



SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT and AND SUMMARY REPORT

KNOWEVIEW

1st March 2001

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East Ayrshire Council
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INSPECTION INFORMATION

NAME OF ESTABLISHMENT:	Knoweview
LOCATION OF ESTABLISHMENT:	9 Waterside Street, Dalmellington
MANAGING ORGANISATION:	
CATEGORY (as per Registration):	71 (Combined total of Residential and Nursing Clients) + 7 day care
MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):	15
NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT:	11
NATURE OF INSPECTION	Unannounced
INSPECTOR(S) PARTICIPATING:	Mina Cassidy Isobel Dawson
DATE(S) OF INSPECTION:	1st March 2001
DATE OF LAST INSPECTION REPORT:	17th August 2000
FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT	Marcus Reid Knoweview

QUALITY OF RECORDS

1. Sampled Case Files

(a) Recommendations in last report

It is recommended that care plans are dated and the date of the next planned review is recorded.

It is recommended that Residents' files are stored securely in a locked area.

(b) Progress & additional observations at this Inspection

Care plans are now dated and signed by the resident and key worker. A system is also in place to record planned reviews.

Files are now stored securely within the Managers' office.

2. Sampled Financial Records

(a) Recommendations in last report

None made

(b) Progress & additional observations at this Inspection

Not examined as part of this short focused unannounced inspection.

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

(a) Recommendations in last report

1. It is recommended that either a security grill is fitted or the medication trolley is moved to a room without an external window.

2. Only one container of a particular medication is in use for the resident it is prescribed for at any one time.

3. Immediate advice is sought from the supplying pharmacist regarding the shelf life of opened medication and to ensure that all

medications have clear labels stating the name of the medication, who it is prescribed for and directions for its use.

4. Arrangements are made for regular visits from the supplying pharmacist to advice on the administration and storage of medication for residential residents in the same way as presently provided for nursing care residents.
5. The medication recording system is adapted to include a facility for indicating when a medication is prescribed or un-prescribed.
6. Any changes to a resident's medication is fully discussed and agreed by the resident's General Practitioner.
7. It is recommended that individual Moving and Handling Risk Assessments are included in each resident's file.

(b) Progress & additional observations at this Inspection

A security grill has been purchased for the window of the office/medication room, which the manager states, will be fitted within the next two weeks.
This recommendation is reiterated

Recommendations 2 to 7 have been addressed in full

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group
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- (a) Recommendations in last report
None
- (b) Progress & additional observations at this Inspection
Not examined as part of this short focused inspection

2. Staffing Levels

- (a) Recommendations in last report
None
- (b) Progress & additional observations at this Inspection

Rotas show that staffing levels appear to provide adequate cover over a 24-hour period. In addition there is an activities co-ordinator employed for 22 hours per week as well as adequate ancillary staff

3. Staff Training and Qualifications

(a) Recommendations in last report

None

(b) Progress & additional observations at this Inspection

Although not examined in detail as part of this inspection, Inspectors were informed that a member of staff has been delegated specific responsibility for the planning and co-ordination of staff training. Since the previous Inspection priority has been given to ensuring that all staff have received appropriate up-to-date moving and handling training. It is also noted that the training co-ordinator has developed a useful resource information library. The Training Co-ordinator and Managers should ensure that a staff training needs analysis is carried out as an integral part of staff supervision and development.

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

(a) Recommendations in last report

The arts and crafts room should not be used until appropriate storage facilities are in place and the overall organisation of the room is vastly improved.

(b) Progress & additional observations at this Inspection

This arts and crafts room has been redesignated as a staff room. Arts and crafts activities now take place in the conservatory. Further proposed changes include the staff room becoming a quiet room for residents. The laundry which, is presently situated adjacent to the main building will be moved into the main building.

2. Heating levels (including water temperature control)

(a) Recommendations in last report

It is recommended that water temperature controls be fitted to wash hand basins as a matter of urgency.

(b) Progress & additional observations at this Inspection

Water temperature control valves have been fitted to all wash hand basins and baths.

The unit was found to be warm and comfortable throughout.

3. Hygiene and cleanliness

(a) Recommendations in last report

None

(b) Progress & additional observations at this Inspection

Although not examined in detail, the areas seen appeared to be clean and fresh.

4. Safety of the environment

(a) Recommendations in last report

It is recommended that wall mounted electric convector heaters are replaced with low surface temperature alternatives as soon as practicable. In the interim appropriate heat resistant guards should be fitted as a matter of urgency.

(b) Progress & additional observations at this Inspection

Heat resistant safety guards have been ordered. It is anticipated that these will be fitted by the end of March 2001.

This recommendation is reiterated

5. Fabric and decor standards

(a) Recommendations in last report

The recommendation to replace dining room chairs is reiterated and fitting of the floor covering expedited.

It is recommended that the programme of redecoration be continued throughout the Unit.

(b) Progress & additional observations at this Inspection

Dining room chairs have not yet been replaced.

This recommendation is reiterated

(c) Additional Inspectors observations at this Inspection

Substantial redecoration and refurbishment has taken place in public rooms, hallways and residents' bedrooms.

The Unit Manager and external Managers are commended for the substantial refurbishment programme that has been completed to date.

6. Standards of building maintenance

(a) Recommendations in last report

The building issues raised in February 2000 still outstanding should be given immediate priority.

(b) Progress & additional observations at this Inspection

The maintenance issues have now been addressed.

QUALITY OF CARE ARRANGEMENTS

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

(a) Recommendations in last report

From records checked there is a clear indication that staff still require training and supervision in recording, care planning and particularly in developing their roles as key workers.

(b) Progress & additional observations at this Inspection

The inspectors found that the quality of recording and care planning continues to improve although there is still some inconsistency in the standard of recording. This should continue to be addressed as a training issue with staff.

This recommendation is reiterated

2. Quality of Menus and Catering Arrangements

(a) Recommendations in last report

None

(b) Progress & additional observations at this Inspection

Not examined as part of this short focused inspection.

3. Quality of activity programmes

(a) Recommendations in last report

None

(b) Progress & additional observations at this Inspection

(c) Not examined as part of this short focused inspection.

INSPECTORS FINDINGS ON OTHER VIEWS

1. User/Carer views

(a) Recommendations in last report

1. Residents have access to a telephone which is in a private space and designated for their use only.
2. Residents are given the choice whether or not to be accompanied during consultations with medical staff and that residents do not feel that it is a requirement.
3. Inspection reports are made available to all residents and that the contents and findings of the report are discussed with residents both individually and in groups.

(b) Progress & additional observations at this Inspection

1. At present residents are able to make telephone calls in the privacy of an office. However, there is a proposal to install a telephone in the new quiet room.

2-3 have been addressed appropriately.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

KNOWEVIEW

1st March 2001

Summary of Inspection

Knoweview is privately owned and was established as a Nursing home in 1992 and thereafter jointly registered with Ayrshire and Arran Health Board and East Ayrshire Council in 1994. It was purchased by Advantage healthcare in September 1998. The company went into receivership in October 1999 and currently awaits a new purchaser.

Situated in the centre of Dalmellington it is easy access to local shops, community services and public transport for the unit. The home sits in a hollow just off the main road, there is a small parking area to the front, with an area with seats and planted containers to the side looking over to the river

Knoweview is registered to provide Nursing, Residential and Day Care. The Manager has overall responsibility for the Unit with separate Deputy Managers and care staff arrangements for nursing and residential users.

This short unannounced inspection focused on the recommendations made in the previous inspection report and any subsequent progress.

A substantial up-grading and redecoration has taken place in many areas of the Unit, which has significantly improved the residents' living environment. There are further proposals to relocate and improve the current laundry facilities in addition to establishing a new sitting room for residents. However, some recommendations remain outstanding. These include the need for appropriate guards to be fitted to all wall mounted heaters, a security grill to be fitted to the window of the medication room and the need to replace the dining room furniture.

Although it is noted that a member of staff has recently been designated specific responsibility for the co-ordination and organisation of staff training, continued training in the areas of care planning, recording and the role of the key worker is required

Residents continue to be encouraged to maintain links with the local community whenever possible and the Unit Manager and the Management team continue to provide a positive influence within the Unit.

The Inspectors spoke to a number of residents who spoke positively of the quality of care they receive and their relationships with staff.

Previous recommendations carried forward:
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- ◆ **It is recommended that either a security grill is fitted or the medication trolley is moved to a room without an external window.**
- ◆ **It is recommended that wall mounted electric convector heaters are replaced with low surface temperature alternatives as soon as practicable. In the interim appropriate heat resistant guards should be fitted as a matter of urgency**
- ◆ **The recommendation to replace dining room chairs is reiterated and fitting of the floor covering expedited.**
- ◆ **From records checked there is a clear indication that staff still require training and supervision in recording, care planning and particularly in developing their roles as key workers.**

Further recommendations

None

Commendations

- ◆ **The Unit Manager and external Managers are commended for the substantial refurbishment programme that has been completed to date.**

LEAD INSPECTOR: Mina Cassidy

SIGNATURE: _____

Date: 19th March 2001

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____

Date:

GENERAL BUILDING ISSUES

APPENDIX 1	Proposed Completed	Date Completion
<ul style="list-style-type: none"> • Throughout the unit there were areas in need of painting and re-decoration. Some bedrooms and sitting rooms had wallpaper peeling off the walls. 		
<ul style="list-style-type: none"> • Woodwork was badly scored; clearly some doors are so damaged that they are likely to require replacement. 		
<ul style="list-style-type: none"> • Upgrading of the small dining room, including furnishings and floor covering. 		
<ul style="list-style-type: none"> • Areas of carpeting are in need of replacement, these include the carpet in the smoke room; this room has a number of chairs needing replacement or re-upholstering. In addition curtains are missing from the large window. 		
<ul style="list-style-type: none"> • There is a lack of storage areas in toilets, bathrooms and in the activity room. In bathrooms storage is required for pads, creams, urinats etc. There is an urgent need for suitable cupboards in the activity room. 		
<ul style="list-style-type: none"> • Bedrooms 7,8,9, in need of re-decoration and upgrading. 		
<ul style="list-style-type: none"> • All bedrooms should be fitted with appropriate door locks. 		
<ul style="list-style-type: none"> • Lighting throughout should be checked. Noted that some light shades are missing and wall lights in the entrance hall in need of repair. 		
<ul style="list-style-type: none"> • A number of toilet seats were missing throughout the unit. These toilets were clearly in use. 		

<ul style="list-style-type: none"> • Some bathroom and toilet floor coverings should be replaced. There is a requirement that all such floor coverings are smooth and impervious 		
<ul style="list-style-type: none"> • Showers are in need of upgrading and should meet standards for assisted shower areas. • Hot water found to be dangerously hot in areas accessed by users. Noted that there are notices stating that the water is scalding or dangerous. All hot water accessed by residents should be thermostatically controlled. • The practice of posting information for staff in user's accommodation (e.g. notices • In bathrooms regarding use of protective clothing is unacceptable. • Parker bath in urgent need of repair. It is also understood that the hand pumped lifting equipment is out of use. • All bathrooms and toilets should be fitted with appropriate door locks • A number of minor maintenance requirements outstanding including numbers falling off doors, handles falling off fire door at bottom of stair. • Toilet in Activity room very cold. • Consideration should be given to reducing the institutional appearance of the room by e.g. using tablecloths • Floor covering in the kitchen in need of repair. 		

<ul style="list-style-type: none">• Fire screen on door should be replaced.• Noted that there is no choice of menu.		
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AGENDA