

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**Ross Court
Galston**

**Managing Organisation
East Ayrshire Council**

**Inspection Date
25.9.01**

Type of Inspection: Unannounced

**W.J. Duncan
Head of Inspection, Registration and Complaints Unit
East Ayrshire Council
Social Work Department
Council Offices
Lugar
CUMNOCK KA18 3JQ**

Tel: 01563 555343 Fax: 01563 555400

INSPECTION INFORMATION

Registration Category:	Older People
Registered Capacity:	17 Residential (made up of 5 permanent and 12 respite)+ up to 8 Day Care. All single rooms
Number At time of inspection	As above
Type of inspection	Unannounced
Inspector(s):	Mina Cassidy
Date of last inspection:	28 June 2001
For further information on this establishment contact	Mrs Madge Gavin 01563 820941 Ms Margaret Richmond 01563 576000

Description of establishment, services and facilities.

Ross Court is a purpose built residential and day care unit owned and managed by East Ayrshire Council, attached is a sheltered housing complex. All users have single bedrooms with all accommodation on one level providing easy access throughout. An internal patio garden area provides privacy and a pleasant area for residents' use. The unit is at the edge of the town of Galston and within easy reach of shops and all local services. A public bus service stops outside the unit.

Shared areas are pleasant and provide agreeable and comfortable sitting areas for users. However, the Units' heating system and windows require to up-graded to ensure that a comfortable temperature is maintained throughout the year. Appropriate shower facilities are required to ensure that individual residents personal care needs are met in a way that they choose. Corridor areas require redecorating and re-carpeting and some furniture in residents' rooms require to be replaced.

Over a period the proportion of permanent users to respite and day care attenders has changed, with a proportion of five permanent residents to 20 respite/day care. It should be noted that the unit would not meet Registration requirements under these conditions. It is also considered that staffing levels have not been sufficiently increased to take account of the additional workload incurred by both care and domestic staff as a result of the increased respite service provided in the Unit.

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 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."*

All service users have single lockable rooms and staff are aware of a service users privacy in personal matters such a bathing and toileting. Confidentiality of records is maintained. The number of respite and day care users attending the unit impinges on residential-users privacy, appearing to overwhelm the resident group and be quite intrusive.

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"*

Service users personal and care planning records indicate that health assessments are carried out and the health needs of users are met through community health services. Care staff provide care 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"*

Users have opportunities to be involved in purposeful and enjoyable activities. A representative group manages the users' "comfort fund", suggest programmes of activities and support users in carrying out these activities. The unit staff encourages users to exercise their right in making choices about daily living, including the range of activities they wish to pursue.

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."*

Individual risk and moving and handling assessments are in place. Visitors to the building must gain access from a member of staff; further consideration is being given to reviewing the safety and security of the environment without impinging on the rights of the individual. Appropriate fire safety, COSHH and maintenance contracts are in place. The Unit requires to consider how the danger of confused service users leaving the building unnoticed can be overcome.

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

Records indicate that users are involved in the care planning and review process and they are encouraged to develop and exercise informed choices about their daily living. Minutes of service users' meeting show that their opinions are actively sought and wherever possible responded to. Service users' contracts require to be put in place as a matter of priority in order to provide users with clear terms and conditions of their residency.

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

Various formal and informal mechanisms are in place to encourage users to make choices about their day to day activities thereby encouraging them to realise their personal aspirations. A variety of social and therapeutic activities are available within the home, in the community and wider region.

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

Personal pre-admission information, care plans and reviews show that users cultural and spiritual needs

are acknowledged. In addition regular visits are made to the unit by a number of clergy.

Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	25.9.01	yes	The Units aims and objectives are displayed on the notice board in the entrance hallway.
Brochure	25.9.01	yes	A Unit brochure is now in the draft stages. It is hoped that the final version will be available for general circulation in the near future. In addition there is an information leaflet available for residents and visitors (including respite users) outlining the services specifically provided by the Unit. There are also instructions regarding admission and discharge procedures, clothes labelling, medication and the storage of valuables.
Admission/ discharge record	28.6.01	yes	
Medication	25.9.01	yes	The monitored dosage system is used for managing permanent residents' medication. Medication Procedures for Respite Service Users are included in The Departments' Procedures for the Management and Administration of Medication.
Accidents	25.9.01	yes	
Incident/violent incident	25.9.01	yes	Violent Incident forms are completed and processed in accordance with East Ayrshire Councils procedures. A copy of the completed form is held in residents' files and recorded separately in residents' care notes. However, it is suggested that a central log would be helpful for reference purposes and facilitate regular audits.
Fire safety and checks	25.9.01	In part	All required tests are carried out and recorded. Fire drills are also carried out at required intervals. However, the fire Safety File is disorganised making it difficult to find information quickly and easily.
Risk assessments	28.6.01	yes	
(moving/ handling)	25.9.01	yes	Moving and handling assessments are included as part of residents care plans. Moving and handling assessments are also carried out for respite service users.
(COSSH)	28.6.01	yes	
Restraint (if applicable)	25.9.01	No	The external line manager is currently compiling a restraint policy, which as stated in the action plan for the previous Inspection Report will be available at the end of October 2001.

Complaints	28.6.01	yes	Information regarding East Ayrshire's Complaints procedures is displayed in the Unit. In addition there are leaflets available inviting comments and suggestions from service users and visitors. A leaflet is given to respite service users at the end of their respite period. However, it is noted that there is a low response rate. It is recommended that a more proactive approach is made by Unit Staff to service users or their carers at the end of the respite period to encourage a greater response and better feedback regarding quality of service.
Users financial records	28.6.01	In part	Financial records are clearly documented and well managed with receipts available for most purchases. There are also two staff signatures following each transaction. However, it is recommended that service users be encouraged to include their signature wherever possible.

Comments:

Requirements:

1. The Fire safety records should be well organised to ensure that information can be accessed quickly and easily.

Recommendations:

1. All efforts should be made to ensure that a restraint policy is in place by the agreed date.
2. Residents should be encouraged, wherever possible, to sign their financial records following each transaction.

Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	28.6.01	yes	
Staff meetings	28.6.01	yes	Regular meetings are held for site services, care staff and senior staff. All are minuted.
Residents' Meetings	25.9.01	yes	Residents meetings take place at approximately monthly intervals. Minutes show that a broad range of topics are discussed including; furnishings, equipment, staffing, outings and activities, and menus. Other topics for discussion have included the expansion of the Unit's respite services.
Shift handover	28.6.01	yes	
Staff supervision	25.9.01	yes	It is noted that the core group of sessional staff used in the Unit now receive formal supervision on a regular basis.
Training records	25.9.01	In part	Records indicate that training has been limited over the past months. The high level of sickness absence in the staff group has adversely affected the numbers of staff able to be released for training.

Rotas	28.6.01	In part	Additional care staff hours have been allocated to the Unit as a direct result of the additional workload generated by the increase of respite services provided. However, domestic staffing levels or hours have not been included in this review. See comments
Contracts of employment	28.6.01	yes	
Job descriptions	28.6.01	yes	
Absence levels/ monitoring	28.6.01	yes	There is currently a high level of long-term sickness absence
Staff Turnover	28.6.01	yes	There is a low staff turnover in the unit. However, the benefits of this are undermined by the high levels of staff absence which results in the use of temporary staff.
Bank Staffing	28.6.01	yes	A regular group of bank staff provide continuity of care

Comments:

Domestic staff state that no additional resources have been made available to account for the increased workload, particularly on change over days when respite service users are leaving the Unit and new service users are arriving. This is particularly problematic at weekends when domestic staffing levels are very low.

Requirements:

Domestic staffing resources should be reviewed to take fully into account the increased workload generated by the additional respite services provided in the Unit.

Recommendations:

Commendations:

The Manager is commended for the inclusion of sessional staff in training and supervision.

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 only
Ambient Temp	25.9.01	No	The unit temperature was comfortable at the time of Inspection. However, it is understood that the problem with heating has not been overcome.
Hot Water temp control	28.6.01	yes	
Hygiene/cleanliness	25.9.01	In part	Although the unit was clean throughout some of the bedrooms were malodorous.

Safety of environment	25.9.01	No	It is understood that plans are in hand to install appropriate shower facilities. The Action plan should indicated an expected completion date for this work.
Fabric/Decor	25.9.01	In part	Previous reports have commented on the upgrading of some areas. However, this requires to be extended to include the redecoration and re-carpeting of the Units corridors. In addition the lighting in residents' rooms, including the wall lighting, is of poor quality and inappropriate and requires to be replaced.
Building maintenance	25.9.01	In part	Windows throughout the Unit are generally in a poor condition. The insulation material previously fitted to prevent draughts and a drop in temperature in residents' rooms and public areas have proved ineffective.
Garden Areas	28.6.01	yes	
Furnishing; Comfort/quality	25.9.01	In part	Previous reports have commented on the replacement of some furniture in the Unit. However, this requires to be extended to include some furniture in residents' rooms (chests of drawers and bedside cabinets) which are either of a poor quality or in poor condition. In addition, the metal-framed commodes in use in the Unit require to be replaced with alternatives, which are of a better quality and less institutional in appearance.
Security of establishment	25.9.01	In part	The previous report commented on the concern expressed at the number of confused users (particularly respite users) who wander out of the front door onto the adjacent main road. As stated in the previous action plan, it is anticipated that appropriate measures will be in place to address this issue by November 2001.
Privacy	25.9.01	No	The ratio of permanent to respite service users has an impact on the permanent residents' ability to achieve the degree of privacy expected within what is their own home setting. See below.

Comments:

As stated in the previous report the presence of such large proportion of respite and day care users in this unit impinges on the privacy and quality of life of permanent users. Although it is recognised that staff do try to ensure that they are not disadvantaged by the presence of day or respite users. The inspector spoke to two permanent residents at some length who recognised that staff worked very hard and tried their best to spend time with them. It was stated that respite service users often need a lot of attention, which reduced the time available for them.

The manager informed the Inspector that it is her intention to allocate one of the Units' lounges for the sole use of permanent residents which will provide them with the choice of either joining in with the larger resident group or using their own private space. Although this suggestion is welcomed it will not address the residents' feelings of reduced attention from staff.

Requirements:

1. The Units' heating system should be upgraded to ensure that the ambient temperature is comfortable throughout the whole year.
2. All bedrooms should be fresh and odour free.
3. The upgrading programme should be extended to include the redecoration and re-carpeting of the Units' corridors. In addition the lighting in residents' rooms (including wall lighting) should be replaced.
4. Windows throughout the Unit are in a poor condition and require to be replaced.
5. Some furniture in residents' bedrooms such as chests of drawers and bedside units are of a poor quality or poor condition and require to be replaced. This includes the metal-framed commodes presently in use.
6. Further consideration should be given to addressing the permanent residents' lack of privacy within their own home environment and the need to ensure that they do not feel that the additional demands placed on staff, due to the high proportion of respite service users, reduces the time available to them.

Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	25.9.01	yes	
Care Plans	25.9.01	yes	Holistic and detailed care plans are in place for permanent residents, which are reviewed on a regular basis and contain bi-monthly summary reports. In addition, care plans are in place for respite service users, which although less detailed, provide a useful tool for ensuring that individual needs are met.
Reviews	25.9.01	yes	User involvement in reviews is documented. In addition to regular reviews a useful bi-monthly summary is produced.
KeyWorker/ Named worker	25.9.01	yes	
Daily notes	25.9.01	yes	Daily notes are written using appropriate and sensitive language.
User involvement - care planning and review	25.9.01	yes	The users' involvement in the care planning and review process is clearly documented.
User contracts	25.9.01	No	It is understood that these are at the final approval stage and should be available shortly.
Residents information directory	25.9.01	yes	A range of information is available on a stand in the reception area of the Unit this includes information and leaflets for local services, events and places of interest.

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	28.6.01	yes	
Environmental Health Report issues	25.9.01	In part	The environmental Health Report of august 2001 made 3 recommendations 2 of which have been addressed. Contact should be made with the manufacturer or service contractor in an effort to address the outstanding issue with the meat-slicing machine.
Catering equipment and practices	28.6.01	In part	The defective potato peeler should be replaced or removed.

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	25.9.01	yes	The Unit continues to organise a broad range of internal and external activities with the assistance of the entertainment/activities committee made up of users, carers and staff
Internal activities	25.9.01	yes	

External activities	25.9.01	yes	
Transport arrangements	28.6.01	yes	The unit has access to the "Irvine Valley" bus that can be booked in advance for outings. Taxis are also used for visits to theatre etc.

Requirements:

1. Users' Contracts require to be in place as a matter of priority.
2. The outstanding recommendation from the environmental health report requires to be addressed.

Recommendations:

The defective potato peeler should be replaced or removed

Commendations:

Staff are again commended for their ongoing commitment to developing care planning, the bi-monthly review summaries, and the way users are involved in their reviews and care planning.

The Entertainment and Activities Committee are again commended for their commitment to developing a stimulating programme for users.

Inspectors findings on other views

User/Carer views

Four permanent residents completed questionnaires all of whom expressed high levels of satisfaction with the overall standard of care. Particular comments were made about the enjoyable company and the feelings of safety and security. No written comments were made about the increased respite services provided in the Unit. However, the inspector spoke to two permanent residents who did voice concern about what they considered reduced attention from staff due to the high dependency levels of many of the respite service users.

One respite service user voiced her disappointment with the lack of showering facilities in the Unit and went on to say that she considered a shower to be basic equipment and something most people had in their own homes. She stated that this would effect her choice to return to the Unit for respite in the future.

The Unit should ensure that appropriate shower facilities are made available for all service users, including wheelchair users.

Four questionnaires were sent to relatives one of which was returned. The respondent expressed a high level of satisfaction with all aspects of care. They found staff to be approachable and who ensured that they were kept informed about their relative. However, it was also stated that there were times when the behaviour of other service users was upsetting to their relative.

Staff views

Five staff completed confidential questionnaires. The comments made were generally positive. All stated that their complaints were listened to and their views taken into account. They also stated that they felt valued and were kept up to date with what was going on in the Unit. Some felt that if extra staff were available residents would then be able to benefit from more outings. It was also stated that the permanent residents can be anxious at times about the time staff require to spend with respite service users.

AGENDA