

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**WEST PARK
GLASGOW ROAD
GALSTON**

**OWNERS
Mrs LA & Mr R Lindsay**

Inspection Date 18 September 2001

Announced Inspection

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

Registration Category:	Elderly
Registered Capacity:	Residential: 15 Day:
Number At time of inspection	Residential: 14 (one admission arranged for 20.9.01) Day:
Type of inspection	Announced
Inspector(s):	Mrs Isobel M Dawson
Date of last inspection:	19 April 2001
For further information on this establishment contact	Mrs LA Lindsay (Joint Owner & Manager) tel 01563 820426

2- Description of establishment, services and facilities.

West Park is a privately owned residential unit which is managed by one of the owners. The unit is located in the outskirts of Galston near to the local Secondary School and Loudon Castle Theme Park. There is a pleasant garden area around the unit and fields to the rear; at the time of Inspection service users were keen to point out the cattle, horses and wild life that they so often see around the unit.

The unit is well located for access to the local community shops and services. All accommodation is on one level and there is easy access throughout. All rooms and comfortable, well furnished and attractive decorated. Users are encouraged to personalise their own rooms and many have added their own small pieces of furniture, pictures and ornaments.

Users speak of the friendliness and homeliness of the unit, they referred in particular to the support of the staff and the quality of their meals.

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 findings 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."*

Users' right to privacy is acknowledged in care planning and staff respect their privacy and confidentiality. Users can choose whether to spend time in a communal environment or in privacy. Not all users have single bedrooms, screens offer some privacy in shared rooms.

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"*

Care plans have recently been reviewed and upgraded. They now make specific reference to health services and how personal, intimate and health related activities are given in private and that users dignity is paramount. Meals offer a balanced and nutritional diet and special dietary needs are catered for. Users right to self medication is acknowledged.

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

Users are encouraged to participate in a variety of social activities and these are clearly recorded within their personal records. Care plans recognise users individual spiritual beliefs.

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."*

All appropriate fire checks are maintained. Staff have received moving and handling training and food hygiene training has been available to relevant staff. Users feel safe and secure in the unit and there are no reported incidents of breaches of security.

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

Users state that their views are taken account of and they have a choice of how to spend their day, organise their own space and maintain their independence insofar as they are able.

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

Users are encouraged to be involved in both internal and external activities and maintain their cultural identity. Users are consulted on meal planning and they have a choice of menus.

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

Care plans acknowledge users spiritual and cultural beliefs and these are supported by staff.

4 - Records & Procedures Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	20.3.01	yes	
Brochure	19.4.01	yes	
Admission/ discharge record	18.9.01	yes	It would be helpful to add a further column indicating date of discharge and reasons.
Medication	18.9.01	yes	A monitored dosage system is not in operation. It was agreed that the possibility of providing this will be discussed with the pharmacist.
Accidents	18.9.01	yes	Accidents are appropriately recorded in both the accident book and users files. It would be useful to audit accidents on a monthly basis.
Incident/violent incident	19.4.01	yes	
Fire safety and checks	18.9.01	yes	Fire drill held 20.4.01. Annual maintenance check carried out. All staff have had fire awareness training
Risk assessments	19.4.01	in part	It would be useful to develop assessments further taking account of accidents and contents of care plans.
(moving/ handling)	18.9.01	yes	All service users have had moving & handling assessments completed. Arrangements have been made for all staff will attend M&H training in October.
(COSSH)	18.9.01	yes	Assessments now completed. All staff signed to have read contents.
Restraint (if appliqué)	19.4.01	yes	
Complaints	19.4.01	yes	
Users financial records	19.4.01	yes	

5 - Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	18.9.01	yes	completion of application form; reference present & previous employer, interview, statement of convictions.
Staff meetings	19.4.01	yes	
Shift handover	18.9.01	yes	
Staff supervision	19.4.01	yes	Staff appraisal scheme in place. It is suggested that regular formal staff supervision would help inform the appraisals.
Training records	18.9.01	yes	
Training during last year	18.9.01	partially	Dementia study day - all staff Food hygiene all back shift staff and cooks Moving & handling - all staff October 2001 Fire Awareness - at induction and thereafter annually
Rotas	18.9.01	yes	
Contracts of employment	19.4.01	yes	
Job descriptions	19.4.01	yes	
Absence levels/ monitoring	19.4.01	yes	Minimal staff absences in unit.
Staff Turnover	19.4.01	yes	There is a stable staff group.
Bank Staffing	19.4.01	yes	not used

6 - Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	19.4.01	yes	
Double/Single Ratio	18.9.01	no	The ratio of 4 double to 7 single rooms is above the recommended ratio of 8 single to 1 double rooms. The owners have outlined plans to reduce this ratio over the next three years.
Ambient Temp	18.9.01	yes	
Hot Water temp control	19.4.01	yes	
Hygiene/cleanliness	18.9.01	yes	
Safety of environment	18.9.01	partially	Bathing & shower facilities require upgrading: plans are in hand to commence this work March 2002. Three radiators have now been covered and plans are in place to fit a minimum of three each month.
Fabric/Decor	18.9.01	yes	
Building maintenance	18.9.01	yes	
Garden Areas	18.9.01	yes	
Furnishing; Comfort/quality	18.9.01	yes	
Security of establishment	18.9.01	yes	
Privacy	18.9.01	yes	

Comments:

It is noted that a planned programme of upgrading of showers and toilets is due to commence March 2002.

Requirements:

The programme of covering a minimum of three radiators each month should continue.

7 - Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	18.9.01	yes	
Care Plans	18.9.01	yes	The format of care plans have been reviewed and upgraded.
Reviews	18.9.01	yes	
KeyWorker/ Named worker	18.9.01	yes	
Daily notes	18.9.01	yes	Individual sheets are now completed with a comment from day and night staff.
User involvement - care planning and review	18.9.01	yes	Either the user or their relative sign care plans
User contracts	19.4.01	yes	
Residents information directory	19.4.01	yes	

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	18.9.01	yes	
Environmental Health Report issues	23.3.01	yes	Report available dated January 2001
Catering equipment and practices	19.4.01	yes	

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	19.4.01	yes	
Internal activities	19.4.01	yes	Record kept of daily activities and all participating. Staff recognised the impact on users of the New York incident and allowed users to express their feelings while identifying the need to input other diversionary activities into the day.
External activities	19.4.01	yes	
Transport arrangements	19.4.01	yes	The unit does not have their own adapted transport. Staff cars are available

Commendations:

The commitment of the management and care staff in reviewing and developing their care planning and recording system is recognised. The outcome is a much improved individualised care plan with regular reviews. Users are involved in their care planning and, wherever possible, they or their relatives sign these documents..

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

All users were seen during the Inspection, in addition five completed confidential questionnaires. Users clearly had a choice as to where and how they spent their day, some preferred the privacy of their rooms while others enjoyed the company in one of the sitting rooms. Positive comments were made on the quality of the food, "having no worries", having a room of their own and the comfort of the unit. All said they felt welcomed by staff, that staff were interested in their past and they were asked about their likes and dislikes.

A relative referred to having sufficient information from the Social Work Department to help their relative make an informed decision about where they wished to live and that they were involved with their relative in making an informed choice. They find the unit warm and comfortable, the staff supportive and that they were happy about the overall care of their relative.

Staff views

In addition to seeing a number of staff during the Inspection, six staff completed confidential questionnaires. In the main staff responded positively, commenting that there was sufficient time set aside to welcome new service users, that there was sufficient information about the user prior to admission and that users can choose their daily routine.

Staff recommended additional moving and handling equipment, new bath and shower room and single bedrooms for all users.

AGENDA