



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**Nightingale House
Main Street, Auchinleck**

**Owner
Mr M Shafique**

12th June 2001

Announced

W.J. Duncan
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East Ayrshire Council
Social Work Department
Council Offices
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1 - INSPECTION INFORMATION

| | |
|--|---|
| Registration Category: | Elderly male and female. |
| Registered Capacity: | Residential: 20 6 doubles and 7 singles.(3 en-suite) Day:0 |
| Number At time of inspection | Residential: 17 Day: |
| Type of inspection | Announced |
| Inspector(s): | George Stewart and Mina Cassidy |
| Date of last inspection: | 13 th March 2001 |
| For further information on this establishment contact | Ms Barbara Taylor Manager – 01290 425790 |

2- Description of establishment, services and facilities.

Nightingale House is a privately owned unit registered for 21 residential and four day-care users. The unit is situated in the centre of Auchinleck. The towns' amenities and public transport are nearby.

As the building opens directly on to the pavement of the main street there is no garden to the front and an enclosed paved area to the rear. The unit is on two floors with a passenger lift to the upper floor.

The unit has recently been extensively decorated which has greatly improved the aesthetic appeal. Despite this a number of outstanding maintenance issues require to be addressed to ensure that residents safety is assured at all times.

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 view of performance on this standard

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."*

The unit has recently reduced the number of double rooms to 6. Although inspectors welcome this change it still falls way short of prescribed standards. Residents have private access to a public phone, which was not working on the day of inspection. There are separate sitting areas which means residents can entertain visitors away from the main sitting area.

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"*

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

In conversation residents generally indicate their satisfaction with Nightingale House. They have however very limited access to meaningful activities. This is particularly true of external activities which are virtually non-existent as a result of transport difficulties. There was until recently a fortnightly visit by an activities co-ordinator but this has now stopped.

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 staff take acceptable precautions to ensure the safety of the building. Radiator covers have yet to be completed and it should be noted that some remain in a potentially dangerous state. Risk assessments are in place to ensure that resident's safety is given consideration when a range of different "activities" take place.

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

Within the unit residents are supported to maintain independence where possible. This is reflected in individual care plans.

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

As stated in 3(above) 0

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

4 - Records & Procedures Standards

| | Date Checked | Standard Acceptable? | Findings at current Inspection |
|-----------------------------|--------------|----------------------|--|
| Clear Aims & Objectives? | 12/6/01 | Yes | The unit has a statement of Aims and Objectives that should be kept under review. |
| Brochure | 12/6/01 | Yes | The unit has a Brochure that provides useful information for potential residents and their families. |
| Admission/ discharge record | 12/6/01 | Yes | |
| Medication | 12/6/01 | Yes | |
| Accidents | 12/6/01 | Yes | The unit has two separate records, one for residents and one for staff. These are audited on a regular basis. |
| Incident/violent incident | 12/6/01 | In Part | The unit record sensitive issues including those involving violence in the resident's case file. This would be better held in a separate auditable record that can be used also to record the action taken to support staff and residents. |
| Fire safety and checks | 12/6/01 | Yes | These records are maintained appropriately. |
| Risk assessments | 12/6/01 | No | There are no general risk assessments for outings or other activities. |
| (moving/ handling) | 12/6/01 | Yes | |
| (COSSH) | 12/6/01 | Yes | |
| Restraint (if appliqué) | 12/6/01 | Yes | |
| Complaints | 12/6/01 | Yes | There is a Suggestions and Complaints system that is easily accessible to all. |
| Users financial records | 13/3/01 | Yes | |

Comments:

Requirements:

The unit must ensure that an appropriate document is introduced to detail all violent incidents.
The unit must introduce risk assessments for individuals and for activities.

Recommendations:

Commendations:

5 - Management and Staffing Standards

| | Date Checked | Standard Acceptable? | Findings at current Inspection |
|-----------------------------------|---------------------|-----------------------------|--|
| Recruitment practices | 12/6/01 | Yes | The unit issues application forms, conducts interviews and takes up appropriate references. |
| Staff meetings | 12/6/01 | Yes | Staff meetings are held on a monthly basis. |
| Shift handover | 12/6/01 | Yes | All staff beginning their shift are given a shift changeover. |
| Staff supervision | 12/6/01 | No | There is a system of annual appraisal in place. The unit are required to introduce a system that monitors staff performance and development on a more regular basis. |
| Training records | 12/6/01 | Yes | |
| Training during last year | 12/6/01 | Yes | |
| Rotas | 12/6/01 | Yes | These indicate an appropriate level of cover over a 24hr. period. |
| Contracts of employment | 12/6/01 | No | Newer staff members do not have contracts of employment |
| Job descriptions | 12/6/01 | Yes | There are job descriptions in place although some may require review. |
| Absence levels/ monitoring | 12/6/01 | Yes | |
| Staff Turnover | 12/6/01 | Yes | 2 staff have moved on in the past 12 months. |
| Bank Staffing | 12/6/01 | Yes | There are currently 4 staff used on a consistent basis. |
| | 12/6/01 | Yes | |

Comments:

Requirements:

The unit must introduce a system of supervision that regularly reviews and monitors staff performance and development.

Recommendations:

6 - Physical / Environment Standards

| | Date Checked | Standard Acceptable? | Findings at current Inspection |
|-----------------------------|--------------|----------------------|--|
| Room sizes | 12/6/01 | Yes | |
| Double/Single Ratio | 12/6/01 | No | The ratio of 6 double rooms to 7 single rooms does not meet the required standards. |
| Ambient Temp | 12/6/01 | Yes | |
| Hot Water temp control | 12/6/01 | No | Water temperatures are not controlled and are potentially dangerous. |
| Hygiene/cleanliness | 12/6/01 | Yes | The unit appeared clean and hygienic throughout. |
| Safety of environment | 12/6/01 | No | There are a number of outstanding issues. |
| Fabric/Decor | 12/6/01 | Yes | The standard of fabric and décor is generally high. |
| Building maintenance | 12/6/01 | No | Although there is a maintenance book in operation it is evident that a considerable number of repairs are not carried out as quickly as they should be. E.G Newly installed washing machine. |
| Garden Areas | 12/6/01 | Yes | The garden area is paved with an additional grass area. |
| Furnishing; Comfort/quality | 12/6/01 | Yes | The standard of furnishings has improved in recent times. |
| Security of establishment | 12/6/01 | Yes | The building is adequately secure. |
| Privacy | 12/6/01 | In part | The unit has an alternative sitting room that can be used by residents to entertain guests. The ratio of double to single rooms limits the privacy of some resident's. |

Comments:

Requirements:

The ratio of double to single rooms must continue to be reduced as a matter of priority. Arrangements must be made to regulate water temperatures to a maximum of 43C. Radiators that are not fitted with appropriate covers must be made safe as a matter of priority.

Maintenance arrangements for all appliances must not detract from the smooth and efficient running of the unit.

The recommendations under the section Standards of building maintenance in the report of 13th March 2001 should be addressed as a matter of priority.

Recommendations:

Commendations:

7 - Care Standards

Care Planning and Review

| | Date Checked | Standard Acceptable? | Findings at current Inspection |
|--|--------------|----------------------|--|
| Assessment | 12/6/01 | Yes | Community Care Assessments are available but are currently housed in the back up file. |
| Care Plans | 12/6/01 | Yes | Practical and acceptable Useful Monthly Reviews of careplans. New folders required. |
| Reviews | 12/6/01 | Yes | There is a timetable for reviews which are held within agreed timescales. |
| KeyWorker/ Named worker | 12/6/01 | Yes | |
| Daily notes | 12/6/01 | Yes | Daily notes provide a reasonable account of the life of a resident throughout a 24-hr. period. |
| User involvement - care planning and review | 12/6/01 | In part | Care plans do not clearly indicate that residents are actively encouraged to participate in care planning. |
| User contracts | 12/6/01 | Yes | |
| Residents information directory | 12/6/01 | No | The manager responded positively to the suggestion of a resident's directory. |

Menus and Catering

| | Date Checked | Standard Acceptable? | Findings at current Inspection |
|---|--------------|----------------------|---|
| Menus - choice & quality | 12/6/01 | Yes | 3 courses available at lunch good variety and choice |
| Environmental Health Report issues | 12/6/01 | Yes | The issues identified in the report of 1/8/2000 must be addressed the outstanding within 1 month. |
| Catering equipment and practices | 12/6/01 | Yes | |

Activity programmes

| | Date Checked | Standard Acceptable? | Findings at current Inspection |
|----------------------------|--------------|----------------------|--|
| Displayed Program? | 12/6/01 | No | There is no programme displayed |
| Internal activities | 12/6/01 | No | The unit has been providing a programme of internal activities in conjunction with an activities co-ordinator. This has now stopped as the resident's fund could no longer sustain the cost. |
| External activities | 12/6/01 | In part | Shop mobility, occasional bowling. No bus outings since June last year. |

| | | | |
|-------------------------------|---------|---------|---|
| Transport arrangements | 12/6/01 | In part | Shop mobility has been arranged. No other facilities arranged or available. |
|-------------------------------|---------|---------|---|

Comments:

The arrangements made for activities fall way below acceptable standards. It is disappointing that the resident's fund has been used to fund activities that have now been stopped as a result of the depletion of these funds. If the activities were identified as beneficial other means should be found to support this.

Requirements:

The unit is required to review its approach to internal and external activities. Residents must be given the opportunity to visit places of interest and participate in a range of stimulating pursuits.

Recommendations:

It is recommended that where Community care assessments are available they are held in the working file for easy reference.

Commendations:

8 - Inspectors findings on other views

User/Carer views

Inspectors spoke with a number of residents during the inspection. All talked favourably about the care that they receive at Nightingale.

Staff views

A number of staff questionnaires were distributed at the time of inspection. At the time of writing none have been returned. Inspectors will make user and staff feedback an important focus of the next inspection.

AGENDA