

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**Rosebank
91a London Road
Kilmarnock KA3 7BT**

**Owners
East Ayrshire Council**

Inspection Date 13 September 2001

Type of Inspection: Unannounced

**W.J. Duncan
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East Ayrshire Council
Social Work Department
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INSPECTION INFORMATION

Registration Category:	Elderly persons
Registered Capacity:	30
Number At time of inspection	26 + 3 hospitalised.
Type of inspection	Unannounced
Inspector(s):	Mrs Isobel Dawson
Date of last inspection:	13 September 2001
For further information on this establishment contact	Mr Alistair Gibb, Manager 01563 539898 Ms Margaret Richmond 01563 576000

Description of establishment, services and facilities.

Rosebank is a purpose built residential unit for older people situated on the main road between Kilmarnock town centre and Hurlford. There is easy access to public transport and the town centre is nearby. The unit offers single bedrooms to its 30 service users, there are a number of public rooms throughout the unit thereby offering users a choice of facilities.

Recently part of the unit has been developed to offer Day Care for people with Alzheimers. This unit which is completely independent, has its own entrance and facilities and does not impinge on the privacy of users within Rosebank.

The decor, carpets, furnishings within the unit continues to be upgraded and the Inspectors commend the Council, Staff and Friends of Rosebank for the transformation that has taken place. The previous Inspection report commented on the quality of the patio and external areas of the unit.

All records are well maintained and users personal records indicate that staff respect their uniqueness and individuality.

Residents and carers continue to speak highly of the quality of care and support given to them. Although all enjoyed their meals, some suggestion was made regarding the possibility of choosing to have a full meal in the evening instead of lunch time as well as recommendations about the content of high tea.

INSPECTOR:

SIGNATURE: _____

Date _____

HEAD OF UNIT:

SIGNATURE: _____

Date _____

3 - QUALITY OF LIFE SUMMARY

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 view 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."*

From users records, staff training and verbal communication seen between staff and users it is clear that residents' rights to privacy is acknowledged and promoted. Bedroom, bathrooms and toilet doors have locks, residents have access to staff in private and are helped to understand the content of their files. Clothing is named and returned to the individual.

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"*

Staff endeavour to safeguard a residents uniqueness, their cultural beliefs are acknowledged and staff acknowledge a users right to have care provided in a sensitive and appropriate manner.

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

Residents are encouraged to develop and exercise their right to make choices about their daily living and are enabled and supported to participate in a range of activities both within and outwith the unit.

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."*

Health and safety is promoted through individual risk and moving and handling assessments. Visitors to the building must be given access by a member of staff. Additional security measures are in place which prevents users who are considered to be at risk from the leaving the building unnoticed. Appropriate medication and fire safety procedures and maintenance contracts are in 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"*

The care planning and review process indicates that wherever possible users are consulted about their ongoing care.

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

A variety of social and therapeutic activities are available within and outwith the unit and users are encouraged to maintain links with facilities in the community.

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

Personal records and care planning acknowledge users cultural and spiritual beliefs. Regular visits are made to the unit by a variety of clergy.

Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	13.9.01	partly	New information document in production
Brochure	13.9.01	partly	Brochure presently being updated
Admission/discharge record	26.6.01	yes	Duplicate book providing permanent record used in conjunction with calendar record
Medication	26.6.01	yes	
Accidents	26.6.01	yes	
Incident/violent incident	26.6.01	yes	Policy and procedure in place. One recorded incident was well documented and appropriately tracked and monitored.
Fire safety and checks	13.9.01	yes	12.9.01 Fire Safety Training. September: Fire drill with detailed, well documented report in file.
Risk assessments	26.6.01	partly	Updated policy being developed
(moving/handling)	26.6.01	yes	
(COSSH)	26.6.01	yes	
Restraint (if applicable)	13.9.01	partly	Policy now is draft form
Complaints	26.6.01	yes	
Users financial records	26.6.01	yes	

Comments:

Requirements:

Particularly in the light of the comment made by staff - that they were unaware of when physical restraint could be used - the restraint policy should be expedited.

Recommendations:

Commendations:

Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	26.6.01	yes	East Ayrshire Council recruitment practice
Staff meetings	26.3.01	yes	Meetings for night staff held 3 monthly, Senior staff approx bi-monthly and general staff monthly. All meetings are well documented.
Shift handover	28.3.01	yes	
Staff supervision	26.6.01	yes	Policy statement clearly states responsibilities of all involved in this process. Formal supervision carried out each 8-10 weeks.
Training records	26.6.01	yes	well maintained
Training during last year	26.6.01	yes	Since the last Inspection, training has included fire awareness, counselling and food hygiene. In addition care staff are completing both HNC (3 staff) & SVQ training in addition to D34 (3 staff) assessors training. Seven staff are qualified SVQ 3, 4 HNC Social Care, 1 CQSW, one RGN, RMN
Rotas	26.6.01	yes	Rotas indicate that the unit meets staffing requirements
Contracts of employment	28.3.01	yes	
Job descriptions	26.6.01	yes	
Absence levels/ monitoring	26.6.01	yes	It is acknowledged that there has been an increase in the absence level since January. The monitoring procedures have been followed.
Staff Turnover	26.6.01	yes	Staff turnover is low
Bank Staffing	26.3.01	yes	Sessional staff who work regularly with the units are used to cover absences. This provides consistent care to users.

Recommendations:

Commendations:

The Organisation and staff are commended for their ongoing commitment to training.

Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	28.3.01	yes	.
Double/Single Ratio	28.3.01	yes	Single bedrooms are provided throughout
Ambient Temp	28.3.01	yes	The unit was warm and comfortable throughout
Hot Water temp control	28.3.01	yes	
Hygiene/cleanliness	26.6.01	yes	
Safety of environment	26.6.01	yes	The rolling programme to cover all radiators continues.
Fabric/Decor	26.6.01	yes	
Building maintenance	26.6.01	yes	It is noted that internal paintwork is to be completed next month.
Garden Areas	26.6.01	yes	
Furnishing; Comfort/quality	26.6.01	yes	
Security of establishment	26.6.01	yes	A secure door-entry system is in place
Privacy	26.6.01	yes	All users have their own bedroom that is lockable. A number of sitting areas throughout the unit provide users with various choices, e.g. to be involved in activities, to sit alone, to watch television , to meet with friends and relatives. Staff practice and records indicated that staff acknowledge users right to privacy.

Comments:

Requirements:

Recommendations:

Commendations:

Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	26.6.01	yes	
Care Plans	13.9.01	yes	Care plans are now computerised providing well laid out, clear and easily read documentation. The standard of care planning is good, the language used is sensitive, constructive and user orientated.
Reviews	13.9.01	yes	Reviews are up-to-date. Wherever possible users sign their reviews and care plans, otherwise a record is made of the responsible carer/relative signing on their behalf. In addition a record is made of how users are consulted on their reviews and care planning.
KeyWorker/ Named worker	26.6.01	yes	
Daily notes	26.6.01	yes	
User involvement - care planning and review	26.6.01	yes	Users are actively involved in their care planning and reviews to the extent that they are able. This is clearly documented in their care plans and reviews.
User contracts	13.9.01	no	It is understood that draft residency agreements still await final approval.
Residents information directory	13.9.01	partly	Although no directory is available, users are passed information through various sources, including daily notice boards, users meetings and word of mouth. Residents state that they are well informed. It is anticipated that additional information will be included in the new brochure

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	26.6.01	yes	The five week cycle of menus offers a wide choice of meals. Colourful menus are displayed on each table. Users suggestions are frequently sought.
Environmental Health Report issues	not available		A Quality Assessment Report carried out by the Catering Services gave a 99% grading.
Catering equipment and practices	26.6.01	yes	Upgrading of the wooden kitchen units should be considered in the near future.

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	28.3.01	yes	
Internal activities	28.3.01	yes	
External activities	28.3.01	yes	
Transport arrangements	13.9.01	yes	Plans are in hand for an additional transport Mini bus.

Requirements:

Please inform Inspection Unit when the residency agreement has been agreed and has been passed to Users.

Recommendations:**Commendations:**

The new computerised care planning system provides well documented, easily read and clear records.

The system for consulting/involving users in the care planning is beneficial to users and carers.

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

Four users and carers completed confidential questionnaires. All made positive comments about the quality of services and the care provided. It was clear that service users have a choice of where to spend their time, that they felt welcomed and supported by staff. Carers felt supported by staff who kept them informed.

Although stressing that they were happy with the care, the suggestion was made that some users would prefer their main meal in the evening and others that they found the high tea unimaginative and not always adequate.

Comment was made that they felt safe and that there was always "someone there". One mentioned that they would like to visit the shops more and to get in the mini bus.

Staff views

Around 50% of staff who completed confidential questionnaires felt that there was not enough time set aside to welcome new users; perhaps an indication of the high standards set by staff as users stated that they felt welcomed and supported on admission.

Around 20% of the staff who completed questionnaires commented that they did not feel their complaints were listened to and dealt with, that all staff were not treated the same or their view or opinions listened to. Most felt that they had sufficient information about users' past to enable them maintain their identity, but mentioned that as the care needs of the user group increased the time available to give users one-to-one time was severely restricted. They also considered that this affected the opportunities for outings and maintaining links with the users' community. They considered that high staffing levels would overcome these difficulties.

It was concerning to note that no staff member knew when physical restraint can be used.

AGENDA