



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

BUTE HOUSE

**Date of Inspection:
26th September 2000**

W.J. Duncan
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East Ayrshire Council
Social Work Department
Council Offices
Lugar
CUMNOCK KA18 3JQ

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INSPECTION INFORMATION

NAME OF ESTABLISHMENT: Bute House

LOCATION OF ESTABLISHMENT: Barrhill Terrace
Cumnock

MANAGING ORGANISATION: Wood Road Care Ltd

CATEGORY (as per Registration): Elderly Male and Female

**MAXIMUM NUMBER OF RESIDENTS
TO BE ACCOMMODATED (as per Registration):** 10

**NUMBER RESIDENTS/ATTENDING
AT TIME OF VISIT:** 4

NATURE OF INSPECTION Announced

INSPECTOR(S) PARTICIPATING: Mina Cassidy
Isobel Dawson

DATE(S) OF INSPECTION: 26th September, 2000

DATE OF LAST INSPECTION REPORT: 30th April, 1999

**FOR FURTHER INFORMATION ON
THIS ESTABLISHMENT CONTACT** Mary G Kerr
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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 contain relevant information which includes a profile sheet, pre-admission assessment, moving and handling assessment, activities of daily living assessment, care plan, record of doctor's visits, Review paperwork and daily notes.

Files are organised to an acceptable standard however, it is suggested that inclusion of file dividers would enhance the layout and allow quick easy reference to specific information.

2. Sampled Financial Records

1. Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Records are detailed and accurately maintained. Some residents choose to manage their own personal finances with assistance available from staff if required.

It is noted that members of the staff group are involved in fund raising activities for the benefit of the residents. There are no formal records available which detail the amount of funds presently available, what purchases have been made from these funds, who decides which purchases are made and if residents and/or carers are involved in this process

It is recommended that a formal record of fund raising activities and purchases is established. In addition, a system should be in place which records how residents and/or carers are consulted when deciding how these funds are spent.

Staff are commended for the extra time and effort they put into activities to raise funds for residents.

3. Other records including specific comment on Fire Safety records and Medication records
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(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Fire Records: are well maintained with appropriate checks and maintenance carried out as required.

It is recommended that as a year has elapsed since the last evacuation fire drill this should take place in the near future.

Accident Reports: as previously found, the system in place includes individual reports and a cross-referenced record book that informs the monthly audit. However, the 'prevention' column previously suggested by inspectors has not yet been included. This would provide staff with the appropriate instructions and action to be taken to help avoid a reoccurrence. It is also noted that there is not a separate system for recording staff accidents.

Rotas: Indicate that there are adequate staff on duty to meet the care needs of residents. The rotas inspected are poor quality photocopies which do not display the information clearly therefore making them very difficult to read, the documentation should therefore be upgraded

Medication Records: these are detailed and well maintained.

Admission and Discharges: records are well laid out and easy to follow.

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

Communication systems include shift changeover meetings, written notes giving up dated information for each individual resident at the beginning of each shift, a communications diary which records appointments and specific instructions/communications between staff and monthly staff meetings. Staff also have access to written procedures which ensures that information is processed efficiently.

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 sufficient staff on duty to meet the needs of residents.

3. Staff Training and Qualifications

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

	Management	Care Staff	Domestic staff
Induction		2	1
Lifting/ handling	2	2	1
Fire Safety	2	5	10
Food Handling			4
SVQ		1	
Dementia Care		4	

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**

It is noted by inspectors that in inclement weather, clothes which are unsuitable for tumble drying, are hung in the staff cloakroom to dry off, with plastic sheeting placed on the floor to protect the carpet when clothes require to be drip dried. It is the opinion of the Inspectors that as there is no ventilation in this room it is unsuitable for this purpose. In addition as this room is registered as a staff cloakroom it should not be used for this secondary purpose.

It is recommended that the staff cloakroom is not used for drying laundry.

2. Heating levels (including water temperature control)

(a) **Recommendations in last report**

The thermostatic controls in all areas where residents have access to hot water should be checked.

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

Checks are carried out on a weekly basis and adjustments made, if necessary, to the main thermostatic control thereby ensuring that the safety of water temperatures.

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

The areas visited during this inspection were heated to an acceptable temperature.

3. Hygiene and cleanliness

(a) Recommendations in last report

It was noted that electric fans in toilets had been switched off. As the only source of ventilation in internal toilets these fans must be in use.

Open storage in toilets of skin medication creams, rubber gloves and toilet utensils are both institutional and unsafe. Adequate enclosed storage units should be available.

(b) Findings at this Inspection - Progress

The inspectors noted that electric fans were switched on and operational. Appropriate enclosed storage units are also now in place.

(c) Additional Inspectors observations at this Inspection

During this inspection the Unit appeared to be clean and fresh throughout.

4. Safety of the environment

(a) Recommendations in last report

The hair-showering equipment used by the hairdresser, which consists of a rubber shower being attached to the hot and cold tap of the bath, is considered unsuitable. If the present accommodation is to continue in use then a thermostatically regulated shower should be fitted.

(b) Findings at this Inspection - Progress

The rubber shower hose continues to be used.

This equipment is unsuitable and should be replaced with an thermostatically regulated shower as a matter of priority.

It is understood that there are plans to change the toilet door adjacent to the smoke room to a sliding door.

It is recommended for safety reasons that a sliding door be fitted to the entrance to the toilet adjacent to the smoke room. The registration officers will liaise with Health Board Inspectors to ensure that consistent advise is being given on this matter.

(c) Additional Inspectors observations at this Inspection

Inspectors were informed that plans are in hand to provide an enclosed safe garden area for users. At present the grassed area is interspersed with concrete, a requirement which allows for access of emergency vehicles to an adjacent railway line. In addition there is a very steep banking on the perimeter of this area.

The planned enclosed garden should be expedited.

See also Compliance with Space Standards1 c

5. Fabric and decor standards

(a) Recommendations in last report

It was noted that some dining room chairs had loose joints, these chairs should be repaired or replaced.

(b) Findings at this Inspection - Progress

Dining room chairs have now been replaced. However, the choice of replacements, although practical, neither match the surrounding décor nor enhance the residents living environment.

(c) Additional Inspectors observations at this Inspection

It is noted by inspectors that the crockery being used by the residents is of a very poor quality with many items chipped and cracked.

The crockery used by individual residents should be matching and not easily chipped.

6. Standards of building maintenance

(a) Recommendations in last report

Some attention is required to the loose flooring on the upper stairs corridor.
The driveway from the entrance to the front door of the Unit is pot holed and in need of repair.
It is noted that the sign at the entrance to the Unit refers only to Nursing Home Registration

(b) Findings at this Inspection - Progress

- The flooring on the upper floor of the Unit remains noisy when walked on and requires attention.
- The condition of the driveway from the entrance to the front of the Unit continues to deteriorate as a result of insufficient maintenance.
- The Manager informed inspectors that one of the signs at the entrance to the Unit includes reference to East Ayrshire Council and the Units' Residential status. However, this information is not clearly visible and cannot be easily read.

The above recommendations are reiterated. In particular work on the driveway should be completed as a matter of urgency.

(c) Additional Inspectors observations at this Inspection

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

2. Additional Inspectors observations at this Inspection

Individual care plans are reviewed at regular intervals and take account of residents changing needs. Residents are encouraged to sign their care plans whenever possible.

Inspectors note some inconsistency in the standard of recording of care plans and this should be addressed in a programme of staff training. It is also noted that, the layout and design of the care plans are such that the information, in relation to the assessed needs, action and goals, cannot be easily distinguished. It is therefore suggested that the layout of careplans be reviewed.

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 operate on a four-week cycle and provide residents with a nutritious and varied diet.

3. Quality of activity programmes

(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

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

Five questionnaires were distributed of which three were returned. Comments were generally positive although some comments were made regarding the need to upgrade the décor and some carpets in the Unit.

2. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(d) Additional Inspectors observations at this Inspection

Five questionnaires were distributed of which three were returned. One resident felt that there was not enough information given about the Unit prior to admission. They all found the unit comfortable and clean although two stated that the Unit was too warm at times. There are no obvious house rules and they can choose when to get up and go to bed, can make suggestions for inclusion on the menu, can have a bath whenever they choose and, can enjoy the privacy of their own room. They all stated that they enjoyed their food and the feeling of being safe and cared for.

The one relative who responded to the questionnaire stated satisfaction with the standard of care provided by staff and stated particular appreciation for their hard work and patience.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

**Bute House
26th September 2000**

Summary of Inspection

Bute House was purpose built as a Nursing Home in 1994 and was Registered with East Ayrshire Council in September 1998 for a maximum of 10 residential clients, having been previously Registered as a Nursing Home with Ayrshire & Arran Health Authority. The Unit is now jointly Registered, for a maximum of 29 residents, which includes the 10 residential places.

The unit is situated on the edge of Cumnock town. The design of the building allows for all public rooms to have views on to the open countryside. All residential clients are accommodated in rooms with en-suite facilities.

All records including fire, accident, medication, financial are maintained to a high standard. There is some inconsistency in the standard of recording in care plans.

Although most of the recommendations in previous reports on building standards have been dealt with, reference is again made to the lack of suitable equipment used by the hairdresser and the poor condition of the drive leading to the Unit.

Staff, residents, relatives and other professional staff providing services in the unit spoke highly of the level of care and attention being given and received.

The Manager and staff in Bute House continue to be committed to developing the range of services offered to all their residents and are clearly making efforts to provide an holistic, personalised individual package of care for their residential clients. Relevant staff supervision and training is in place and all staff are encouraged to continue their training and development programme.

Previous recommendations carried forward:

1. The hair-showering equipment used by the hairdresser is unsuitable and could prove hazardous. The minimum of a thermostatically controlled shower should be fitted as a matter of urgency.
2. Attention is required to the noisy flooring on the upper stairs corridor.
3. Urgent repair is needed to the access driveway which is used for all visitors to the unit.
4. The signs at the entrance to the grounds should more clearly indicate the joint registration status of the unit.

Further recommendations

1. The systems for recording accidents should be include a “prevention” column.
2. The planned enclosed garden should be expedited.
3. The staff cloakroom should not be used for drying laundry.
4. It is recommended for reasons of safety that a sliding door be fitted to the entrance to the toilet adjacent to the smoke room, however this recommendation will be finally confirmed following consultation between Local Authority and Health Board Inspectors and no remedial action is required in the interim.
5. The crockery used by individual residents should be matching and not easily chipped

Commendations

Staff are commended for the extra time and effort put into raising funds for residents.

LEAD INSPECTOR: Mina Cassidy

SIGNATURE: _____ **Date 19th October 2000**

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____