

# **SOCIAL WORK INSPECTION UNIT**

## **INSPECTION REPORT**

**KIRKLEA  
3 DUNDONALD ROAD  
KILMARNOCK**

**CRAEGMOOR HEALTHCARE  
97 Friar Street, Droitwich  
Worcestershire WR9 8EG**

**Inspection Date 9 October 2001**

**Type of Inspection: Short, focussed, unannounced**

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## INSPECTION INFORMATION

<b>Registration Category:</b>	Adults with learning disabilities
<b>Registered Capacity:</b>	Residential: 19                      Single rooms - 5 Day : 0                                  Double rooms - 7. No en-suite
<b>Number At time of inspection</b>	Residential: 19 Day: 0
<b>Type of inspection</b>	Short, focussed, unannounced
<b>Inspector(s):</b>	Mrs Isobel M Dawson
<b>Date of last inspection:</b>	7 June 2001
<b>For further information on this establishment contact</b>	Mrs Christine MacDonald (Manager) te; 01563 539010 Email: cm.kirkle@nbol.co.uk Internet: www.craegmoor.co.uk

## Description of establishment, services and facilities.

Kirklea is a large Victorian house near to Kilmarnock town centre. It is registered to provide residential care for male and female adults with learning disabilities. Initially registered in 1987, it was purchased from the original owner by Craegmoor Healthcare in April of this year.

The unit is within easy access to shops, cafes, pubs and leisure facilities. A number of users have access to East Ayrshire Council services including Day Centres, Colleges and other placement. Some users are supported in employment situations. The unit has its own mini bus which is enthusiastically used for outings and visits to community services. A number of users have been on a variety of holidays this year.

Residents' accommodation is on two floors with all public rooms and some bedrooms on the ground floor. The house is not adapted for wheelchair users or individuals with severe mobility difficulties. Seven of the bedrooms are shared and five single. Since the change in ownership considerable upgrading, redecorating and refurbishment has taken place in the unit. The owners are committed to a further agreed programme of modernisation. There is an agreed timescale for reducing the number of double rooms.

The Manager and staff are progressing a review of care planning with a commitment to completing Essential Life Plans by the end of the year. In addition a programme of staff training and development is continuing. The Manager has developed good links with outside agencies and acknowledges the support she has received from East Ayrshire Council Education & Social Services Department.

**INSPECTOR:**

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

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

**HEAD OF UNIT:**

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

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

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."***

Clear reference is made to privacy in the Essential Life Plans which are being developed for all users. The high ratio of double to single bedrooms restricts users personal space; however within these rooms users have lockable space for their personal belongings. All bedroom, bathroom and toilet doors have locks. Staff respect users right to privacy and dignity when assisting them with intimate activities.

**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"***

Healthcare needs are recorded taking account of users preferences on how these should be promoted. All users are registered with a General Practitioner and they have access to community healthcare facilities. The unit liaise closely with external support services.

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

In the development of user's life plan staff support users in helping them achieve their stated ambitions. Users are supported in making choices while allowing them control in making decisions and accessing appropriate resources to help carry out these decisions.

**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."***

Essential Life Plans include a risk assessment which balances the needs and preferences of the user with risk to self, staff and other users. All accidents and incidents are recorded and a policy is in place that acknowledges the management of risk with the aim of providing safe premises and safe working practices. Fire safety awareness training is carried out.

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

Users are able to choose how to develop their own living space although this can be restricted in shared rooms. Information and encouragement is given to maximise participation in education, leisure and employment activities in order to maximise potential for social inclusion and personal development. Users are supported in participating in spiritual activities and maintaining their individual beliefs and practice.

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

Users' participation in educational, vocational and life skills training or employment interests is expressed in Life Plans and they are involved in menu planning, management of personal finances, holiday and leisure activities.

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

Users are able to maintain and develop their individual spiritual beliefs and practice and participate in cultural and spiritual activities in the unit and outside community. These rights are acknowledged in Life Plans.

## Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Clear Aims &amp; Objectives?</b>	7.6.01	yes	
<b>Brochure</b>	9.10.01	in part	A draft copy of the brochure was seen which should be available in the near future
Admission/ discharge record	9.10.01	yes	
<b>Medication</b>	7.6.01	yes	
<b>Accidents</b>	7.6.01	yes	
<b>Incident/violent incident</b>	7.6.01	yes	
<b>Fire safety and checks</b>	9.10.01	yes	
<b>Risk assessments</b>	9.10.01	in part	Risk assessments continue to be addressed as part of the individual essential life style plans which continue to be developed
<b>(moving/handling)</b>	9.10.01	in part	As above. It is noted that training has been arranged for staff later this month.
<b>(COSSH)</b>	7.6.01	yes	
<b>Restraint (if applicable)</b>	7.6.01	yes	
<b>Complaints</b>	7.6.01	yes	
<b>Users financial records</b>	9.10.01	yes	The new financial management system allows for users to manage their finances with practical assistance as required, and within their assessed capabilities.

**Comments:**

**Requirements:**

**Recommendations:**

**Commendations:** The management and staff are commended for the system they have developed for supporting and giving practical assistance to users thereby enabling them to manage their own finances and personal affairs.

## Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	7.6.01	yes	
Staff meetings	7.6.01	yes	
Shift handover	7.6.01	yes	
Staff supervision	7.6.01	yes	
Training records & training given	9.10.01	yes	First Aid, Fire awareness, COSHH assessments, Lifestyle planning, therapeutic intervention, Induction training, Advocacy, Health & Safety
Rotas	7.6.01	yes	
Contracts of employment	7.6.01	yes	
Job descriptions	7.6.01	yes	
Absence levels/ monitoring	7.6.01	yes	
Staff Turnover	7.6.01	yes	
Bank Staffing	7.6.01	yes	

**Comments:**

**Requirements:**

**Recommendations:**

**Commendations:**

## Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	7.6.01	yes	
Double/Single Ratio	7.6.01	no	The ratio of double to single rooms is well above the recommended standard and requires to be addressed.
Ambient Temp	7.6.01	yes	
Hot Water temp control	7.6.01	yes	
Hygiene/cleanliness	7.6.01	yes	
Safety of environment	7.6.01	no	Plans are in hand for upgrading the laundry and kitchen area.
Fabric/Decor	9.10.01	in part	The Company continue to upgrade the fabric and decor; there is a planned programme of upgrading.
Building maintenance	9.10.01	in part	Roof repairs continue, plans are in hand to replace the windows.
Garden Areas	7.6.01	in part	The garden areas should be developed to offer a more attractive, pleasant and therapeutic environment.
Furnishing; Comfort/quality	9.10.01	in part	Since purchasing the unit the new owners have kept to their planned and agreed programme of upgrading.
Security of establishment	7.6.01	yes	
Privacy	7.6.01	no	Staff continue to make efforts to maintain users privacy. However the large number of double bedrooms limit the degree of privacy available to residents. However, staff are clearly aware of users rights to privacy and promote this wherever possible.

### Comments:

It is acknowledged that within users' Essential Life Plans recognition is given to users aspirations in relation to moving on to supported accommodation and includes a support plan for this and over time this should result in the reduction of double rooms.

### Requirements:

The date for the completion of the upgrading of the kitchen and laundry area should noted in the post inspection action plan

Plans to reduce the proportion of double to single rooms must continue.

### Recommendations:

The replacement of external windows should be expedited.

### Commendations:

The Organisation are commended for the considerable upgrading of the fabric, furniture, decor and building. It is noted that a new Arjo bath has been fitted.

## Care Standards

### Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	9.10.01	yes	
Care Plans	9.10.01	yes	It is encouraging to note users' essential life plans continue to be developed and should be completed for all by the end of this year/
Reviews	9.10.01	yes	
KeyWorker/ Named worker	9.10.01	yes	
Daily notes	9.10.01	yes	
User involvement - care planning and review	9.10.01	yes	
User contracts	9.10.01	yes	
Residents information directory	9.10.01	yes	A residents' directory is now available. In addition the unit has a Web site that gives additional information. It would be useful to have a computer available to users in the unit.

### Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	9.10.01	yes	The unit are presently reviewing their menus with the help of an external catering manager..
Environmental Health Report issues	Jan 01	yes	
Catering equipment and practices	9.10.01	in part	The layout and design of the kitchen has been reviewed and its upgrading has been costed.

### Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	9.10.01	yes	
Internal activities	9.10.01	yes	The range of activities has extended in consultation with users and in keeping with their essential life plan.
External activities	9.10.01	yes	A member of staff has particular responsibility for developing a programme over a calendar month and in consultation with the users.
Transport arrangements	9.10.01	yes	The unit has its own mini bus

**Recommendations:**

Plans for the upgrading of the kitchen should continue.

**Commendations:**

The Manager and staffs' commitment to developing opportunities for personal growth and development with respect to users' interest, abilities and social contacts. Essential Life Plans seen clearly documented short, medium and long-term goals and how users would be supported in achieving these.

**Inspectors findings on other views****User/Carer views**

A large proportion of users were seen during the Inspection and five others were able to complete confidential questionnaires with support from their key workers.

Comments included that they liked the staff, being near the town, having lots of friends and having my own bedroom.

Negative comments referred to not having a single room, not having enough mini-bus rides and having to think of other people. One person specifically referred to their hopes for moving on to independent living.

Users spoken to had not found it difficult to adjust to the change of ownership, they expressed positive views on the physical changes in the unit, how they were encouraged to go into the kitchen and learn new skills and the extra independence offered them and the range of holidays available this year.

**Staff views**

Four staff completed confidential questionnaires and others were seen during the Inspection. All staff made positive comments about the cleanliness and warmth of the unit. They stated that their complaints, views and opinions were listened to and that there were adequate arrangements for their safety. They felt valued and were kept up to date. All had opportunities for relevant training, had contracts of employment and job descriptions.

They recognised the need to maintain users right to privacy and dignity and said this would be enhanced if users had their own room and private space.

**External professionals views**

Not sought on this occasion.

**AGENDA**