



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

Kerrmuir Hostel

Date of Inspection: 14th December 2000

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

Tel: 01563 555342 Fax: 01563 555400

INSPECTION INFORMATION

NAME OF ESTABLISHMENT:	Kerrmuir Hostel
LOCATION OF ESTABLISHMENT:	Hurlford
MANAGING ORGANISATION:	East Ayrshire Council
CATEGORY (as per Registration):	Adults with Learning Difficulties
MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):	12
NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT:	11
NATURE OF INSPECTION	Unannounced
INSPECTOR(S) PARTICIPATING:	Mina Cassidy
DATE(S) OF INSPECTION:	14 th December 2000
DATE OF LAST INSPECTION REPORT:	November 1999
FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT	Joyce Lappin, Manager 01563 527018

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 have two files, one is used for holding past reports, care plans, benefits and financial information and general correspondence from other agencies and professionals. In addition, residents have a working file containing; a personal information proforma, essential lifestyle plans (part of the person centred planning process), review reports, moving and handling risk assessment, client activities.

The contents of some files are disorganised and untidy. However it is the opinion of the inspector that this would be rectified if more appropriate and robust folders with section dividers were used.

2. Sampled Financial Records

(a) Recommendations in last report

None

1. Findings at this Inspection – Progress

(c) Additional Inspectors observations at this Inspection

Residents' finances are clearly documented and easy to follow. Each resident has an individual record clearly documenting all transactions, which is signed by a member of staff. It is noted that only one resident presently signs their financial record, although the manager states that there are other residents who could provide a signature or initial. It is suggested that the proforma be redesigned to accommodate the signature of the resident and a member of staff.

Petty cash records are also clearly documented and appear to balance with appropriate cross checks in place.

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 show that all checks are carried out as required. Details include the location of fire extinguishers and specified zones. The Fire register also contains reports of four unannounced fire drills and evacuations which have taken place over the previous year.

Medication Records are well managed and include the required signatures and appropriate codes. A copy of the Units' Medication procedures is held alongside with the Medication Administration Records (MAR) sheets.

Accident Records for residents and residents are recorded separately. Records are managed well and provide appropriate information for each incident. The Manager states that an Accident Report Form is completed when she considers that the incident should be brought to the attention of external managers'

It is recommended that clarification of East Ayrshire Councils' Accident Reporting procedures be confirmed in order to ensure that required records are maintained.

Health and Safety information is clearly displayed on a specifically designated notice board in the general office. This information is up to date and relevant and easily accessible to all members of staff.

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

A range of communication systems are in place such as a daily diary, residents' daily logs and verbal shift hand-overs to ensure that staff are kept informed of residents' changing needs.

Staff meetings are held on a monthly basis. These meetings are well attended and minutes are available and easily accessible to staff.

Residents meetings are facilitated by a member of staff and held approximately six weekly. It is noted that the minutes of the previous residents' meeting is displayed in the Unit and are recorded both in written and pictorial form.

The Manager and staff are commended for developing communication systems that are easily understood by residents.

2. Staffing Levels

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The rota shows that there is an appropriate number of staff on duty over a 24-hour period.

3. Staff Training and Qualifications

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

2. Additional Inspectors observations at this Inspection

The following Training has been provided over the past year

	Management	Care Staff	Domestic Staff
Lifting & Handling		1	
Food Handling	2	2	
Interview & Select	1		
SVQ I.V.	1		
SVQ Induction		2	
First Aid	1		
Benefits Training	2		
Supervisors Update	1		
Anti-oppressive & Equality	3		
Admin Rectal Diazepam		2	
Responding to Health Emergencies		1	
Communication Skills		1	
Foundation Counselling		1	
PCP Follow up	All Staff including Domestic Staff		
Risk Assesment and Management inCommunity	All Staff		
Epilepsy		2	
Charging policy	1		

The Manager and External Managers are commended for the broad 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

Although not examined in detail during this inspection, the Unit appears to meet 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

On the day of the Inspection the Unit was found to be warm and comfortable throughout. However it is noted that the temperature of radiators cannot be controlled (they are either 'off' or 'on full'). Staff or residents are unable to make adjustments to heating levels to take account of changes in climate or personal preferences. Therefore, appropriate thermostatic control valves require to be fitted to radiators to ensure that the temperature can be adjusted as required

It is recommended that appropriate thermostatic control valves be fitted to radiators throughout the Unit.

The temperature of hot water throughout the unit is very high. Appropriate thermostatic control valves require to be fitted to all hot water taps as a matter of priority.

It is recommended that appropriate thermostatic control valves are fitted to all hot water taps as a matter of priority.

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 appeared acceptably clean throughout.

4. Safety of the environment

(a) Recommendations in last report

It is recommended however that a review of security at the rear of the building be undertaken promptly with advice from the Police.

(b) Findings at this Inspection - Progress

A review of security has been carried out and as a result security lighting has been fitted in various locations around the building.

(c) Additional Inspectors observations at this Inspection

The Inspector found that there are no fly screens in place on window or the external door of the kitchen.

It is recommended that fly screens be fitted to the window and external door in the kitchen.

See section 2c regarding water temperature.

5. Fabric and decor standards

(a) Recommendations in last report

Upstairs bathrooms require attention to the fabric and décor.

(b) Findings at this Inspection - Progress

The condition of the fabric and décor in the upstairs bathrooms has now deteriorated below minimum standard and **must** be brought to an acceptable standard immediately.

(c) Additional Inspectors observations at this Inspection

It is noted that the settee and chairs in the sitting room are in a poor condition and requires to be repaired or replaced.

It is recommended that the settee and chairs in the sitting room are repaired or replaced.

Damage to all of the bedroom doors has occurred when new locks have been fitted. This damage ranges from fairly minor to some instances where a part or all of the space occupied by the old lock has been left exposed. These doors require to be repaired or replaced.

It is recommended that the damaged bedroom doors are repaired or replaced.

The inspector also notes that members of staff have painted and decorated some areas to try to enhance the residents living environment. This has included installing a shower screen and tiling the shower room. Although the commitment of staff to carry out this type of work is to be commended more appropriate arrangements must be made for a general upgrade of the decor throughout the building.

The Manager and staff are commended for their efforts to improve the standard of décor throughout the building

It is strongly recommended that a general up grade of fabric and décor throughout the Unit takes place.

6. Standards of building maintenance

- (a) **Recommendations in last report**
A broken window in the upstairs utility room requires to be repaired.
- (b) **Findings at this Inspection - Progress**
This work has been carried out.
- (c) **Additional Inspectors observations at this Inspection**
See section 5c

QUALITY OF CARE ARRANGEMENTS

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

- (a) **Recommendations in last report**
None
- (b) **Findings at this Inspection - Progress**
- (c) **Additional Inspectors observations at this Inspection**
Essential Lifestyle plans are in place for each resident. It is noted that in addition to some ELPs being illustrated in pictorial form one has been produced on tape for a resident with a visual impairment. Records also show that there is an appropriate system to ensure that ELPs are reviewed and up-dated regularly. There is evidence of inconsistency in the detail and quality of recording in some of the ELPs. In particular, some of the Health and Safety sections examined by the inspector are lacking in detail and do not offer clear guidance to staff on the actions required to best meet the individuals' needs.

It is recommended that the quality of recording and the development of Essential Lifestyle Plans continue to be addressed in staff supervision and training.

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**
A basic menu is available to residents at each meal. However, it is noted that residents are able to make individual choices for all meals, which is facilitated by the Cook and members of staff. The Cook meets with the residents on a Wednesday to discuss the following weeks menu and to ensure that sufficient supplies are ordered to take account of residents individual choice. It is suggested that a record of individuals' choices is maintained to ensure, as far as possible, that residents have a balanced and varied diet and appropriate advice and guidance can be offered if required.

3. Quality of activity programmes

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

These were not examined at this inspection.

(c) Additional Inspectors observations at this Inspection

This was not examined during this inspection. However, it is noted that part of the Units communication system includes an 'Out and About Book' which records any shopping trips, outings or visits individual residents make and any visits they receive from family and friends

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

Four staff completed confidential questionnaires. Not surprisingly some referred to the poor condition of the fabric and décor of the building. However, all responded that they felt valued and were kept informed.

2. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The inspector spoke to a number of residents both in a group and individually. They were all very excited about the various forthcoming Christmas festivities arranged by Kerrmuir and the Day Centres some of the residents attend. They were all very positive about the services and care they received and made particular reference to the friendliness of all staff.

Four questionnaires were distributed to relatives of which, three were returned. One respondent made negative comments, which were generally about the lack of communication from staff. It was also stated that they did not feel able to register a complaint on the resident's behalf. However, this respondent answered positively about the cleanliness and warmth of the Unit and the overall care provided by staff.

The other two responses were very positive stating that staff made the residents very welcome at the time of admission and ensured that enough time was spent with them to establish their likes and dislikes. They also stated that they were kept sufficiently well informed about the resident. Particular reference was made about unspecified 'current cut backs' and how generously staff give of their own time and the overall good standard of care provided.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

Kerrmuir
14th December 2000

Summary of Inspection

Kerrmuir provides residential care for 12 adults with learning difficulties in adapted terraced housing close to the amenities of Hurlford.

The quality of record keeping remains good however, the information held in residents' files would be more easily accessible and better organised if held in a folder which is appropriately divided and more robust.

Communication systems are maintained at a consistently high level with particular efforts being made by staff to develop systems of communication to meet the specific needs of residents.

Essential Lifestyle Plans, although in the early stages of development, are holistic and reflects the wishes and aspirations of individual residents.

In spite of the very admirable efforts of staff to try and improve the residents' living environment by undertaking some decoration work, the fabric and décor of the Unit requires to be up graded. **In particular, the condition of the upstairs bathrooms is presently below minimum standards and must be brought to an acceptable standard as a matter of priority.**

Confidential questionnaires were completed by relatives and staff who in the main responded positively about Kerrmuir.

Kerrmuir is currently a unit eager to continue to develop the service on offer to its client group.

Previous recommendations carried forward:

The standard of décor in the upstairs bathrooms is unacceptable and must be brought to an acceptable standard immediately

Further recommendations

1. It is recommended that clarification of East Ayrshire Councils' Accident Reporting procedures be confirmed in order to ensure that required records are maintained.
2. Thermostatic control valves must be fitted to all radiators and hot water taps throughout the Unit.
3. The settee and chairs in the sitting room should be repaired or replaced.
4. It is recommended that fly screens be fitted to the window and external door in the kitchen
5. The damaged bedroom doors should be repaired or replaced.
6. A general up grade of fabric and décor throughout the Unit is required.
7. It is recommended that the quality of recording and the development of Essential Lifestyle Plans continue to be addressed in staff supervision and training.

Commendations

The Manager and staff are commended for developing communication systems that are easily understood by residents.

The Manager and External Managers are commended for the broad range of relevant training made available to staff

The Manager and staff are commended for their efforts to improve the standard of décor throughout the building.

LEAD INSPECTOR: Mina Cassidy

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA

