

# **SOCIAL WORK INSPECTION UNIT**

## **INSPECTION REPORT**

**THE ELMS**

**MANAGING ORGANISATION:  
THORNTOUN ESTATE**

**Inspection Date 2<sup>nd</sup> October 2001**

**Type of Inspection**

**ANNOUNCED**

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## INSPECTION INFORMATION

|  |  |
|--|--|
| <b>Registration Category:</b>                                | Respite care for adults with learning disabilities |
| <b>Registered Capacity:</b>                                  | Residential: 8<br>Day: 0                           |
| <b>Number At time of inspection</b>                          | Residential: 7                                     |
| <b>Type of inspection</b>                                    | Announced  |
| <b>Inspector(s):</b>   | Mina Cassidy                                       |
| <b>Date of last inspection:</b>                              | 29 <sup>th</sup> April 2001                        |
| <b>For further information on this establishment contact</b> | Mr Alexander Gibson Tel: 01563 550074              |

## Description of establishment, services and facilities.

The Elms is a purpose built unit situated in the 26 acre Thorntoun Estate that sits midway between Crosshouse and Springside and is on the main bus route between Kilmarnock and Irvine. In addition to this building, in the grounds are five privately owned houses and a Nursing/Residential Home. There is presently another building development underway within the grounds of the estate, which will provide another five privately owned houses. The access road leading to these houses will be to the front of The Elms however, it is not anticipated that this will have any adverse affects on the privacy or safety of the Unit.

The bungalow type building is purpose built and offers full wheelchair access, assisted bathrooms and showers and other appropriate aids. All bedrooms have , en-suite facilities and satellite television. One bedroom is equipped with a tracking hoist accessing the specialised en-suite. Furnishings and décor are of a high standard. Service users have the opportunity to access a range of interesting and stimulating leisure and social activities, which are tailored to individuals' interests and preferences.

Both service users and their carers speak very highly of the standard of service provided in the Elms and in particular the warm and welcoming atmosphere and the commitment of staff.

**INSPECTOR:**

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

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

**HEAD OF UNIT:**

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

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

## 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."***

Service users and their carers are aware of the personal documentation held and who has access to this. Care plans and records acknowledge users rights to privacy, all personal care is undertaken in private. All bedrooms, bathrooms and toilets have appropriate locks and each user has a single bedroom with ensuite facilities.

**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"***

Unit documentation indicates the belief that each service user has intrinsic value regardless of their abilities, circumstances or background. Users are addressed in a respectful manner and staff are sensitive to their needs, feelings and wishes.

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

Information regarding users choices, interests and skills are known prior to admission and these help inform the care plan which includes a planned programme of social and leisure activities.

**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."***

External security is in place through cameras, lighting and sound alerts when any outside door is opened. Service users have freedom of movement within the unit and the area surrounding the house is accessible to them.

The unit provides a safe and secure environment with appropriate call systems 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 individuality and independence of service users is promoted through their care plans. Each person is encouraged to exercise meaningful control over aspects of their daily living that is within their capabilities.

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

Users are supported and encouraged to participate in activities both within and outwith the unit. Users preferences are known and new interests are encouraged.

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

Pre-admission information, care plans and personal records give users the opportunity to express their particular religious, racial and cultural beliefs. Staff acknowledge and support users to fulfil their religious and cultural requirements.

## Standard of Records & Procedures

|                                     | <b>Date Checked</b> | <b>Standard Acceptable?</b> | <b>Findings at current Inspection</b>   |
|-------------------------------------|---------------------|-----------------------------|---|
| <b>Clear Aims &amp; Objectives?</b> | October 98          | yes                         | In place at time of Registration  |
| <b>Brochure</b>                     | 2.10.01             | yes                         | Appropriate brochure in place. However, the manager states that it is hoped to redesign and up-date the brochure in the near future.  |
| <b>Admission/discharge record</b>   | 2.10.01             | yes                         | .   |
| <b>Medication</b>                   | 2.10.01             | yes                         | All medication records are appropriately completed. Medication procedures are being reviewed to include contacting G.P. surgeries to check service users prescription details at time of admission.         |
| <b>Accidents</b>                    | 2.10.01             | yes                         |   |
| <b>Incident/violent incident</b>    | 2.10.01             | yes                         |   |
| <b>Fire safety and checks</b>       | 2.10.01             | yes                         |   |
| <b>Risk assessments</b>             | 2.10.01             | yes                         | General, task related risk assessments are in place. The Manager is currently introducing individual risk assessments as part of the care planning process.   |
| <b>(moving/handling)</b>            | 2.10.01             | No                          | As indicated in the previous Inspection Report, moving & handling risk assessments should be in place for individual service users.   |
| <b>(COSSH)</b>                      | 2.10.01             | yes                         | Comprehensive COSHH assessments have been carried out and are easily accessible within the Unit.  |
| <b>Restraint (if applicable)</b>    | 2.10.01             | In part                     | Policy and procedures are in place. However these need to be developed further to include clear instructions to staff on the process of recording incidents and the relevant documentation to be completed. |
| <b>Complaints</b>                   | <b>2.10.01</b>      | yes                         |   |
| <b>Users financial records</b>      | 2.10.01             | yes                         | Individual spending records are maintained. Wherever possible service users manage their own money. There is clear documentation for monies held and users sign for all transactions.                       |

### Comments:

### Requirements:

Moving & Handling assessments require to be carried out for all service users.

### Recommendations:

The Units Restraint procedures should be developed further to include clear guidelines on the documentation required to be completed following each incident.

## Management and Staffing Standards

|                                   | <b>Date Checked</b> | <b>Standard Acceptable?</b> | <b>Findings at current Inspection</b>   |
|-----------------------------------|---------------------|-----------------------------|---|
| <b>Recruitment practices</b>      | 29.4.01             | yes                         |   |
| <b>Staff meetings</b>             | <b>2.10.01</b>      | <b>yes</b>                  | Staff meetings now take place at approximately monthly intervals.   |
| <b>Shift handover</b>             | <b>29.4.01</b>      | <b>yes</b>                  |   |
| <b>Staff supervision</b>          | 2.10.01             | yes                         |   |
| <b>Training records</b>           | <b>2.10.01</b>      | <b>yes</b>                  | Individual staff records are maintained and up-dated as required.   |
| Training during past year         | <b>2.10.01</b>      | <b>yes</b>                  | Induction, Moving & Handling, Fire Safety, Food Handling, SVQ2, 3 and Work Place Assessor, Challenging Behaviour, Care Planning and Key Working, First Aid, Prevention of abuse of Vulnerable Adults, Use of multi-sensory equipment, Controlling Epilepsy. |
| <b>Rotas</b>                      | 2.10.01             | yes                         |   |
| <b>Contracts of employment</b>    | 2.10.01             | yes                         | The managing organisation is currently reviewing the current contract of employment.  |
| <b>Job descriptions</b>           | Oct 98              | yes                         |   |
| <b>Absence levels/ monitoring</b> | <b>31.10.00</b>     | <b>yes</b>                  |   |
| <b>Staff Turnover</b>             | 2.10.01             | yes                         |   |
| <b>Bank Staffing</b>              | 210.01              | N/a                         | Permanent part time staff from the Unit or from the Company's other establishment within the grounds are used in preference to employing bank staff.  |
|                                   |                     |                             |   |

**Requirements:**

**Recommendations:**

**Commendations:**

Management are commended for the range of relevant training opportunities made available to staff.

## Physical / Environment Standards

|                             | Date Checked   | Standard Acceptable? | Findings at current Inspection  |
|-----------------------------|----------------|----------------------|---|
| Room sizes                  | 31.10.00       | yes                  |   |
| Double/Single Ratio         | 31.10.00       | yes                  | All rooms are single with ensuite facilities  |
| Ambient Temp                | 2.10.01        | yes                  | The temperature throughout the Unit is maintained at a comfortable level.   |
| Hot Water temp control      | 2.10.01        | yes                  |   |
| Hygiene/cleanliness         | 2.10.01        | yes                  | The standard of hygiene and cleanliness throughout the Unit is high.  |
| Safety of environment       | 2.10.01        | yes                  | Internal and external design and fittings provide a safe environment for service users and staff.   |
| Fabric/Decor                | <b>2.10.01</b> | <b>yes</b>           | The unit is furnished and decorated to a very high standard with every consideration given to the comfort of service users.   |
| Building maintenance        | 2.10.01        | yes                  | Required repairs are recorded in the Units' maintenance book and signed off by maintenance staff when completed.  |
| Garden Areas                | 29.4.01        | yes                  |   |
| Furnishing; Comfort/quality | 2.10.01        | yes                  | The standard of quality and comfort of all furnishings is of a high standard.   |
| Security of establishment   | 2.10.01        | yes                  | Security measures include external cameras at strategic points around the building, an internal call system and direct telephone link with another establishment within the grounds.  |
| Privacy                     | 2.10.01        | yes                  | All service users have their own en-suite rooms, which they can lock. Staff acknowledge users rights to privacy within the care plans. The bungalow is situated in an estate where there are presently five privately owned houses and another large residential establishment. There is further private housing being developed within the grounds. The new access road to this development will be to the front of the Unit. However, it is not anticipated that this will adversely effect the privacy of service users. |

**Requirements:**

**Recommendations:**

**Commendations:**

Management are commended for the high standards of fabric and décor and the quality and comfort of furnishings throughout the Unit.

## Care Standards

### Care Planning and Review

|   | Date Checked | Standard Acceptable? | Findings at current Inspection  |
|---|--------------|----------------------|---|
| Assessment                                  | 2.10.01      | yes                  | The Unit has introduced a pre-admission assessment form, which is completed by carers prior to each admission. This information is used to review care plans accordingly in order to provide appropriate up-dated information regarding any change of needs.<br><br>Daily notes are maintained to an adequate standard and inform individual care plans which are holistic and detailed |
| Care Plans                                  | 2.10.01      | yes                  |   |
| Reviews                                     | 2.10.01      | yes                  |   |
| KeyWorker/<br>Named worker                  | 2.10.01      | yes                  |   |
| Daily notes                                 | 2.10.01      | yes                  |   |
| User involvement - care planning and review | 2.10.01      | yes                  | Records show that service users, and where appropriate, their carers are fully involved in the care planning and review process.  |
| User contracts                              | 29.4.01      | yes                  |   |
| Residents information directory             | 2.10.01      | yes                  |   |

### Menus and Catering

|                                    | Date Checked | Standard Acceptable? | Findings at current Inspection   |
|------------------------------------|--------------|----------------------|--|
| Menus - choice & quality           | 29.4.01      | yes                  |  |
| Environmental Health Report issues | 29.4.01      | yes                  |  |
| Catering equipment and practices   | 2.10.01      | yes                  | Cleaning schedules are in place for fridge/freezer and general kitchen cleaning. |

### Activity programmes

|                        | Date Checked | Standard Acceptable? | Findings at current Inspection  |
|------------------------|--------------|----------------------|---|
| Displayed Program?     | 2.10.01      | N/A                  | Activities are arranged on a day to day basis taking into consideration the choices and preferences and abilities of individuals. |
| Internal activities    | 2.10.01      | yes                  | Records show that service users participate in a broad range of internal and external activities.                                 |
| External activities    | 2.10.01      | yes                  |   |
| Transport arrangements | 2.10.01      | yes                  | Both public transport and the Organisations' own mini bus is used to support the service users' external activities.              |

**Requirements:**

**Recommendations:**

**Commendations:**

The Manager and staff are commended for the introduction of the pre admission assessment which is a useful tool in ensuring that service users' changing needs are addressed.

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

The Inspector spoke five service users on the day of the Inspection all of whom commented very positively about the standard of care they received. Particular comments were made about the extensive range of social activities made available for service users and the standard of comfort throughout the unit. From the comments made by service users and the observations made on the day of the inspection it is evident staff provide a stimulating and happy environment where service users and their carers can benefit from the services provided.

**Staff views**

Two staff were seen during the Inspection and two confidential questionnaires were completed by staff. All stated that they felt valued and were kept up to date with what was going on in the Unit. They stated that their complaints were listened to and that their views and opinions were taken into account.

**Relatives/Carer Views**

The Inspector spoke to one carer who also spoke very highly of the standard of service provided and the commitment and helpfulness of staff.

In addition five questionnaires were sent to carers all of which were returned. All the comments made were very positive. Particular comments were made about the warm and welcoming atmosphere of the Unit and the level of trust carers have in the staff of the Elms to provide the best possible care. Carers stated that they were able to fully enjoy the break without worrying about their relative and also commented on the improvements made to both the service users' and the carers quality of life as a result of the services provided in the Elms.

**AGENDA**