



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

Riverside Centre

Date of Inspection: 1st February 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: Riverside Centre

LOCATION OF ESTABLISHMENT: Cumnock Academy Campus
Cumnock

MANAGING ORGANISATION: East Ayrshire Council

CATEGORY (as per Registration): N/A

**MAXIMUM NUMBER OF RESIDENTS
TO BE ACCOMMODATED (as per Registration):** 75

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

NATURE OF INSPECTION Full Announced

INSPECTOR(S) PARTICIPATING: Mr George Stewart
Mrs Mina Cassidy

DATE(S) OF INSPECTION: 1st February 2001

DATE OF LAST INSPECTION REPORT: 9th February 1999

**FOR FURTHER INFORMATION ON
THIS ESTABLISHMENT CONTACT** Mr George Bowler
Riverside
Cumnock
01290 424446

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

**Riverside
1st February 2001**

Summary of Inspection

Riverside Resource Centre is a purpose-built centre for Adults with learning disabilities located within the grounds of a secondary school in Cumnock. A service is provided to 75 adults, 15 of whom are located mainly in a Special Needs Unit for people with profound or multiple disabilities. It is recognised that the area in which they are located is not currently ideal for this group of people. In addition, it is also recognised that the demand for a service for people with a greater degree of disability is likely to increase. Therefore staff are attempting to integrate people in the Special Needs Unit within the building as a whole. The total staff group are also committed to maintaining a pleasant, lively secure and safe environment and it would appear that the buildings are used to their maximum potential. There are however, a number of minor repairs required within the building that remain outstanding.

Improvements require to be made to case files to ensure a consistency of content and detail. Minor amendments are necessary in a number of other records either to improve the format or to change the content.

Although there is the need to carry-out some repairs to the fabric of the centre, inspectors were pleased to note considerable improvements to the safety of the environment. This includes the installation of an automatic toilet door and a tracking hoist in the assisted Shower Area.

Transport remains a significant concern for Service Users, carers and staff. It is hoped that improvements can be made to significantly reduce the travelling time that some Service Users are forced to endure.

Riverside is a well used resource. It has a pleasant atmosphere and Service Users appear to enjoy their time there. As noted throughout the report significant improvements are required in certain areas and inspectors anticipate positive action following the publication of this document.

Further recommendations

- 1. It is recommended that all working files should have an agreed contents list with all sections being completed to a competent standard.**
- 2. It is recommended that all back up files are maintained in better order with information following an obvious chronological sequence.**

3. It is recommended that where possible Service Users sign with a staff member to note a transaction relevant to them.
4. It is recommended that a new Fire Book/Record is brought into use at the earliest opportunity.
5. It is recommended that accident books be used either for staff or service users and not a combination of the two.
6. It is recommended that the unit recruits temporary/seasonal staff who might fill short-term vacancies to ensure service users receive the support they require.
7. It is recommended that a cohesive training plan is introduced as a matter of urgency.
8. It is recommended that the improvements made to the Reception and front hallway are extended to include other areas of the building.
9. It is recommended that Care Planning is reviewed with appropriate consideration given to Person Centred Plans or Essential Lifestyle Plans. This significant piece of work should be undertaken as a matter of priority.
10. It is recommended that transport arrangements are fully reviewed and as with other Centres changes are made to arrangements for the benefit of Service Users. A full response to their correspondence should be made as a matter of priority.

Commendations

The unit is commended for the significant improvements to the safety of the environment.

DETAILED INSPECTION FINDINGS

QUALITY OF RECORDS

1. Sampled Case Files

(a) Recommendations in last report

It is therefore recommended that the manager ensures that case files within the main unit are kept up to date and that recording is consistently done to an acceptable standard. In addition, it is recommended that a system be devised to draw together the overall activity records for each person on a regular basis to ensure a full picture of each person's ongoing needs and achievements.

(c) Progress & Additional Observations at this Inspection

Inspectors viewed 6 case files randomly selected by the management team. They are split into a working file and a back up file.

The working files are housed in new folders and should contain an Information sheet, an Activity sheet, a care plan and a Social/Background History. The files viewed contained incomplete information at best and in some instances whole sections were missing. There appeared to be no systematic approach to the maintenance of information with markedly different styles and attention to detail from file to file.

It is recommended that all working files should have an agreed contents list with all sections being completed to a competent standard.

The back up files contains past/present reviews, past care plans, assessments and other general information. They are not well maintained and are generally haphazard. **It is recommended that all back up files are maintained in better order with information following an obvious chronological sequence.**

2. Sampled Financial Records

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

All records viewed were well maintained with a double signature to record all transactions. Inspectors noted that there is no evidence of service users being involved in this process.

It is recommended that where possible Service Users sign with a staff member to note a transaction relevant to them.

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

(a) Recommendations in last report

It is recommended that Service Users receive a contract of service. The above recommendation has not yet been actioned and this should be addressed as a matter of priority.

(c) Progress & Additional Observations at this Inspection

Fire Records – There are updated records noting all requirements e.g. weekly training, induction training etc. The records are however becoming dishevelled and **it is recommended that a new Fire Book/Record is brought into use at the earliest opportunity.**

Medication – All medication records are well maintained and the storage arrangements adequate.

Accident Books – There are two accident books one for Service Users and one for staff. On inspection it was apparent that a number of entries had been made in the wrong book. In addition some entries appeared to describe “incidents” as opposed to “accidents.” **It is recommended that accident books be used either for staff or service users and not a combination of the two.**

Sickness Absence Records – These records are well maintained and also include details of training .

Complaints – Evidence viewed indicates that the complaints procedure is easy to follow and well maintained. There is evidence of use and appropriate resolution.

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

Each day before Service Users arrive staff hold a Daily Planning Meeting. This determines who will be deployed where and highlights significant events that will take place during the day. Staff location is not arbitrary and most will work with a key group. Sickness and holidays may mean that changes are required therefore the meeting is necessary and purposeful.

Staff meetings are scheduled monthly. Minutes viewed indicate that a range of varied, pertinent topics are discussed.

Notes are maintained on the progress of Service Users. There is little uniformity about either the frequency or context of entries. This issue should be addressed

and staff encouraged to make regular contextual notes. (see care planning)

Some Service Users have a diary that moves daily between the home and the centre. Staff indicates that where used the diaries provide a useful link with parents/carers.

2. Staffing Levels

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

A recommended ratio of (1:9) one Staff to nine service users and (1:3) in the Special Care Unit can be maintained when there is a full staffing compliment. This does not account for sickness and all holidays. If Service Users are to participate in a programme of activities and pursuits designed to meet their needs, gaps in staffing levels require to be filled. **It is recommended that the unit recruits temporary/seasonal staff who might fill short-term vacancies to ensure service users receive the support they require.**

3. Staff Training and Qualifications

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

There is no organised training record or plan. Some training has taken place and as stated this is recorded on sickness absence records. The centre would benefit from a training audit, Personal Development Plans for all staff and a centrally held training record. **It is recommended that a cohesive training plan is introduced as a matter of urgency.**

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

There remains a significant lack of storage space in the Special Needs Unit. **Previous recommendations about storage should be addressed.**

2. Heating levels (including water temperature control)

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

Heating levels and water temperatures were within acceptable limits. Inspectors did note however, that the large sky-light above the dining area remains uncovered. This will account for an uncomfortably warm atmosphere during the summer months. The manager did indicate that this issue would be addressed in the near future.

3. Hygiene and cleanliness

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

The unit appeared clear throughout.

4. Safety of the environment

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

There have been significant developments in this area since the last inspection. An automatic toilet door has been installed, a tracking hoist is located in the Ardu shower area and improvements have been made to arrangements for entering and leaving the Jacuzzi. **The unit is commended for the significant improvements to the safety of the environment.**

5. Fabric and decor standards

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

The fabric and décor of the Special Needs Unit requires upgrade.

The entrance, reception and front hallway have all been improved and look impressive. Other areas such as the walkway to the Special Needs Unit are stark and institutional. **It is recommended that the improvements made to the Reception and front hallway are extended to include other areas of the building.**

6. Standards of building maintenance

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

Inspectors noted that there are still a number of ceiling tiles in need of repair or replacement throughout the Centre.

QUALITY OF CARE ARRANGEMENTS

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

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

Transport remains a significant problem (see user/carer issue)

Inspectors examined 6 Care Plans and found little similarity in content. There is no set format for setting out appropriate plans of care and little or no reference to other methods of recording information e.g Daily Notes. Each worker appears to have to develop their own individual format based on limited supporting information. A fundamental review of how needs are assessed, how goals are set and how achievements or changes are recorded is required.

It is recommended that Care Planning is reviewed with appropriate consideration given to Person Centred Plans or Essential Lifestyle Plans. This significant piece of work should be undertaken as a matter of priority.

2. Quality of Menus and Catering arrangements

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

Menus provide an appropriate level of nutrition and choice. Service users are able to express particular likes and dislikes and order alternates if appropriate.

3. Quality of activity programmes

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

Each service user has an individual activity programme. This includes a range of individual and group activities based within the centre and in the wider community.

Some activities planned or otherwise appear at times to be limited because of staffing levels. All efforts must be made to ensure disruption is kept to a minimum.

INSPECTORS FINDINGS ON OTHER VIEWS

1. Staff views expressed

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

Inspector spoke with a number of staff on a formal and informal basis. In addition a number of confidential questionnaires were returned.

Most staff indicated that working with service users was extremely satisfying. Some expressed concern about staffing levels particularly if someone is off sick or on training. They state that this can mean a change in work location for them and or a change in activity for some Service Users.

Kitchen staff expressed concern about the service hatch which they state is totally inadequate for servicing the number of meals that are required on a daily basis.

Some staff went out of their way to express support for the management team who they indicate are always willing to listen and offer advice.

Inspectors asked specifically about Care Planning and although staff are aware of what they should be doing they expressed frustration about a lack of guidance and information.

2. User/Carer views

(a) Recommendations in last report

(b) Progress & Additional Observations at this Inspection

Inspectors did not speak with Service Users in a formal sense as part of this inspection. It was agreed that an appropriate forum to do this would be The Clients Council Meeting. It is hoped that an invitation to a fourth coming meeting will arrive soon.

A number of Service Users spoke to Inspectors informally during their visit. All expressed or appeared to enjoy their time at the centre.

Inspectors examined minutes from the Client Council Meetings and viewed correspondence particularly about transport. This was a recurring theme throughout the visit. The time taken to transport some Service Users to and from the Centre is totally unacceptable. Efforts have been made in specific circumstances to reduce this time but for many it is still far too long. In addition the availability of buses/drivers during the day to transport Service Users to activities such as Hydrotherapy is unreliable. **Inspectors note that two letters that have been forwarded to Sections responsible for transport have not been answered.**

It is recommended that transport arrangements are fully reviewed and as with other Centres changes are made to arrangements for the benefit of Service Users. A full response to their correspondence should be made as a matter of priority.

LEAD INSPECTOR:

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

AGENDA

SIGNATURE: _____ **Date** _____