

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

GLEBE HOUSE

Date of Inspection: 22 AUGUST 00

**W.J. Duncan
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East Ayrshire Council
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INSPECTION INFORMATION

NAME OF ESTABLISHMENT: Glebe House

LOCATION OF ESTABLISHMENT: Dalmellington

**MANAGING ORGANISATION
Homes)** Country Care (Nursing

CATEGORY (as per Registration): Elderly

**MAXIMUM NUMBER OF RESIDENTS
TO BE ACCOMMODATED (as per Registration):** 9 residential and 5 social
day care out of an overall
total of 50 registered places

**NUMBER RESIDENTS/ATTENDING
AT TIME OF VISIT:** 8 residents

NATURE OF INSPECTION: Full announced

INSPECTOR(S) PARTICIPATING: Mrs Isobel Dawson
Mrs Mina Cassidy

Date of Last Inspections 10 & 14 June 99, 14 March 00

DATE(S) OF INSPECTION: 22 August 00

**FOR FURTHER INFORMATION ON
THIS ESTABLISHMENT CONTACT:** Mrs S Armour, Owner
tel 01292 551289

QUALITY OF RECORDS

1 Sampled Case Files

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The majority of case files were detailed and fully completed but a small proportion was not maintained to the same high standard.

Well-documented files contained a personal profile, social history with photograph, and an assessment, which contained helpful information including preferred physical environment, previous daily routine, hobbies, and interests together with a physical and emotional assessment. In these files care plans were dated and signed by staff.

Staff should be encouraged and supported in maintaining all files to the same standard. Whenever possible residents should sign their care plan, otherwise there should be an acknowledgement that they have been involved in the process.

2. Sampled Financial Records

(a) Recommendations in last report

The Organisation lacks a proactive approach in enabling residents to take part in external activities and for residents to get the most out of their personal allowances. Further consideration must be given to the most appropriate means of holding residents' savings.

(b) Findings at this Inspection - Progress

Following this recommendation, arrangements are now in place for residents to hold individual bank accounts. Other ways of empowering users to manage their own finances are determined wherever possible.

(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

(c) Additional Inspectors observations at this Inspection

Fire records checked indicated that appropriate testing of equipment; maintenance and proper checks are carried out at the required intervals. It is recorded that staff has been involved in fire lectures.

Medication records were not checked during this Inspection. A local Pharmacist is contracted to service the unit; this includes the provision of prescribed medication, regular checks of procedures and input to staff training.

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Staff meetings have been held at regular intervals throughout this year. Minutes confirm that a wide range of issues are covered and discussed in detail by a wide range of staff.

Communication and log books are used appropriately.

2. Staffing Levels

(a) Recommendations in last report

At the time of this Inspection it was noted that the shift pattern had changed, with staff working twelve-hour shifts. The current registration guideline states that staff should not normally work more than eight to ten hours per day and no significant changes to staffing should be made without prior agreement with the Registration Officer

In relation to night staff, it was stated that written agreements (with reference to the Working Time Directive) have been obtained from staff. However, Inspectors were not able to obtain sight of these agreements on this inspection.

(b) Findings at this Inspection - Progress

It is stated by the owner and manager that the change in shift pattern is working well and provides opportunities for staff to manage their childcare and home life with no detriment to the residents.

(c) Additional Inspectors observations at this Inspection

Checks indicate that the level of absence has fallen since the commencement of the new shift patterns. The Owner and Manager consider that these changes have benefited the both staff and residents, providing a dependable and consistent staffing group in the unit.

3. Staff Training and Qualifications

(a) Recommendations in last report

It is recommended that Food Handling training be prioritised for all care staff. It was thereafter stated that this was underway.

(b) Findings at this Inspection - Progress

It is noted that 3 management staff have attended Food Handling Training.

(c) Additional Inspectors observations at this Inspection

The need for all staff to be involved in Food Handling training is reiterated particularly in this unit where all staff have responsibility for serving food in the evening. It is noted that a proposed training plan indicates that there is a rolling programme for Food Handling training.

Confirmation is required when this training is expected to be completed for all appropriate staff.

There appears to have been a hiatus in training this year. The Owners and Managers state their commitment to ongoing training and it is the expectation of the Inspectors that opportunities for training will be offered to a wide range of staff over the next few months.

	Management	Care Staff	Domestic staff
Induction	1	0	0
Moving & handling	0	6	0
Fire safety	0	2	1
SVQ	0	0	0
Health & safety		2	
Customer Care		2	
Food Handling	3	0	0

The Manager indicated that there is a rolling programme in hand for Moving and Handling, Food handling, Customer Care, Fire Safety.

The organisation is an accredited centre for SVQ training providing two external verifiers. One member of staff in Glebe House is presently completing the Assessor's course.

It is understood that Training Records are held centrally in another unit and that these may show additional training given. It is recommended that individual units have copies of these records, thereby giving the manager access to all proposed and completed training.

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

(a) Recommendations in last report

The unit meets Registration requirements in private, shared and public areas.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

It is noted that one wing is out of use at present.

2. Heating levels (including water temperature control)

(a) Recommendations in last report

The date for completion of the required radiator covers should be negotiated with the Registration Officer.

(b) Findings at this Inspection - Progress

It is noted with concern that all radiators do not yet have covers.

(c) Additional Inspectors observations at this Inspection

A detailed audit of all radiators within the unit is required. The Inspection unit should then be notified of the number and situation of all radiator covers still outstanding, giving a date for the completion of this work.

3. Hygiene and cleanliness

(a) Recommendations in last report

The unit was again clean and hygienic throughout. As in the previous inspection, although the laundry was well equipped, there remained an issue of inadequate storage space for the needs of this and another two units.

It is recommended that this be addressed.

(b) Findings at this Inspection - Progress

Unchanged

(c) Additional Inspectors observations at this Inspection

No detailed inspection was carried out, the laundry was seen to be well equipped but it was noted that clothes being transferred to other units were carried in plastic bags. As this unit manage the laundry service for another two units, the management are asked to look at ways of transporting laundry that is more likely to maintain newly laundered and ironed appearance of the clothes. This issue will be reviewed at the next Inspection.

4. Safety of the environment

(a) Recommendations in last report

There were no issues noted where staff or resident safety was being compromised. It is recommended that a lock be put on the relevant bedroom door before any resident, including those on respite are admitted.

(b) Findings at this Inspection - Progress

It is noted that all rooms have been fitted with appropriate locks.

(c) Additional Inspectors observations at this Inspection

The management states that plans are in hand to fit locks during the winter maintenance programme. This will be verified at the next Inspection.

Some fire doors were seen to be wedged open during this Inspection. This practise impinges on the safety of the residents and must cease immediately.

5. Fabric and decor standards

(a) Recommendations in last report

It is accepted that although the area around the kitchen door is worn, the situation does not yet warrant a full replacement at this time. However, the standard of the unit's carpets should be subject to ongoing monitoring and replaced when it begins to affect resident's comfort.

A poster outlining nutritional guidelines for nursing staff was pinned onto the dining room wall. This should be taken down as it appears institutional.

(b) Findings at this Inspection - Progress

- Toilet – gold area: flooring in need of repair. Call aid cord requires extending. No radiator cover. Bathroom appears stark and used to store commode.
- Sitting room: no radiator covers. Carpet badly stained.
- Wood panelling covering pipes at toilet next to dining room is damaged
- Red Wing: Shower without edging strip. Damage to door where new handles have been fitted. Bathroom lacks homeliness
- Toilet: no toilet seat or toilet roll holder, room sparse damage to walls and door
- Throughout: scuff damage to walls and doors, likely to be as a result of wheelchair use. Repair and preventative measures required
- Carpets: a number of carpets throughout the unit have stretched which could prove hazardous

(c) Additional Inspectors observations at this Inspection

A detailed plan of action for the repairs and maintenance referred to in 5(b) is now required.

6. Standards of building maintenance

(a) Recommendations in last report

Inspectors noted a number of issues that should be addressed.

- Within the red wing toilet there was no toilet seat or lock on the toilet door. In addition, a number of lights were not in working order.
- There were a number of areas particularly within Gold wing where there were badly scored walls and doors caused by wheelchair damage.
- The springs on doors generally were tight causing the doors to bang shut when closed.
- The floor covering in the Gold Wing shower room was becoming shabby.
- There was no window restrictor in room 2.

The issues raised in this section should be addressed.

(b) Findings at this Inspection - Progress

- All lights are in working order. The toilet seat has been replaced.
- Unchanged
- Unchanged, It was noted that some fire doors were wedged open
- Unchanged
- Repaired

(c) Additional Inspectors observations at this Inspection

As stated in Fabric & Décor standards 5 (b) a detailed plan of action for outstanding repairs and maintenance is now required.

QUALITY OF CARE ARRANGEMENTS

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

(a) Recommendations in last report

Care Plans viewed were of a good standard. Reviews were up to date and minutes in good order. The meetings involved relatives when possible and there were good Action Plans devised from the meetings.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

On the whole care plans are of an acceptable standard, all were dated and signed by staff. Users should also sign their care plans whenever possible so as to indicate their involvement in the care planning process. Care plans are reviewed monthly.

2. Quality of Menus and Catering arrangements

(a) Recommendations in last report

Menus were appropriately drawn up and indicated choices at meals. Tea is at 4pm, there is another snack meal provided at 7pm by care staff and tea and biscuits, etc at 10pm.

It was recognised from the menu plans that residents are offered a good range of choices at meal times that appear to meet nutritional standards

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Menu

Breakfast	Porridge, cereal, fruit juice, toast & preserves
1000 hours	Tea, coffee, drink of choice, late breakfast, biscuits
Lunch	Casserole steak, macaroni ham pie, potatoes & vegetables; jam roll & custard, fresh fruit
1400 hours	Tea, coffee, home baking
Evening meal	Lentil soup, fruit juice. Assorted sandwiches, burgers & onions
1900 hours	Selection of home made teabreads, biscuits
2100 hours	Tea, coffee, hot milky drink, home baking

3. Quality of activity programmes

(a) Recommendations in last report

Each wing had a sheet outlining a number of activities during the day. It was also noted that an activity organiser comes into the unit two afternoons a week. On the day of inspection, it was noted that she was acting as a bingo caller for eight residents.

It was noted in the staff meeting minutes that activities are no longer possible in the evenings due to demands on staff time to provide personal care support.

It was also noted, as previously stated under the financial section, that there are few opportunities to leave the unit to participate in community based activities.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

An activity diary records social activities and events taking place within the unit. On the day of Inspection two activities were taking place in the main dining room. A number of residents were involved in this and appeared to be enjoying the experience.

A member of staff is employed to provide organised activities two afternoons each week. Care staff supervises other activities.

INSPECTORS FINDINGS ON OTHER VIEWS

1. Staff views expressed

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Staff covering different areas of responsibility completed five confidential questionnaires.

All appropriate staff had key worker responsibilities; the majority considered that sufficient time was set aside to welcome new residents and to help them settle into the unit. All felt that they had enough information about a user's past to enable them maintain their identity but felt that the "quality time" they could spend with residents was restricted because of the overall demands of the job. This "quality time" referred particularly to spending time on a one-to-one basis and on developing their interests and hobbies and building relationships. A proportion of staff felt that their complaints were not also listened to but all felt valued.

2. User/Carer views

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Residents completed two confidential questionnaires and four others took the opportunity to speak with the Inspectors.

All users spoke positively about the care and services they receive in Glebe House. They stated that their individual preferences were known and recognised and their right to privacy was acknowledged.

The quality and quantity of the food and the choices available was particularly referred to by one user, as was the caring staff.

It was noted that some resident's home base was a considerable distance from the Dalmellington. This did not appear to cause the resident any anxiety nor was it creating any particular difficulties for them at the present time.

Two relatives/carers confidential questionnaires were returned. Both stated that they considered their relatives to be well cared for by a very pleasant staff.

3. Professionals views

A Social Worker made very positive comments about the quality of care being offered their client. They considered that the staff were very caring and dedicated and could meet the particular needs of their client.

A medical practitioner stated that the home was well organised and patients well cared for.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

GLEBE HOUSE

DATE OF INSPECTION 22 AUGUST 00

Summary of Inspection

Glebe House is a purpose built unit set in the outskirts of Dalmellington. Recently the building of private housing and the removal of a work yard have enhanced the surrounding area and the unit is now more a part of a residential area.

The establishment is jointly registered by both East Ayrshire Council and Ayrshire & Arran Health Board. It is built on one level; there are adequate parking facilities and easy access to and throughout the building. All residents have their own bedrooms that are pleasant, bright and comfortably furnished. Most residents have taken the opportunity to personalise their rooms. There is adequate shared space throughout the unit.

Previous reports regarding the instability of the staff group and the rate of absences appears to have been overcome. The Management believe this to be the result of a negotiated new shift pattern.

Previous Inspections referred to a number of décor and building issues. Although some of these recommendations have been dealt with satisfactorily, a number remain outstanding and should be dealt with expeditiously.

Users, their relatives/representatives and others involved in their care, report that the staff team provides a good standard of care. Users confirmed that they are happy with the variety of food provided and their surroundings.

Previous recommendations carried forward:

- 1. It is noted that there is a rolling programme for Food Handling and confirmation is required when this training will be completed for all appropriate staff.**
- 2. A detailed audit of all radiators within the unit is required. The Inspection unit should then be notified of the number and situation of all radiator covers still outstanding, giving a date for the completion of this work.**

Further recommendations

1. A detailed plan of action for the repairs and maintenance referred to in Fabric & Décor Standards 5(b) is now required
2. Some fire doors were seen to be wedged open during this Inspection. This practice impinges on the safety of the residents and must cease immediately

LEAD INSPECTOR: Mrs Isobel M Dawson

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA