



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

Balmoral Road Day Centre

30th November 2000

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

NAME OF ESTABLISHMENT: Balmoral Road Centre

LOCATION OF ESTABLISHMENT: Kilmarnock

MANAGING ORGANISATION: East Ayrshire Council

CATEGORY (as per Registration): Adults with Learning Difficulties

**MAXIMUM NUMBER OF RESIDENTS
TO BE ACCOMMODATED (as per Registration):** 48

**NUMBER RESIDENTS/ATTENDING
AT TIME OF VISIT:** 46

NATURE OF INSPECTION Announced

INSPECTOR(S) PARTICIPATING: Mina Cassidy

DATE(S) OF INSPECTION: 30th November 2000

DATE OF LAST INSPECTION REPORT: 7th June 1999

**FOR FURTHER INFORMATION ON
THIS ESTABLISHMENT CONTACT** Donna Sinforiana (Manager)
01563 523079

QUALITY OF RECORDS

1. Sampled Case Files

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Residents' files are held within appropriate folders and divided into relevant sections which include; progress notes, minutes of planning meetings, review minutes, assessments, correspondence from other agencies involved in the service users' care plan and general correspondence. These files are organised and well managed.

2. Sampled Financial Records

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Service Users' Attendance Allowance records are well managed and include appropriate cross checks and the signature or initials of the service user and the signatures of two members of staff. The record of travel expenses for five service users is found to be well managed and include appropriate receipts.

3. Other records including specific comment on Fire Safety records and Medication records

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Fire Records - The Caretaker of the building has responsibility for maintaining the fire records for both the Day Centre and the attached Social Work Offices. Records show that all required weekly checks are carried out. Up to date maintenance checks have also taken place for the alarm system, emergency lighting, heat and smoke detectors and fire extinguishers. It is also noted that escape routes are checked daily and three fire drills with full evacuations have taken place this year.

The Units' Fire Log contains a copy of the Fire Procedures with the named fire wardens and a copy of the contents of the staff fire training with a list of those staff who have completed the training (five members of staff since February 2000).

Medication Records - The medication administration records are clearly documented and up to date. Medication records are signed by a member of staff and whenever possible the service user. Two members of staff sign the medication records if the service user is unable to do so. Medication records are held within a ring binder folder alongside a copy of the Units' Medication Procedures and the names of staff authorised to administer medications. It is also noted that this folder provides very useful information regarding the purpose of specific prescribed medications, method of administering and possible side effects.

Admission and Discharge Records are well laid out and easy to follow. The information includes the service users name, address, date of birth, date of admission and date of discharge. Discharge information details the reason for discharge and any subsequent support services offered.

Employers Liability Insurance – It is noted that the date for renewal is stated as September 2000. The Unit Manager informs the Inspector that this insurance has been renewed and she is currently awaiting the arrival of the new certificate.

It is recommended that an up dated copy of the Employers Liability Insurance is displayed in the Unit.

Accident Records are held separately for service users and staff. These records contain relevant detailed information.

Health & Safety Records are comprehensive and include General Risk Assessments and Health and Safety Audit, COSHH Assessments and Moving and Handling Assessments.

Complaints Procedure used in the Unit is East Ayrshire Council's 'Better to Listen' Policy. Related information and proforma are available in several areas throughout the Unit. Documented complaints follow the stated procedures diligently. The Unit is currently working with the Advocacy Service in designing a complaint procedure, which is more 'user friendly' for the particular client group.

Unit Information Folder contains a broad range of information which provides a comprehensive profile of the Unit and the type of services provided. Such as a mission statement outlining the aims and objectives, staff roles and responsibilities including the keyworker role, programmes and aims and objectives of the three teams in the Unit, general procedures and copies of the latest minutes from a range of meetings which regularly take place in the Unit.

The Unit Manager and staff are commended for the high quality of record keeping.

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Recommendations in last report

It is recommended that staff meetings receive an appropriate level of priority with minutes made available as soon as practicable.

(b) Findings at this Inspection - Progress

Records show that there are three different types of staff meeting which are held regularly. These meetings include General Staff Meeting, Training and Development Meetings and Client up-date Meetings. The minutes for these meetings are up to date and distributed.

(c) Additional Inspectors observations at this Inspection

Other meetings, which take place in the Unit, include Team Meetings, which fully involve the service users. Team Evaluation Meetings, which have recently been introduced and chaired by the Unit Manager to discuss the strengths and weaknesses of the present programmes available in each team and how to develop the programmes further to reflect service users achieved goals. In addition there are monthly carers meetings. It is noted that the carers group has a formal constitution in place and nominated office bearers. These meetings are well attended. The Unit Manager is invited to attend each meeting for a short agreed time. Agendas also include discussions on future proposals for Adult Services and a variety of invited speakers.

The Unit is commended for having a comprehensive range of communication systems in place which ensures that staff and service users are kept fully and relevantly informed and that the changing needs of service users are identified and addressed.

2. Staffing Levels

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Staffing levels have recently been increased as a result of additional monies being made available from the Joint Protocol Budget. This is to provide specific one to one support for younger service users during the transition from children to adult services.

3. Staff Training and Qualifications

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Training provided in the past year

| | Management | Care Staff | Domestic |
|--|------------|------------|----------|
| Induction | | 2 | |
| Lifting & Handling | | 4 | |
| Fire Safety | | | |
| Food Handling | | 1 | |
| SVQ | | 2 | |
| SVQ D33 | 1 | | |
| SVQ D34 | | 1 | |
| Person Centred Planning(in house) | 1 | 6 | |
| Person Centred Planning | | 1 | |
| Equality | | 1 | |
| Incapacity Benefit | | 2 | |
| Jobseekers Allow | | 2 | |
| Customer Care | 1 | 1 | |
| Risk Assessment | | 2 | |
| Interview skills training | 1 | 1 | |
| Preparation for interview | | 1 | |
| First Aid Refresher | | 1 | |
| First Aid | 1 | 3 | |
| Minute Writing | | 1 | |
| Epilepsy Training | | 1 | |
| Challenging Behaviour | | 8 | |
| Interview & Assessment Treatment process | 1 | | |
| Skills training for trainers | 1 | | |
| Coping with grief and loss | 1 | | |
| | | | |
| | | | |

The Unit Manager and external Managers are commended for the extensive range of relevant training made available to staff

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

- (a) **Recommendations in last report**
None
- (b) **Findings at this Inspection - Progress**
- (c) **Additional Inspectors observations at this Inspection**
The Unit continues to meet all required space standards

2. Heating levels (including water temperature control)

- (a) **Recommendations in last report**
None
- (b) **Findings at this Inspection - Progress**
- (c) **Additional Inspectors observations at this Inspection**
The Unit is warm and comfortable throughout with all related safety requirements met.

3. Hygiene and cleanliness

- (a) **Recommendations in last report**
None
- (b) **Findings at this Inspection - Progress**
- (c) **Additional Inspectors observations at this Inspection**
The Unit is clean and hygienic throughout.

4. Safety of the environment

- (a) **Recommendations in last report**
It is recommended that the location and use of the fridge and freezer be assessed for risk to staff.

The Fire assembly area cannot be accessed by users with mobility problems because of flower beds restricting direct access.

The Fire Assembly Points appear to be restrictive in size and are located too close to the building.
- (b) **Findings at this Inspection - Progress**
The above issues have been addressed and resolved satisfactorily.
- (c) **Additional Inspectors observations at this Inspection**
There are no other issues apparent to the inspector that would compromise the safety of service users.

5. Fabric and decor standards

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Although, the Centre is well decorated throughout it is suggested that the introduction of more colour and design would create a more stimulating environment for the service users. The decoration of the Centre could provide the opportunity for service users to demonstrate their creative skills. However, the Manager states that service users, cares, staff and members of the Disability Forum were afforded the opportunity to choose and decide the Centres' current décor and that the current style of décor reflects the multi-purpose use of various rooms.

6. Standards of building maintenance

(a) Recommendations in last report

The electric hand dryer in the female toilet requires to be moved to a less obtrusive area.

(b) Findings at this Inspection - Progress

The issue regarding the electric hand dryer remains unchanged. The Unit Manager informs the inspector that following consultations with the Council's Architects it was concluded that due to the site of the internal electrical wiring the hand dryer could not be relocated. A costing has therefore been requested to remove the dryer completely and install a container for paper hand towels in a less obtrusive area.

It is recommended that the planned removal of the electric hand dryer is expedited and an alternative replacement provided.

(c) Additional Inspectors observations at this Inspection

The Units repairs and maintenance book is clearly documented with appropriate tracking systems in place.

QUALITY OF CARE ARRANGEMENTS

1. Care System: Methods for Individual Care Planning and Review

(a) Recommendations in last report

It is recommended that integrated care plans be drawn up using available information and that users and their families are actively encouraged to participate in the process.

(b) Findings at this Inspection - Progress

The systems of communication and care planning available within the Unit ensures that all relevant information and personnel across a range of agencies are fully involved in the care planning process.

(c) Additional Inspectors observations at this Inspection

Each service user has a Case File that is used as a daily working file and contains relevant and up to date information which fully informs the care planning process. This file includes:-

- An index which clearly details the contents of the file and allows easy access to specific documents,
- An initial assessment and record of the service users' personal details, written in the 'first person', which provides back ground information and the service users choices and preferences in a range of areas.
- An up to date review and related Community Care Assessment documentation.
- Activity programme which is tailored to the individuals' needs and abilities and agreed goals for development.
- Care plan that details all areas of need, highlights strengths and weaknesses and areas for development.

2. Quality of Menus and Catering arrangements

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The Kitchen serves a four week flexible menu which provides a good variety of well-balanced nutritional meals which includes a range of snacks and fresh fruit. Menus also meet the health and/or cultural needs of service users and staff.

3. Quality of activity programmes

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Service users' in the Unit are a member of one of three teams depending on their level of ability and specific needs. The three teams each have a programme of activities, which are planned for service users with similar needs and abilities and are linked to individual service users programmes and care plans. These activity programmes also include staff working with service users on a one to one basis whenever possible.

The activity programmes include a wide range of activities, which access local community resources and facilities. These programmes are closely monitored and reviewed to ensure that they continue to meet the service users needs and provide appropriate stimulation, challenges and opportunities for continued development.

INSPECTORS FINDINGS ON OTHER VIEWS

1. Staff views expressed

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Five questionnaires were distributed to staff of which three were returned. Comments were generally positive although the major issue for staff was the lack of appropriate staffing resources and the need to access sessional staff in the event of absence and holidays, which would ensure that activities and ongoing pieces of work could continue uninterrupted. One member of staff also raised the need for additional funding to develop out-reach services for individuals who were able to move on to a more independent lifestyle.

Two members of staff were spoken to on the day of the inspection. Both were generally positive about the development of the service provided in the Centre. However, they also raised the issues related to staffing resources and the difficulties they face when trying to ensure continuity for both individual and team activity programmes in the event of staff absence, holidays and training.

2. User/Carer views

(a) Recommendations in last report

It is recommended that service users have a written placement contract.

(b) Findings at this Inspection - Progress

The Unit manager informs the inspector that discussions are currently ongoing with external managers and East Ayrshire Council's Legal Department regarding the introduction of an appropriate placement contract or service agreement for service users.

It is recommended that service users have a written placement contract or service agreement.

(c) Additional Inspectors observations at this Inspection

A number of service users were spoken to on the day of the inspection both individually and in groups. They each expressed satisfaction with the bright modern environment and with the range of activities they were able to participate in both within and out with the Centre. The service users felt that they would be able to complain to staff, if required, and that their complaint and views would be listened to. Two of the service users informed the inspector that they were able to make decisions about the type of service that they received and the contents of their weekly programme. They also stated that they were kept up to date with what was happening in the Centre. One of the service users stated that there were times when planned activities had to be changed if a member of staff was absent.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

**Balmoral Road Centre
30th November 2000**

Summary of Inspection

The Balmoral Road Centre is located in a new purpose built complex, which also accommodates a number of social work personnel in adjoining offices. The design of the building has some innovative features including sinks and mirrors, which can adjust to suit the working level of the user. It also places appropriate emphasis on security with a number of features designed to address this issue. Although the Centre is modern and spacious it would benefit from an introduction of colour and design that would provide a more stimulating environment for service users. The decoration of the Centre could provide an opportunity for service users to demonstrate their creative skills.

The Centre is situated close to Kilmarnock Town Centre where service users can enjoy the range of shops, pubs and cafes. Service users also have access to a variety of local community resources such as community centres, colleges and leisure and sports facilities.

The new management team has introduced a range of systems, which enhances communication within the staff group and between staff, external agencies, service users and their carers. These communication systems are fundamental to the care planning process, which is comprehensive and addresses the service users holistic needs.

Funding from the Joint Protocols Budget has enabled staffing levels to be increased. This has facilitated specific work with younger service users who have reached school leaving age and who are making the transition into services provided for adults with learning disabilities. However, the questionnaires completed by staff highlight their concerns regarding the current staffing levels within the centre, which is unable to sustain a continuity of service provision to service users in the event of staff absence due to ill health, holidays or training.

Service users express high levels of satisfaction with the level of service provided in the Centre and speak positively regarding their relationship with staff and other service users.

Previous recommendations carried forward:

1. It is recommended that service users have a written placement contract or service agreement.
2. It is recommended that the planned removal of the electric hand dryer is expedited and an alternative replacement provided.

Further recommendations

1. It is recommended that an up dated copy of the Employers Liability Insurance is displayed in the Unit.

Commendations

The Unit Manager and staff are commended for the high quality of record keeping.

The Unit Manager and external Managers are commended for the extensive range of relevant training made available to staff

The Unit is commended for having a comprehensive range of communication systems in place which ensures that staff and service users are kept fully and relevantly informed and that the changing needs of service users are identified and addressed.

LEAD INSPECTOR: Mina Cassidy

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA