



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

Affleck House

15th November 2000

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

NAME OF ESTABLISHMENT: Affleck House

LOCATION OF ESTABLISHMENT: Sorn Road
Auchinleck
KA18 2HN

MANAGING ORGANISATION: East Ayrshire Council

CATEGORY (as per Registration): Elderly male and female,
residential and day care

**MAXIMUM NUMBER OF RESIDENTS
TO BE ACCOMMODATED (as per Registration):** 28 residential
8 day care

**NUMBER RESIDENTS/ATTENDING
AT TIME OF VISIT:** 25 + 2 respite

NATURE OF INSPECTION Full announced

INSPECTOR(S) PARTICIPATING: Mina Cassidy
Isobel Dawson

DATE(S) OF INSPECTION: 15th November 2000

DATE OF LAST INSPECTION REPORT: 13th March 2000

**FOR FURTHER INFORMATION ON
THIS ESTABLISHMENT CONTACT** Rosemary Robertson, Manager
Tel. 01290 420902
Margaret Richmond, Service
Officer. 01563 576984

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 well managed and hold a range of relevant information, held within ring binder folders. These folders are divided into several sections and include an index to the front for easy reference.

2. Sampled Financial Records

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The record of residents' finances is well organised and easy to follow with appropriate cross-checks in place. All sources of income are listed i.e. personal allowances and additional sums received from families. Details of expenditure are included and are accompanied by signatures from two members of staff and, whenever possible, the relevant 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 are detailed and well managed and show that all checks are carried out as required. Equipment such as the alarm system, control panel and batteries are serviced on a regular basis.

The fire register also includes :-

- a copy of East Ayrshire Councils' Fire Procedures
- a floor plan of the building highlighting specific zones, fire doors and equipment.
- an up to date list of residents and room numbers with quick reference information such as Next of Kin and General Practitioner.
- a record of Day Care service users including a register of service users/staff and visitors in the building on that day.

Medication Records are completed diligently and include the required signatures and the appropriate codes.

Accident/Incidents are recorded in two separate systems for residents and staff. Residents' accidents are recorded in a normal stationary office book which is well laid out and easy to follow. Personal Injury reports are completed for both residents and staff and a copy retained on file.

Admissions/Discharge records are held in a loose-leaf folder that is organised, and up to date.

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

Not examined as part of this inspection although the inspectors noted a list of pre-arranged dates for full staff meetings, and senior staff meetings on the office wall with an invitation to staff to contribute to the agenda.

2. Staffing Levels

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Rotas show that there are three care staff (one a senior care officer) on early and late shifts. There are two care officers on duty on night shift including a 'sleep-over' senior care officer. The Manager is mostly on duty 9am to 5pm Monday to Friday however, the rota shows that the manager is occasionally on duty as the 'acting senior on shift' to cover for holidays or absence.

3. Staff Training and Qualifications

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(b) Additional Inspectors observations at this Inspection

	Management	Care Staff	Domestic Staff
Induction		2	
Lifting & Handling			
Fire Safety			
Food Handling			
SVQ	1	2	
SVQ D33		1	
SVQ D34	1		
Dementia	1	11	
Counselling	1		
Human Development		1	
Supervision		1	
P.C.P		1	
CU7		2	
Report Writing		1	
ServiceUser Involvement		1	
First Aid		1	
Health & Safety		1	
Medication		6	
Managing Contenance		6	

The Unit Manager and External Managers are commended for the quantity and range of training provided for 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

Inspectors' note that the handrail in the corridor outside the laundry rooms is being used to hang clothes.

It is recommended clothes should not be hung over the handrail in the corridor and an appropriate alternative made available within the laundry.

Corridors should be kept clear at all times.

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

Thermostatically controlled valves are fitted to hot water outlets and radiator covers are fitted to radiators.

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 was clean and fresh throughout

4. Safety of the environment

(a) Recommendations in last report

The completion of the work detailed in this section in the Inspection of 13.3.00 will be reviewed at the next inspection

(b) Findings at this Inspection - Progress

Radiator covers and thermostatically controlled valves have now been fitted.

Locks still require to be fitted to 50% of the bedrooms. The Manager informs inspectors that these are on order however, a manufacturing problem has caused a delay.

It is recommended that appropriate locks are fitted to bedroom doors and the anticipated date for this work to be completed is stated in the action plan.

(c) Additional Inspectors observations at this Inspection

It is noted from the Environmental health report of 28.7.00 that the following recommendations remain out standing :-

- Shelving Unit in food stores require to be painted/varnished.
- Eggs should be refrigerated as room temperature is too high due to poor ventilation.

The cook informs inspectors that due to the insufficient refrigeration space available in the Unit she is unable to store eggs in the refrigerator as instructed. She also informed inspectors that the poor ventilation may be caused by the recent installation of a new 'cooker hood', which is blocking the extractor fan originally in place and thereby reducing its efficiency.

It is recommended that a larger or an additional refrigerator is supplied and the cause of the poor ventilation is investigated and rectified.

It is also noted that the wash hand basin has been removed from the kitchen following the installation of new equipment.

It is recommended that a wash hand basin be fitted in the kitchen as a matter of priority.

5. Fabric and decor standards

(a) **Recommendations in last report**

None

(b) **Findings at this Inspection - Progress**

(c) **Additional Inspectors observations at this Inspection**

The recently constructed conservatory entrance provides an additional seating area with a pleasant outlook and greatly enhances the entrance foyer of the Unit in addition to the overall look of the building.

6. Standards of building maintenance

(a) **Recommendations in last report**

None

(b) **Findings at this Inspection - Progress**

(c) **Additional Inspectors observations at this Inspection**

See Quality of Physical Environment 4 (c)

QUALITY OF CARE ARRANGEMENTS

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

(a) **Recommendations in last report**

The completion of Resident's Contracts should be expedited

(b) **Findings at this Inspection - Progress**

Residents' Contracts are still not in place, however, the manager and external manager state that the introduction of individual contracts for residents is imminent.

It is recommended that residents should have individual contracts and a date for this should be indicated in the action plan.

(c) **Additional Inspectors observations at this Inspection**

Individual residents' care plans include;

- a contents sheet
- a permanent admission check list
- a front sheet with the residents' name with a photograph and the name of the keyworker.
- A resident's profile giving quick reference information such as next of kin and general practitioner.
- moving and handling risk assessment
- daily report
- medical report
- care plan which included physical, emotional, social, medical spiritual and cultural needs and choices and preferences.

Care plans are detailed and reflected the holistic needs of residents'. Each care plan was reviewed appropriately and included aims and objectives in addition to highlighting areas for development.

Staff are commended for the quality of residents' care plans

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

Menus appear to offer residents a nutritional diet. There are theme days i.e. Chinese and Italian in addition to a 'choice day' when residents can order anything of their choosing. It is noted that the menu includes a three-course lunch with choices of main course, but the tea menu shows a limited range of choices, none of which appear to be substantial. Sandwiches are available at supper time together with other snacks of the resident's choice.

It is recommended that menus should include all choices available for meals and snacks.

3. Quality of activity programmes

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The range and frequency of activities recorded in the Activity Diary is very poor. Throughout the month of October the six recorded activities provided little in the way of stimulating, imaginative or entertaining activities. Inspectors noted that an activity was taking place during the inspection and the previous unannounced evening inspection report (13.3.00) made reference to "the buzz and sense of activity" in the Unit.

It is recommended that the programme of activities be reviewed and an accurate record of the type of activity and the participants maintained.

INSPECTORS FINDINGS ON OTHER VIEWS

1. Staff views expressed

(a) Recommendations in last report

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Five questionnaires were distributed to staff of which four were returned. They stated that they were kept up to date with what was happening in the Unit. They each stated high levels of job satisfaction relating to the direct care of residents. One member of staff felt under valued as a care worker and referred to not always being given opportunities for training. They each made comments about the need for more staff in order to give residents more individual quality time.

2. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Five questionnaires were distributed to residents all of which were returned. In addition inspectors spoke to three residents on the day of inspection. Residents commented that they were made to feel very welcome by staff when they first arrived in the Unit. Their views are taken into account by staff and they are able to make suggestions and comments about the running of the Unit. They were given the opportunity to bring with them some small items of furniture and could decorate their rooms to their own taste. Particular comments were made about the high quality of care received from staff and the 'good company' in the unit. One resident commented that she did not like men being able to walk into her room. This has been discussed with the staff in the Unit and appropriate measures have been taken to address this issue.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

**Affleck House
15th November 2000**

Summary of Inspection

Affleck House is a purpose built residential establishment that is owned and managed by East Ayrshire Council. The unit was originally opened around 1974 and was upgraded in 1996. All users have single accommodation, with twenty-six permanent, two respite and eight Day Care places.

The unit is on one level with easy access around all the facilities. The recently completed conservatory entrance has provided additional seating with a pleasant outlook. This has greatly enhanced the homely and comfortable environment of the foyer area, which is very popular with residents.

The Staff, Management and The Council continue to make improvements to the building, décor and furnishings in the Unit. However, some areas require further work in particular the kitchen.

It is noted during this inspection that the range and variety of activities available to residents and requires to be reviewed. A review of the Unit's menus is also required to ensure a more substantial and nutritional choice for residents, particularly at tea time.

Inspectors have commended External Managers and the Unit Managers for the range of training provided for staff. Staff are also commended for the quality of residents' care plans which are insightful and continue to indicate that staff are sensitive and responsive to user's needs.

Previous recommendations carried forward:

1. It is recommended that appropriate locks are fitted to bedroom doors and the anticipated date for this work to be completed is stated in the action plan.
2. It is recommended that residents should have individual contracts and a date for this should be indicated in the action plan.

Further recommendations

1. It is recommended clothes should not be hung over the handrail in the corridor and an appropriate alternative made available within the laundry.
2. It is recommended that a larger or an additional refrigerator is supplied and the cause of the poor ventilation is investigated and rectified.
3. It is recommended that a wash hand basin is fitted in the kitchen as a matter of priority.
4. It is recommended that menus should include all choices available for meals and snacks. In addition the dishes available at teatime should be reviewed to ensure that appropriate choices of cooked alternatives are available.
5. It is recommended that the programme of activities be reviewed.

Commendations

The Unit Manager and External Managers are commended for the quantity and range of training provided for staff.

Staff are commended for the quality of residents' care plans

LEAD INSPECTOR: Mina Cassidy

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____