



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

Dunselma

**Date of Inspection:
7th September 2000**

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

NAME OF ESTABLISHMENT:	Dunselma
LOCATION OF ESTABLISHMENT:	55 Main Road Fenwick
MANAGING ORGANISATION:	Board of Responsibility Church of Scotland
CATEGORY (as per Registration):	Elderly
MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):	25 + 6 Day Care
NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT:	25 + 1 Day Care
NATURE OF INSPECTION	Unannounced
INSPECTOR(S) PARTICIPATING:	Mina Cassidy Isobel Dawson
DATE(S) OF INSPECTION:	7 th September 2000
DATE OF LAST INSPECTION REPORT:	2 nd March 2000
FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT	Miss Agnes Hannah Neil 01560 600218

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**

At the time of this inspection it is noted that the standard of residents files has deteriorated. The files are less organised and information contained in some of the front profile sheets is out of date.

It is recommended that residents files be organised and up dated as a matter of priority

2. Sampled Financial Records

(a) **Recommendations in last report**

None

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

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

At the time of Inspection the Administrator was not available to explain the system in place for the recording of resident's personal finances.

The Inspectors found the system of recording difficult to understand, lacking appropriate cross checks and tracking facilities. The present system would not enable residents to easily check their financial transactions.

It is recommended that the present system for recording residents' finances is reviewed.

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

(b) Additional Inspectors observations at this Inspection

Fire log – Fire records are detailed and all appropriate fire checks are carried out as required. A new fire log has recently been introduced in the Unit from 6th September 2000 with a new format and an additional section ‘taking account of requests from Fire Officers and inspections.

Accident Book – There is a separate system for recording accidents for residents and staff. The system used for recording residents accidents is detailed and up to date. The system used for recording staff accidents was not examined as part of this inspection.

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

It is noted that staff meetings take place approximately six weekly. In addition The Friends of Dunselma and Relatives Support Group meet on a monthly basis (bi-monthly over the summer).

Other communication systems in place include a Senior staff Report Book which gives a summary of events and happenings throughout the day and a Diary for appointments, dates of reviews and reminders for fire checks.

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 appropriate levels of care staff on duty on all shifts.

Two of the Team Leaders posts continue to be covered in an acting up basis due to one member of staff being secondment to other duties and another being on maternity leave. These acting up arrangements do not appear to have any adverse effect on the staff group as a whole.

3. Staff Training and Qualifications

(a) Recommendations in last report

None

(d) Findings at this Inspection – Progress

(e) Additional Inspectors observations at this Inspection

	Management	Care staff	Domestic staff
Induction	2	2	2
Lifting and Handling		3	2
Fire Safety	1	2	
Food Handling	1		2
SVQ	1(level 4)	2(level3)	

It was noted by inspectors that the Units Training Log recorded other staff training events in addition to that detailed above. It would be useful to have details of all staff training included with the action Plan following this inspection.

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

The private and public space available to residents meet with registration standards.

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

It is noted by inspectors that a small number of radiators still await the fitting of guards. It is also noted that the vertical heating pipes leading to radiators in the ground floor corridor are not fitted with appropriate heat resistant covers and therefore pose a risk to residents.

It is recommended that the remaining radiators are fitted with suitable guards and the vertical heating pipes leading to radiators in the ground floor corridor are fitted with suitable heat resistant covers as a matter of priority

3. Hygiene and cleanliness

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Although not inspected in detail as part of this inspection, the Unit appeared clean and fresh throughout

4. Safety of the environment

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

See 2 (c)

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 toilets and bathrooms, although decorated to the best possible standard within the limitation of the overall design, still require to be upgraded.

6. Standards of building maintenance

(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

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

(c) Additional Inspectors observations at this Inspection

Reviews – It is noted by inspectors that residents' reviews are carried out at least twice yearly. The format for minuting reviews is well laid out and provides information regarding the residents care needs and their preferred lifestyles. However, the quality of recording is not consistent and some have not been signed by the keyworker and/or the resident.

It is recommended that the keyworker and the resident or their representative sign all reviews.

Care Plans –Staff were unable to show inspectors care plans at the time of the inspection. It is the opinion of the inspectors that the presence of a distinct care plan provides a useful tool for staff to focus specifically on defining the holistic care needs of the residents. In addition this encourages residents to be actively involved in their care planning and reviews.

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 offer at least two choices at all meals and appear to provide residents with a well balanced nutritional 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

The Unit continues to offer resident a wide variety of activities and outings, which cover a range of interests. Recent outings have included the Safari Park and a trip to the Trossachs.

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. They each stated that they felt valued and that their views and opinions were listened to. They all had the opportunity to access appropriate training. One member of staff commented that there were inadequate arrangements in place to guarantee their safety.

2. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Residents' Questionnaires – Five questionnaires were distributed all of which were returned. Comments were generally positive. All stated that they were made welcome on their arrival and treated as individuals. They felt settled and safe and able to raise any complaints or issues if required. There are also enough opportunities for leisure time activities and events. Two residents stated that they could not always choose when they could have a bath and two residents stated that they could get upset by other residents' behaviour, although they recognised that these residents were confused.

Relatives' Questionnaires - Five questionnaires were distributed four of which were returned. Comments made were positive with two relatives making particular reference to the excellent care and attention provided by staff. One relative felt that residents' toilets were situated too far from the sitting room and dining room.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

Dunselma

Date of Inspection 7 September 00

Summary of Inspection

Dunselma is located in a large stone building on two floors. It has its own grounds in the conservation village of Fenwick allowing access to, and use of, local amenities.

It provides residential care for a maximum of 28 elderly residential and 6 day care users. Inspectors found that the Unit is efficiently managed and well staffed by a team that continues to demonstrate a high level of commitment to providing a caring environment.

During this inspection layout and organisation of case files was not to the previous high standard. Inspectors also noted that individual care plans were not in place for residents. However, other resident's records were well formatted and maintained appropriately.

Because of the age of the building, there have been a number of areas where work has been completed to ensure that residents have the privacy and dignity they have the right to expect in any residential establishment. Any recommended work has been carried out promptly by the organisation. Residents and relatives comment favourably about the comfortable and warm atmosphere within the home. This outweighs any difficulties caused by the age and design of the building.

The management and staff continue to strive to deliver good quality residential care within Dunselma. Although the dependency of residents within the unit is low compared to other similar units staff must continue to be aware of individuals' potential increasing needs.

Previous recommendations carried forward:

Further recommendations

1. Residents files should be organised and up dated.
2. The present system for recording residents' finances should be reviewed
3. Radiators require to be fitted with suitable guards. The vertical heating pipes leading to radiators in the ground floor corridor, should to be fitted with suitable heat resistant covers as a matter of priority
4. The keyworker and the resident or their representative should sign all reviews.

Commendations

The managing organisation is commended for their commitment to providing a high level of training.

LEAD INSPECTOR: Mina Cassidy

SIGNATURE: _____ **Date 16th October 2000**

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA