



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**RIVERSIDE CENTRE
Cumnock Academy Campus
East Ayrshire Council**

August 22nd 2001

Unannounced

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1 - INSPECTION INFORMATION

Registration Category:			
Registered Capacity:	Residential: Day: 73	Single rooms:	Double rooms:
Number At time of inspection	Residential: Day: 54		
Type of inspection	Unannounced		
Inspector(s):	Mr. George Stewart		
Date of last inspection:	1/2/01		
For further information on this establishment contact	Mr. George Bowler Riverside Centre		

2- Description of establishment, services and facilities.

Riverside Resource Centre is a purpose-built centre for Adults with learning disabilities located within the grounds of a secondary school in Cumnock. A service is provided to 73 adults, 15 of whom are located mainly in a Special Needs Unit for people with profound or multiple disabilities. It is recognised that the area in which they are located is not currently ideal for this group of people. In addition, it is also recognised that the demand for a service for people with a greater degree of disability is likely to increase. Staff therefore continue to attempt to integrate service users from the special needs unit throughout the centre. The staff group are committed to maintaining a pleasant, lively secure and safe environment and it would appear that the buildings are used to their potential.

At the time of the last inspection certain records and particularly care plans were not as well organised or as detailed as they should have been. These have now been reorganised to a better standard and indications suggest that if the quality of information recorded show the same improvements this will represent a significant improvement in documentation.

There are still a number of repairs outstanding within the centre. These include repairs or adaptation that inspectors have been assured would be completed by now. It is essential that appropriate priority is given to these issues as Service Users have become frustrated by repeated delays.

Inspector: _____

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."*

Arrangements can be made to allow service users discreet space to receive visitors or conduct meetings. There has been an improvement in the management of personal finance that encourages the service user to take more responsibility for their own 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"*

Documentation and care plans are improving. This helps ensure that the correct information is being recorded on a regular basis and that this can better inform decisions made with the service user and their families about changes to their care needs.

Medication arrangements continue to be managed well within the centre.

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

Each individual service user has an activity plan designed to meet their individual needs. This is impinged upon by the collective needs of their core group and the availability of staff. There is also a recognition that the range of activities and opportunities available to service users should include a greater reliance on community resources.

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 maintained securely. A reception area is staffed at all times and all visitors must sign in and 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"*

Continuous assessment, care planning and regular contact with families should assist staff and service users to develop challenging programmes that improve levels of independence and choice where it is possible to do so. Staff are realistic about what represents improvement and about what choices they are able to offer. Evidence suggests that within this framework efforts are made to improve independence and offer choice where possible. This can however be taken further with continued improvement in the organisation of systems and resources within and outwith the unit.

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

Service users are encouraged to participate in decisions that effect the running of the unit. The management team are readily available to discuss day to day issues. The Clients Council is active in raising pertinent issues with social work managers and others.

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

Not examined at this inspection.

4 - Records & Procedures Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	22/8/01	No	The centre does not have clearly defined aims and objectives. This must impinge on the cohesion and direction of the service offered.
Brochure	22/8/01	Yes	The centre are currently working with the quality and Planning section within the social work department to update and improve their brochure.
Admission/discharge record	22/8/01	NA	The unit maintains an attendance register.
Medication	1/2/01	Yes	
Accidents	22/8/01	Yes	The unit now operates separate detailed accident books for service users and staff.
Incident/violent incident	22/8/01	Yes	The appropriate forms are in use. Staff are seen by a member of the units management team at the earliest opportunity. The paperwork is sent to a senior manager who acknowledges its receipt and comments on the appropriateness of the action taken.
Fire safety and checks	22/8/01	Yes	A new book is now in operation with all appropriate checks detailed clearly.
Risk assessments	22/8/01	In part	There are some general risk assessments undertaken. This needs to be extended to include many of the activities undertaken by individuals and groups.
(moving/handling)	22/8/01	In part	These are in operation within the special needs unit.
(COSSH)	22/8/01	Yes	
Restraint (if appliqué)	22/8/01	No	There is no procedure on restraint.
Complaints	22/8/01	Yes	A compliments and complaints system is now in operation.
Users financial records	22/8/01	Yes	Evidence viewed by the inspector indicates that some service users are being encouraged to sign for their own financial transactions. This is a practice that should occur as often as is practical for as many service users as possible.

Comments:

There has been a general improvement in the standard of records. This should be maintained and widened to include all existing documentation and procedures.

Requirements:

1. A restraint policy should be in place to ensure clarity amongst staff and service users.
2. The number of general and moving and handling risk assessments should be increased significantly.

Commendations:

The unit is commended for the positive start made to the reorganisation of records.

5 - Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	22/8/01	Yes	In line with East Ayrshire Councils recruitment and selection procedures
Staff meetings	22/8/01	Yes	Staff meetings are being held regularly.
Shift handover	22/8/01	N/a	A planning meeting takes place each morning before service users arrive.
Staff supervision	22/8/01	Yes	A programme of staff supervision is in place that should ensure all staff members have access to this support every 6-8 weeks.
Training records	22/8/01	In part	A training audit has been completed in respect of the staff group. This must now be used to inform what training gaps exist for individuals and the wider staff team.
Training during last year	22/8/01	Yes	A range of training has taken place including fire safety, medication, challenging behaviour, SVQ among others. There is however a lack of a strategic plan. See recommendations.
Rotas	22/8/01	N/A	
Contracts of employment	22/8/01	Not examined	
Job descriptions	22/8/01	Yes	
Absence levels/ monitoring	22/8/01	Yes	The appropriate records are updated on a weekly basis.
Staff Turnover	22/8/01	Yes	Staff turnover is low.
Bank Staffing	22/8/01	Yes	The unit manager was interviewing on the day of inspection with a view to bolstering the temporary register. A sessional member permanent of staff has been used over the summer period although they are now y contracted for a specific number of hours.

Recommendations:

Training records should be used to form the basis of a co-ordinated and cohesive training plan. This should take account of individuals strengths and weaknesses whilst seeking to fill any training gaps identified within the team as a whole. This can be a lengthy process but a worthwhile one in ensuring training is meeting the needs of individual staff members at the same time improving the knowledge base and skills mix of the team.

6 - Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	22/8/01	Not examined	
Double/Single Ratio	22/8/01	N/A	
Ambient Temp	22/8/01	No	The units heating system is somewhat antiquated and unreliable.
Hot Water temp control	22/8/01	Yes	The Depute informed the inspector that a programme of water temp regulation has taken place. The water felt hot although not scalding to the touch. The temperature setting should be reviewed.
Hygiene/cleanliness	22/8/01	In part	There are 3 cleaning staff allocated to the centre. Two of these staff begin their work close to the end of the service users day. This in the opinion of the inspector does not allow for efficient use of resources. See recommendations.
Safety of environment	22/8/01	In part	There are still some outstanding issues. See requirements.
Fabric/Decor	22/8/01	In part	There have been further improvements to the flat and the hairdressing room. Other areas highlighted in the report of 1/2/01 should be actioned.
Building maintenance	22/8/01	In part	An appropriate system is in place for identifying building maintenance issues. This does not ensure the work is completed within acceptable timescales.
Garden Areas	22/8/01	No	Garden areas are not maintained to a good standard. There appears to be some lack of clarity as to who should maintain them. This should be rectified an appropriate maintenance plan put in place.
Furnishing; Comfort/quality	22/8/01	Yes	Furnishings are acceptable. This does not include a detailed analysis of what is in use in the Special Needs Unit.
Security of establishment	22/8/01	Yes	The reception area and signing in and out book helps ensure the building is secure.
Privacy	22/8/01	Yes	

Requirements:

1. Outstanding safety issues such as the availability of appropriate transport and the fitting of skylight covers must be an immediate priority.
2. The garden area should be maintained to a better standard and clear lines of responsibility should be established.

Recommendations:

The arrangements for cleaning should be reviewed. Service users, managers and staff should be consulted about the best use of existing resources. Early soundings taken by the inspector indicate that an increased presence of cleaning staff during the centres operating time would be welcomed.

* (Inspectors were later advised that work on skylight windows had been completed)

7 - Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	22/8/01	In part	The use of assessment materials to this point has been inconsistent. The improvement in the organisation of documentation should improve this.
Care Plans	22/8/01	Yes	Care plans are in better order and are informed by a more organised and consistent use of information. There is significant room for a more detailed plan to be introduced as part of a programme of continuous improvement. The forthcoming development day should consider how to take this forward.
Reviews	22/8/01	Yes	Reviews take place within agreed timescales.
KeyWorker/ Named worker	22/8/01	Yes	
Daily notes	22/8/01	No	There is not a daily note for all service users every day. The special needs clients have a diary that is filled in at the unit and at home. This level of communication seems to be useful and reassuring. See recommendations
User involvement - care planning and review	22/8/01	In part	Service users are encouraged to participate in their reviews. There is no way of evidencing that service users are actively involved in care planning.
User contracts	22/8/01	In part	User contracts are available to those involved in the Carrfore project. This should be extended as widely as possible.
Residents information directory	22/8/01	Yes	See brochure

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	1/2/01	Yes	
Environmental Health Report issues	1/2/01	Yes	
Catering equipment and practices	1/2/01	Yes	

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	22/8/01	Yes	All service users have an individual programme. This is limited by the needs of their group, staffing levels and available resources.
Internal activities	22/8/01	Yes	
External activities	22/8/01	Yes	

Transport arrangements	22/8/01	No	The transport co-ordinator has met with the client council since the previous inspection. A new bus has been introduced since the last inspection. It is still the opinion of staff and service users that transport remains one of the most significant issues facing the centre.
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Comments:

The centre has made progress with regard to care planning arrangements. This work requires to be built upon to ensure the optimum use of continuous assessment to inform more detailed care plans.

Requirements:

1. The Centre staff are required to review their communication and recording systems to build upon the positive start made.
2. It is required that user/provider contracts are introduced for all.
3. Transport arrangement although improved in some respects still fall way short of what should reasonably be expected. A clear plan for improvement should be included in the response to this report.

8 - Inspectors findings on other views

User/Carer views

The inspector met with the client council between inspections. A number of relevant topics were covered. As part of that process the inspector agreed to write to the Service Unit Manager (Adult Care). There is evidence that some of the issues raised have been addressed at least in part. The main topics covered were, transport, cancelled outings, and fabric and decor.

Staff views

The inspector took the opportunity to speak informally with staff during the inspection. A number also completed a confidential questionnaire. The main topics raised by staff included ratios particularly in the special care unit and transport.

Staff feel that they need more opportunity to work on a one to one basis with clients with complex needs. The rural location and lack of local community resources means that reliable accessible transport is essential which is a constant theme throughout the report.

AGENDA

