



**East Ayrshire**  
COUNCIL

**SOCIAL WORK INSPECTION UNIT**

**INSPECTION REPORT**

**Kerrmuir Hostel  
Hurlford  
East Ayrshire Council**

**Inspection Date(s):  
30<sup>th</sup> August 2001  
Announced Out of Hours Inspection**

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## 1 - INSPECTION INFORMATION

<b>Registration Category:</b>	Adults with Learning Disability
<b>Registered Capacity:</b>	Residential: 12 Day: N/A
<b>Number At time of inspection</b>	Residential: 12 Day: N/A
<b>Type of inspection</b>	Announced out of Hours
<b>Inspector(s):</b>	George Stewart
<b>Date of last inspection:</b>	30 <sup>th</sup> March&5 <sup>th</sup> April 2001
<b>For further information on this establishment contact</b>	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 mainstream housing either on their own or in smaller groupings.

Residents are encouraged and enabled to engage in 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 had been anticipating and preparing for change and the possibility of moving to other premises but these changes did not occur as anticipated. Unfortunately this had left the establishment as a whole, both staff and residents with some uncertainty as to the future for the establishment. 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. There are residents who express frustration at the continued delay in them moving to alternative accommodation.

#### **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. 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. Staffing levels particularly recent shortages undoubtedly impact on residents ability to access appropriate support to undertake community based activities.

#### **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
<b>Clear Aims &amp; Objectives?</b>	30/8/01	No	Previous plans for reprovisioning of the Unit did not proceed. The present aims and objectives for the Unit require to be clarified.
<b>Brochure</b>	30/8/01	In part	The unit is currently working with the Quality and Planning Unit of the social work department to revise their brochure.
<b>Admission/discharge record</b>	30/8/01	Yes	
<b>Medication</b>	30/3/01	Yes	The medication system using Mars sheets was generally well managed.
<b>Accidents</b>	30/3/01	Yes	Appropriate system is maintained and shows no inappropriate pattern of accidents.
<b>Incident/violent incident</b>	30/8/01	Yes	Any staff or residents involved in a violent incident receive a debrief at the earliest opportunity. Appropriate paperwork is then passed to external management who respond within an agreed timescale.
<b>Fire safety and checks</b>	30/3/01	Yes	Checks shown for 26/3 & 2/4/2001. The Unit had experienced difficulties motivating residents to respond to Alarms.
<b>Risk assessments</b>	30/8/01	No	The unit does not have general risk assessments in place.
<b>(moving/handling)</b>	30/3/01	Yes	Sampled resident files contained moving and handling assessments.
<b>(COSSH)</b>	30/8/01	Yes	
<b>Restraint (if appliqué)</b>			Not Applicable
<b>Complaints</b>	30/8/01	Yes	An appropriate complaints system is in place.
<b>Users financial records</b>	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 as a matter of priority.

The unit is required to introduce risk assessments for activities undertaken by residents both in the unit and out in the community.

### Recommendations:

### Commendations:

## 5 - Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Recruitment practices</b>	30/3/01	Yes	Complies with East Ayrshire Council procedures
<b>Staff meetings</b>	30/3/01	Yes	Staff meetings are given appropriate priority. It is noted that one meeting during the summer period was missed.
<b>Shift handover</b>	5/4/01	Yes	A shift handover was observed. Information discussed included detailed update for each resident.
<b>Staff supervision</b>	30/8/01	In part	The manager expressed her wish to see supervision return to its prescribed frequency as soon as possible. It is still taking place but not as often as was previously the case. Staffing shortages seem to have had an impact on this system of support.
<b>Training records</b>	14/12/00	Yes	
<b>Training during last year</b>	14/12/00	Yes	
<b>Staff Qualifications</b>	30/3/01	Yes	Manager qualified HNC/SVQ3, plus 3 staff HNC/SVQ3, 2 SVQ3 and 2 undergoing SVQ3
<b>Rotas</b>	5/4/01	Yes	Rotas checked and showed acceptable staffing levels.
<b>Contracts of employment</b>	30/3/01	Yes	Staff subject to East Ayrshire Council contracts
<b>Job descriptions</b>	30/8/01	No	Staff do not appear to have job description or equivalent.
<b>Absence levels/ monitoring</b>	30/8/01	Yes	Records are updated on a regular basis. Absence levels appear to be high although the manager has stated that these figures are heavily influenced by long-term absence.
<b>Staff Turnover</b>	30/3/01	Yes	No staff members have left in the proceeding 12 months.
<b>Bank Staffing</b>	30/8/01	No	There appears to be an inadequate pool of staff to ensure appropriate staff cover at all times. There would appear to be a need for "back up" staff, whether that be temporary, sessional or bank.

### Comments:

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

### Requirements:

Staff must be provided with an appropriate job description.

The unit must have access to a staffing pool that ensures the provision of an effective service without an over reliance on existing resources.

### 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	30/8/01	Yes	Room temperatures were acceptable during the inspection.
Hot Water temp control	30/8/01	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	30/8/01	No	Inadequate hot water temperature control and the lack of low surface temperature radiator covers compromise safety. A broken window in the laundry area has not been fixed for a period of two months.
Fabric/Decor	30/8/01	Yes	Although ongoing work will be required the general condition of fabric and décor is acceptable. Staff have undertaken a number of projects on their own initiative.
Building maintenance	30/3/01	Yes	
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.

The unit should have access to a glazier that will respond to broken windows more quickly.

### Recommendations:

### Commendations:

The unit staff are commended for the efforts made to improve the aesthetic appearance of the unit.

## 7 - Care Standards

### Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Assessment</b>	5/4/01	Yes	See following comments.
<b>Care Plans</b>	30/8/01	Yes	Person Centred Planning used which covers all areas of resident's life and encourages their involvement. Documentation appropriately maintained.
<b>Reviews</b>	30/3/01	Yes	Evidence of appropriate reviews seen in sampled case files.
<b>KeyWorker/ Named worker</b>	30/8/01	Yes	
<b>Daily notes</b>	5/4/01	Yes	Daily notes maintained to an acceptable standard.
<b>User involvement - care planning and review</b>	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.
<b>User contracts</b>	30/8/01	No	Service users do not have a contract.
<b>Residents information directory</b>			Not checked at this inspection

### Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Menus - choice &amp; quality</b>	5/4/01	Yes	Cook discusses menu choices and plans menus in advance with residents. Residents tend to be conservative in their meal choice.
<b>Environmental Health Report issues</b>	30/8/01	Yes	An inspection was carried out during 2000. All issues identified have been addressed.
<b>Catering equipment and practices</b>	5/4/01	Yes	Examination of kitchen and storage areas identified no issues.

### Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Displayed Program?</b>	5/4/01	Yes	An "activities book" records activities that have taken place. It was unclear how much forward planning of activities is taking place.
<b>Internal activities</b>	5/4/01	Yes	The activities book showed 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.
<b>External activities</b>	5/4/01	Yes	
<b>Transport arrangements</b>			To be checked at next inspection.

**Comments:**

The issue of activity planning should be examined in more detail at the next inspection. This will include the link between Essential Lifestyle Plans and staffing levels.

**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**

The inspector spoke informally to most residents during the visit. In addition some residents completed confidential questionnaires. Those who could articulate their feelings appeared to be less content than in previous visits. Issues of group living, noise, lack of personal space seem to have taken on a greater significance. This was reflected strongly during the visit and in the documents returned to the inspection unit.

**Staff views**

The staff who completed confidential questionnaires were clearly unhappy that sickness and holidays have meant deterioration in the service they have been able to offer. They state that the unit has been running with a lower staff quota for some time. This short out of hours inspection may not have explored the issues that might best have highlighted this. It is however important that agreed staffing levels are maintained without placing an ever-increasing burden on the existing staff group.

**AGENDA**