



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

NIGHTINGALE HOUSE

Date of Inspection: 13th March 2001

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

Tel: 01563 555343 Fax: 01563 555400

INSPECTION INFORMATION

NAME OF ESTABLISHMENT: Nightingale House

LOCATION OF ESTABLISHMENT: 158 Main Street
Auchinleck KA18 2AS

MANAGING ORGANISATION: Owner: Mr M Shafique
Elderly Residential & Day Care

CATEGORY (as per Registration):
21 residential + 4 day care

**MAXIMUM NUMBER OF RESIDENTS
TO BE ACCOMMODATED (as per Registration):**
11 permanent residents (including
one in hospital)
+ 1 respite

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

NATURE OF INSPECTION Unannounced

INSPECTOR(S) PARTICIPATING: Mrs Mina Cassidy
Mrs Isobel M Dawson

DATE(S) OF INSPECTION: 13th March 2001
19 December 2000

DATE OF LAST INSPECTION REPORT:

**FOR FURTHER INFORMATION ON
THIS ESTABLISHMENT CONTACT** Ms Barbara Taylor
Manager
Tel:01290 425790

QUALITY OF RECORDS

1. Sampled Case Files

(a) Recommendations in last report

None

(b) Progress and additional observations at this Inspection

Residents' files are well organised and contain information, which is relevant and easily accessible.

2. Sampled Financial Records

(a) Recommendations in last report

None

(b) Progress and additional Inspectors observations at this Inspection

Records of residents' personal allowance are appropriately maintained. Individual records accurately record income and expenditure with each transaction followed by two signatures.

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

(a) Recommendations in last report

It is recommended that care be taken to carry out checks as recommended in the Fire Register. In addition it is imperative that a fire drill is carried out soon.

(b) Progress and additional Inspectors observations at this Inspection

Fire Records show that all checks are now being carried out at appropriate intervals. However, the most recent maintenance check on fire extinguishers, although recorded on each extinguisher, has not been recorded in the fire logbook as required.

A fire drill with evacuation has now taken place however, the record of this is held in a staff communication folder with no cross-reference or copy available in the Fire Records.

It is recommended that fire records include an accurate and up dated record of fire drills and fire equipment maintenance checks.

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Recommendations in last report

It is recommended that all parties address the reported tensions between the owner and the staff group in a professional and open manner.

(b) Progress and additional Inspectors observations at this Inspection

Unfortunately, there seems to be no improvement in the lines of communication or the overall working relationship between the Owner and Senior Staff. The Inspectors can find no evidence of any constructive measures being taken to improve this situation.

The Manager continues to hold regular meetings with staff, which are considered useful for supporting the staff group, for the sharing of information and for offering an element of training and development.

The daily shift reports continue to provide an effective means of communication, which ensures that residents changing needs are recognised and addressed.

The above recommendation is reiterated.

2. Staffing Levels

(a) Recommendations in last report

It is recommended that staffing levels take account of the assessed needs of all residents. The number of staff essential to meet the care demands of specific residents has to be considered, in addition to the number of staff required to meet the holistic needs (including social activities and external outings) of the larger resident group.

(b) Progress and additional Inspectors observations at this Inspection

As noted in the previous inspection, some residents require the assistance of two members of staff to meet their intensive care needs. Staff continue to be committed to maintaining residents in what is their home with the support of District Nurses for as long as possible. The Manager recognises the need for additional staff to deliver this level of care and endeavours, whenever possible, to increase the numbers of staff on shift.

Increased staffing levels on some shifts also afford residents the opportunity to participate in social activities and activities outwith the unit. This is further encouraged by the involvement of an Activities Officer, one hour per fortnight, currently funded from the Residents Comforts Fund. The Manager reports the great benefit residents gain from this service and it is hoped that this will continue to be available and perhaps extended.

3. Staff Training and Qualifications

- (a) **Recommendations in last report**
Confirmation is required that the Manager will be supported in obtaining an appropriate qualification within the agreed timescale as previously agreed by the owner.

It is recommended that all staff have an individual training plan, which ensures that staff are appropriately trained to meet the aims and objectives of the establishment.

(b) **Progress and additional Inspectors observations at this Inspection**

The manager confirms that she has failed to obtain financial support to obtain an appropriate qualification despite the commitment made by the owner at the time of Registration. The Manager has however, made an application for a place on an appropriate management course which she will attend out- with working hours on a part-time, evening basis, which she will fully finance.

The availability of appropriate staff training remains very limited and continues to cause the inspectors some concern. The commitment of staff to take up any training opportunities is demonstrated by the fact that some are presently self finances their SVQ course.

The manager has recently compiled individual staff training folders. In addition to recording their training and qualifications, these also provide information on a number of specific topics and areas of care practice which are discussed during staff meetings. Although this is a useful tool and one which is to be encouraged it cannot be seen as a replacement for more formal training opportunities.

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

- (a) **Recommendations in last report**
The ratio of seven double to seven single rooms is well above the recommended level of one double to eight single rooms. Confirmation is required as to the Owner's plans to reduce these numbers over an agreed period.

(b) **Progress and additional Inspectors observations at this Inspection**

As previously recognised, most residents are presently accommodated in single rooms due to the overall reduced number of residents in the Unit. However, the number of double rooms is above the recommended level of one double to eight single rooms. Therefore, confirmation is required as to the owner's plans to reduce these numbers over an agreed period.

This recommendation is reiterated

2. Heating levels (including water temperature control)

(a) Recommendations in last report

1. The unfinished frontage on the radiator covers should be completed expeditiously.
2. It is not acceptable for hot water to be “controlled at source”. Thermostats controlling the temperature of the water coming out of individual taps are required where residents access hot water.
3. It is noted that although all bedrooms in the upper floor are warm and comfortable, bedrooms in the rear ground floor are cool despite the thermostats being at their maximum. For a period, the heating levels in the downstairs bedrooms should be checked and noted throughout the day to confirm that they reach an acceptable temperature.

(b) Progress and additional Inspectors observations at this Inspection

1. Many of the radiator covers remain unfinished. These radiator covers require to be completed as a matter of priority.
 2. The hot water supply continues to be unacceptably hot. Thermostatic controlled valves require to be fitted to individual hot water taps as a matter of priority
 3. The temperature in all bedrooms was acceptable at the time of this inspection.
- Recommendations 1 and 2 are reiterated**

3. Hygiene and cleanliness

(a) Recommendations in last report

1. An industrial type washing machine with a sluice cycle and an industrial drier should be provided with some urgency.
2. A self-closure should be fitted to the barrier door near to the kitchen.

(b) Progress and additional Inspectors observations at this Inspection

The unit was found to be fresh and clean throughout.

The industrial washing machine is still out of order leaving one small domestic washing machine, with no sluice cycle, to cope with the significant amount of laundry generated in the Unit. It is reported that there have been recent problems with this washing machine and on at least one occasion the only programme operational was a cool wool wash which was used for washing all laundry.

This lack of appropriate washing equipment is unacceptable. Therefore, an industrial sized washing machine with sluice cycle must be in place and operational within 4 weeks of the issue date of this report.

The laundry room now has three tumble driers in use one of which is of industrial size. The present ventilation system appears inadequate and may require to be upgraded to take account of the heat generated from these machines

A self-closure mechanism has now been fitted to the dividing door between the

kitchen and short corridor where a toilet is situated.

4. Safety of the environment

(a) Recommendations in last report

As referred to in *Heating levels (2b)*, the unfinished frontage on the radiator covers should be completed expeditiously. In addition, thermostats are required to control the temperature of water to which residents have access.

It is recommended that a bath lifting aid be provided in the upstairs bathroom

(c) Progress and additional Inspectors observations at this Inspection

These recommendations remain outstanding and are therefore reiterated.

It is noted that there are cleaning materials stored an unlocked linen cupboard. In order to comply with COSHH Regulations these materials should be stored in a locked area.

It is recommended that cleaning materials are securely stored in a locked area.

It is noted that there is a rodent trap on the floor of the upstairs toilet

This should be removed immediately.

5. Fabric and decor standards

(a) Recommendations in last report

(b) Progress and additional Inspectors observations at this Inspection

As stated in the previous inspection the recent upgrade of fabric and décor has enhanced the unit and created a more comfortable and pleasing environment.

6. Standards of building maintenance

(a) Recommendations in last report

None

(b) Progress and additional Inspectors observations at this Inspection

A maintenance book is now being maintained with details of all required repairs entered and signed off when completed.

The following maintenance issues were observed by inspectors during this inspection:

- the wall below the window of room 1 is damaged and requires to be repaired. Handles are also required to be fitted to the wardrobe doors
- the wallpaper below the window of room 2 is damaged and requires to be replaced. The wall mounted soap holder is damaged. As this is a double room two soap holders should be provided.
- the broken window at the rear fire exit stairs requires to be repaired.

It is recommended that the above maintenance issues are addressed

QUALITY OF CARE ARRANGEMENTS

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

(a) Recommendations in last report

None

(b) Progress and additional Inspectors observations at this Inspection

The standard of care planning continues to improve. The quality of information in care plans provides a clear picture of the residents' holistic needs and how these needs are best met. In addition, care plans take account of the residents' preferences and also show that residents are encouraged to make and maintain links with the local community. The Manager informed Inspectors that there are plans to include individual social histories compiled with the assistance of the resident, relatives and the key worker to further assist in the care planning process. It is noted that although care plans are signed by the keyworker the residents' signature is not included.

It is recommended that residents should sign their care plan whenever possible

The manager and staff are commended for the continued improvement made in the care planning process.

2. Quality of Menus and Catering arrangements

(a) Recommendations in last report

None made.

(b) Progress and additional Inspectors observations at this Inspection

Although not inspected in detail the menu being served on the day of the inspection appeared appetising and well balanced.

3. Quality of activity programmes

(a) Recommendations in last report

None

(b) Progress and Additional Inspectors observations at this Inspection

Staff continue to be committed to providing purposeful and enjoyable activities for residents. This also includes raising additional funds for the purchase of equipment and subsidising the cost of outings and in house entertainment. Records show that residents are encouraged to attend outside activities and develop and maintain links with various groups and organisations in the local community.

The manager and staff are commended for developing and maintaining links with the local community and their fund raising activities for the benefit of residents.

INSPECTORS FINDINGS ON OTHER VIEWS

1. Staff views expressed

(a) Recommendations in last report

There were indications that there continues to be issues around the future of the unit, which, although not affecting their commitment to the users, leaves them feeling vulnerable over their future.

Consideration should be given to updating food-handling training for all staff involved in the preparation and serving of food.

(b) Findings at this Inspection - Progress

Food handling training remains outstanding for a number of staff.

(c) Additional Inspectors observations at this Inspection

The comments received from care staff confirmed that adequate time is set aside to settle a new user into their environment and that residents received a good level of personal care. All stated that users' views and opinions were listened to and that they were able to meet with their visitors in private. However, all stated that confidential information was discussed in front of others.

As found following previous consultations with staff they stated that they felt that their complaints, views and opinions were not always listened to and that they were not valued. They made particular reference to their rate of pay. The majority also considered that they were not given enough opportunity to undertake appropriate training.

It is recommended that confidential information is not discussed inappropriately with others.

2. User/Carer views

(a) Recommendations in last report

None made.

(b) Progress and additional Inspectors observations at this Inspection

Residents informed the Inspector on the day of the inspection that they were satisfied with the standard of care they received. They stated that they felt able to speak to any member of staff if they had a complaint or concern and that their views would be taken into account. One resident made particular comments about the 'wonderful' meals she received and the fact that she could have snacks and tea any time she wished.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

NIGHTINGALE HOUSE

13th March 2001

Summary of Inspection

Nightingale House is a privately owned unit registered for 21 residential and four day-care users. The unit is situated in the centre of Auchinleck. The towns' amenities and public transport are nearby.

As the building opens directly on to the pavement of the main street there is no garden to the front and an enclosed slabbed area to the rear. The unit is on two floors with a passenger lift to the upper floor. There is a high ratio of double to single rooms, however owing to the low occupancy rate; most residents do not have to share at present.

The previous Inspection Report referred to the concerns that the Owner had not fulfilled the commitment made at the time of registration to support the current Manager in achieving an appropriate managerial qualification. This situation remains unchanged.

Since the two episodes of flooding in 2000 the Unit has undergone significant upgrading of furniture and fabric which has enhanced the quality and comfort of the accommodation.

Inspectors continue to be encouraged by the commitment of the staff group. Staff are particularly committed to maintaining links with the local community and raising funds to ensure that residents have the opportunity to participate in a variety of internal and external activities and entertainment.

Previous recommendations carried forward:

- 1. The ratio of seven double to seven single rooms is well above the recommended level of one double to eight single rooms. Confirmation is required as to the Owner's plans to reduce these numbers over an agreed period.**
- 2. The unfinished frontage on the radiator covers should be completed expeditiously.**
- 3. Thermostatic control valves require to be fitted to individual taps where residents access hot water.**
- 4. It is recommended that a bath lifting aid be provided in the upstairs bathroom**
- 5. It is recommended that all parties address the reported tensions between the owner and the staff group in a professional and open manner.**

Further recommendations

- 1. Fire records should include an accurate and up dated record of fire drills and fire equipment maintenance checks.**
- 2. An industrial sized washing machine with sluice cycle must be in place and operational within 4 weeks of the issue date of this report.**
- 3. Cleaning materials should be securely stored in a locked area.**
- 4. The rodent trap on the floor of the upstairs toilet should be removed immediately**
- 5. The areas detailed in Quality of Physical Environment, Standard of Building Maintenance (6b) should be addressed**
- 6. Residents should sign their care plan whenever possible.**
- 7. Confidential information should not be discussed inappropriately with others.**

Commendations

The manager and staff are commended for the continued improvement made in the care planning process.

The manager and staff are commended for developing and maintaining links with the local community and their fund raising activities for the benefit of

residents.

LEAD INSPECTOR: Mina Cassidy

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA