

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

DEAN HOUSE

Date of Inspection: 9 & 15 March 00

**W.J. Duncan
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INSPECTION INFORMATION

| | |
|--|---|
| NAME OF ESTABLISHMENT: | Dean House |
| LOCATION OF ESTABLISHMENT: | 74 Beansburn Road Kilmarnock KA3 1RN |
| MANAGING ORGANISATION | Owned by Mrs W Welsh |
| CATEGORY (as per Registration): | Elderly |
| MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration): | 15 15 |
| NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT : | 14 |
| NATURE OF INSPECTION: | Short, focused, and unannounced |
| INSPECTOR(S) PARTICIPATING: | Mrs Isobel M Dawson |
| DATE(S) OF INSPECTION: | 9 & 15 March 00 |
| DATE OF LAST INSPECTION REPORT: | 13 May 1999 |
| FOR FURTHER INFORMATION ON 536590 THIS ESTABLISHMENT CONTACT | Mrs W Welsh tel: 01563 01563 536590 |

QUALITY OF RECORDS

1. Sampled Case Files

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

Four users files were examined. Three contained excellent, detailed Social Work Community Care Assessments that informed the initial care planning. These care plans were updated following the initial review and were noted to take a holistic view of the resident's care requirements.

The assessment of need took account of residents' wishes and aspirations and included detailed, sensitive descriptions of how these could be met.

(c) Additional Inspectors observations at this Inspection

None

2. Sampled Financial Records

(a) Recommendations in last report

It was recommended that the arrangements for banking residents' money be reviewed with the Registration Officer.

(b) Findings at this Inspection - Progress

This recommendation referred to the responsibility accepted by the unit for the management of one resident's finances. Circumstances changed soon after with the person no longer resident in the unit. The unit does not now manage any resident's finances.

(c) Additional Inspectors observations at this Inspection

None

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

Not inspected during this short, focused inspection

(c) Additional Inspectors observations at this Inspection

None

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

Daily notes are detailed and inform monthly summaries. Verbal reports are made at the beginning of each shift.

Regular formal and informal opportunities are in place for the sharing of information.

All staff receive appropriate supervision and annual appraisals.

(c) Additional Inspectors observations at this Inspection

None

2. Staffing Levels

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

Rotas show that appropriate levels of staff are available on each shift. In addition an extra member of staff has recently been employed on a temporary basis to meet the particular needs of a user.

(c) Additional Inspectors observations at this Inspection

Management is commended for increasing their staffing in order to meet the short-term additional needs of a user.

3. Staff Training and Qualifications

(a) Recommendations in last report

None

(b) Findings at this Inspection – Progress

| | Management | Care Staff | Domestic staff |
|----------------------------------|-------------------------|------------|----------------|
| Induction | | 4 | |
| Fire Safety update | all | all | all |
| SVQ | 1 completing level 3 | | |
| Nutrition & dysphagia | 2 | | |

An external Lifting and Handling Co-ordinator is presently arranging training for all staff.

- (c) **Additional Inspectors observations at this Inspection**
None

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

- (a) **Recommendations in last report**
None

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

The unit has nine single and three double rooms which is above the present recommendation of eight single to one double room. The Manager confirms that she is proposing reducing the number of double rooms by one in the future.

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

2. Heating levels (including water temperature control)

- (a) **Recommendations in last report**
None

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

The unit appeared warm and comfortable throughout. Water temperatures were not tested.

- (c) **Additional Inspectors observations at this Inspection**
None

3. Hygiene and cleanliness

- (a) **Recommendations in last report**
None

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

The standard of housekeeping appeared to be high and the unit appeared clean and fresh throughout.

- (c) **Additional Inspectors observations at this Inspection**
None

4. Safety of the environment

- (a) **Recommendations in last report**
None

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

Not inspected during this short focused inspection. However, there were no obvious hazards seen during the Inspection.

- (c) **Additional Inspectors observations at this Inspection**
None

5. Fabric and decor standards

- (a) **Recommendations in last report**
None

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

All outstanding minor repairs noted at the time of the last inspection had been completed expeditiously. In addition the flooring on the upstairs shower room had been replaced.

- (c) **Additional Inspectors observations at this Inspection**
None

6. Standards of building maintenance

- (a) **Recommendations in last report**
None

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

Not inspected in detail during this short, focused inspection. It was confirmed that there are no major maintenance requirements outstanding.

- (c) **Additional Inspectors observations at this Inspection**
None

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**

Four care plans were examined in detail. All were detailed and took a holistic view of users needs. It was clear that the user was involved in planning how their care needs should be met. Care plans are updated regularly and are regularly viewed by the Carer's line manager.

Reviews are held regularly and are normally attended by the user's representative.

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

There was a high standard of care planning in the four records examined.

2. Quality of Menus and Catering arrangements

- (a) Recommendations in last report**
None
- (b) Findings at this Inspection - Progress**
Not examined during this short focused inspection.
- (c) Additional Inspectors observations at this Inspection**

3. Quality of activity programmes

- (a) Recommendations in last report**
None
- (b) Findings at this Inspection - Progress**
At the time of the last Inspection, the unit was commended for the value placed on activities in the unit, the variety available and the level of user participation. The activity programme was not examined during this short, focused inspection.
- (c) Additional Inspectors observations at this Inspection**
none

INSPECTORS FINDINGS ON OTHER VIEWS

1. Staff views expressed

- (a) Recommendations in last report**
None
- (b) Findings at this Inspection - Progress**
Five staff members completed confidential questionnaires and other staff were seen during the Inspection.
All staff expressed very positive views about their work in Dean House. They feel valued and supported and consider that their views and opinions are listened to and responded to.
All care staff have keyworker responsibilities; adequate time is put aside to support users on admission and having adequate information about the user prior to their admission enhances their work.
All staff stated they have opportunities to undertake relevant training. All had seen copies of previous inspection reports.
- (c) Additional Inspectors observations at this Inspection**
None

2. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

In addition to two users being seen during the Inspection, five took time to complete the confidential questionnaires.

All referred to the good quality of the menus, their suggestions for meals are responded to and they had access to tea and coffee making facilities.

Users commented that their right to privacy is respected, they could lock their doors and spend time in their own rooms whenever they wished.

The standard of comfort within the establishment is considered good, housekeeping standards are high and the rooms are always warm and comfortable.

All users commented that they enjoyed a variety of leisure pursuits, that staff supported them in maintaining their links with family and friends and there are opportunities for sustaining their religious beliefs.

All users had seen previous Inspection Reports.

(c) Additional Inspectors observations at this Inspection

None

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

Unit Name Dean House
Date of Inspection 9 & 15 March 00

Summary of Inspection

Dean House is a privately owned establishment that is managed by the owner. The original Victorian house had an extension added in 1993 and can now accommodate 15 elderly persons. The house is situated on the main road leading out of Kilmarnock towards Glasgow. Public transport is readily available and the town centre is about one mile from the house.

This short, unannounced inspection focused mainly on the few recommendations of the previous Inspection report. During this Inspection it was noted that none of these recommendations were outstanding.

A Key Worker system is in operation in the unit, care staff are allocated time to manage this responsibility and to develop, maintain and review care planning with users. The standard of care planning is good.

Dean House continues to provide a high standard of care from a stable and enthusiastic staff group. Residents refer to the quality of their care, their surroundings and the opportunities they have for regular activities.

Previous recommendations carried forward:

None

Further recommendations

None

Commendations

Management are commended for increasing their staffing in order to meet the short-term specific needs of a user.

LEAD INSPECTOR: Mrs Isobel M Dawson

SIGNATURE: _____

Date 23rd May 2000

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____

Date _____

AGENDA