift handover was observed. Information discussed included detailed update for each resident.
Staff supervision			Not checked on this occasion
Training records	14/12/00	Yes	Training in the last year (numbers of staff) - Food handling (3 staff); SVQ (2 staff); Fire safety (2); Lifting and Handling (1); Benefits training 4 day course (2); Values/anti-oppressive practice(1); Day carers strategy(1); Challenging behaviour (all staff); Foundation counselling 4 day course (1); Responding to health emergencies(1)
Training during last year	14/12/00	Yes	
Staff Qualifications	30/3/01	Yes	Manager qualified HNC/SVQ3, plus 3 staff HNC/SVQ3, 2 SVQ3 and 2 undergoing SVQ3
Rotas	5/4/01	Yes	Rotas checked and showed acceptable staffing levels.
Contracts of employment	30/3/01	Yes	Staff subject to East Ayrshire Council contracts
Job descriptions	30/3/01	No	Staff do not appear to have job description or equivalent.
Absence levels/ monitoring			Not checked at this Inspection
Staff Turnover	30/3/01	Yes	No staff members have left in the proceeding 12 months.
Bank Staffing			Not checked at this Inspection

Comments:

A stable, committed and well qualified staff group with good systems of staff communication and a clear commitment to ongoing training.

Requirements:

Recommendations:

Commendations:

6 - Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	2/11/99	Yes	Not rechecked at this inspection. A previously undersized bedroom was removed from use.
Double/Single Ratio	30/3/01	Yes	All residents are accommodated in single bedrooms.
Ambient Temp	30/3/01	Yes	Room temperatures were acceptable during the inspection.
Hot Water temp control	30/3/01	No	Hot water outlets are unregulated and water is at an unacceptable temperature. Thermostatic control is required.
Hygiene/cleanliness	30/3/01	Yes	
Safety of environment	30/3/01	No	Safety is compromised by inadequate hot water temperature control and the lack of low surface temperature radiator covers
Fabric/Decor	30/3/01	Yes	Although ongoing work will be required the general condition of fabric and décor is acceptable.
Building maintenance	30/3/01	Yes	It was noted that staff were themselves re-decorating an upstairs bathroom.
Garden Areas	30/3/01	Yes	Garden areas appeared adequately maintained. An inspection during better weather will examine how useable areas are for residents.
Furnishing; Comfort/quality	30/3/01	Yes	
Security of establishment	30/3/01	Yes	Previous issues addressed through installation and adjustment of security lighting. Downstairs windows have security bolts.
Privacy	30/3/01	Yes	Staff knock before entering bedrooms. Bedrooms have locks.

Comments:

The general physical environment within the Unit shows evidence of having improved since the last inspection and work was underway on an upstairs bathroom at the time of the inspection.

Requirements:

It is required that Thermostatic regulation of individual hot water outlets be installed as a matter of priority.

Radiators require to be fitted with low surface temperature covers.

Recommendations:

Commendations:

7 - Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	5/4/01	Yes	See following comments.
Care Plans	5/4/01	Yes	Person Centred Planning used which covers all areas of resident's life and encourages their involvement. Documentation appropriately maintained.
Reviews	30/3/01	Yes	Evidence of appropriate reviews seen in sampled case files.
KeyWorker/ Named worker			To be checked at next Inspection.
Daily notes	5/4/01	Yes	Daily notes maintained to an acceptable standard.
User involvement - care planning and review	5/4/01	Yes	Residents are fully involved in care planning through the use of Person Centred Planning and Essential Life Plans. Residents are also involved more generally in Unit decisions through regular minuted residents meetings.
User contracts	5/4/01	No	It is understood that residents do not have contracts. Residents require to have contracts of service.
Residents information directory			Not checked at this inspection

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	5/4/01	Yes	Cook discusses menu choices and plans menus in advance with residents. Residents tend to be conservative in their meal choice.
Environmental Health Report issues			Not examined at this Inspection. To be examined at next inspection.
Catering equipment and practices	5/4/01	Yes	Examination of kitchen and storage areas identified no issues.

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	5/4/01	Yes	An "activities book" records activities that have taken place. It is unclear how much forward planning of activities is taking place.
Internal activities	5/4/01	Yes	The activities book shows activities both within and outwith the unit for residents and that the activities that residents participate in are informed by the Person Centred Planning process.
External activities	5/4/01	Yes	

Transport arrangements			To be checked at next inspection.
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Comments:

Inspectors will clarify at the next Inspection that activities are forward planned and linked to issues identified through Person Centred Planning.

Requirements:

Residents require to have contracts. The Action plan should give a timescale within which contracts will be implemented.

Recommendations:

Commendations:

Managers and staff are to be commended for their implementation of the Person Centred Planning approach.

8 - Inspectors findings on other views

User views

Residents were seen in a group and spoke positively about the Unit. They expressed much uncertainty however about future plans following the breakdown of previous plans to re-provision the Unit. They expressed surprise and disappointment that they had not been visited by external managers to explain why previous plans had not gone ahead. It is apparent that some residents are still positive and moving ahead with plans to move into community housing while for others there remains uncertainty about the future. Residents spoke positively about the staff and their experience of living at Kerrmuir. However in questionnaires a number of residents expressed concern about other residents being “noisy” and “too much shorting”.

Staff views

Staff expressed similar views about past and future plans to those expressed by residents and it is clearly important that uncertainties for both groups are resolved as soon as possible. The Inspector noted however that the main concern expressed by staff was a wish to engage in positive change for the benefit of residents - even though staff are aware that this will result in change and uncertainty for staff themselves. Staff are to be commended for this attitude. In returned questionnaires staff suggested that there was insufficient staff to sufficiently support residents activity interests.

Relatives/Carer Views

Three relatives questionnaires were completed and returned and none raised concerns about the care provided by the Unit. One relative made the following written comment; *Given the current "cut-back situation I would like to say how Kerrmuir staff work over and above their hours. This relative appreciates their efforts.*

External professionals views

Not sought for this Inspection.

AGENDA