



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

**Unit Name
Hallhouse**

Date of Inspection: 9th February 2000

W.J. Duncan
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Social Work Department
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Lugar
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INSPECTION INFORMATION

NAME OF ESTABLISHMENT:	Hallhouse
LOCATION OF ESTABLISHMENT:	Main Road, FENWICK
MANAGING ORGANISATION:	Tamaris Scotland Ltd
CATEGORY (as per Registration):	Elderly Male/Female
MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):	13
NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT:	11
NATURE OF INSPECTION	ANNOUNCED
INSPECTOR(S) PARTICIPATING:	George Stewart Isobel Dawson Mina Cassidy
DATE(S) OF INSPECTION:	9 th February 2000
DATE OF LAST INSPECTION REPORT:	N/A
FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT	Mrs Mary Easterbrook 01560 600200 Mr Martin Kuhn 0141 842 1111

QUALITY OF RECORDS

1. Sampled Case Files

(a) Findings at this Inspection - Progress

Inspectors examined four case files during the course of this initial inspection. Each contained a range of documentation designed to ensure that information relevant to each individual resident is maintained and used to inform ongoing care plans. The documentation is however not maintained to a satisfactory standard. There are significant differences in the quality and quantity of recorded information which in turn is reflected in the standard of care planning. **It is recommended that the content of all case files be reviewed. In addition staff require urgent training to ensure they fully understand the importance of regularly recording and updating information.**

2. Sampled Financial Records

(a) Findings at this Inspection - Progress

The unit holds small amounts of money for each resident. All transactions are signed for by one member of staff. There are a number of residents who appear able to acknowledge receipt of money by signature and they should be encouraged to do so. Where this is not possible money coming in and going out should be accounted for by the signature of a second staff member. **It is recommended that all transactions be accounted for by two signatures. Where possible residents should be encouraged to participate in this process.**

3. Other records including specific comment on Fire Safety records and Medication records

(a) Findings at this Inspection – Progress

Fire- All necessary checks are carried out in a timeous fashion. Only one member of staff has yet to sign to confirm that they have read the units fire policy and viewed a fire safety video. This should be done at the earliest opportunity.

Medication – As a result of the units rural location staff are forced to manage two systems of medication. They have taken the sensible step of adapting paperwork that allows all administering of medication to be recorded in the same way.

There are some omissions in recording and there are no explanations written for medication that has not been given. It is essential that there is clarity among staff and residents if prescribed medication is not given/taken at the advised time. **It is recommended that an appropriate code be used when administering medication without exception. Where there is a need for further explanation the existing paperwork allows for such entries and should be used.**

Complaints procedure – The policy and procedure with regard to complaints meets the required standard. It is however recommended that all complaints be recorded in a confidential manner and this will mean a change to existing documentation.

Accident procedure – The systems in place for recording, monitoring and taking appropriate action to minimise future risk are of a good standard.

Admissions/Discharge – The residents register allows for the recording of all pertinent information regarding admissions and discharge. This should include the address from which the resident moved to the unit. This section was not completed in all cases.

Rotas – The rota indicates that there are normally two staff on duty during each shift. (see staffing)

Operational Procedures – This document is well structured and provides policy and procedure for all key areas of practice.

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Findings at this Inspection - Progress

There is a programmed overlap of 15 minutes between night and day shifts and 45 minutes between day shifts to allow important information to be exchanged.

There are good documents contained in case files that encourage staff to record information about activities, visitors and appointments with community resources e.g. opticians. This information is not always of consistently high standard and efforts must be made to improve this.

There are no daily case notes designed to provide a holistic record of each 24hr period. This can mean a lack of shared understanding of a residents changing needs. It may mean patterns of change cannot be monitored and therefore future care plans cannot be properly informed.

The importance of a robust written communication system must be impressed upon the whole staff team. This should be complemented by appropriate support systems and training opportunities.

2. Staffing Levels

(a) Findings at this Inspection - Progress

The rota as stated previously indicates that there are two members of staff on duty at any one time. This includes the day to day manager who works a similar shift pattern to other staff. This limits the time she has to participate in development work with individuals and the whole staff team.

It is recommended that the day to day manager has some space to

undertake quality assurance and development work.

Inspectors are aware that the unit has been asked to review staffing levels to ensure that residents holistic needs are being fully met at all times. It is hoped that inspectors will receive feedback on this review as part of the Action Plan completed in response to this report.

3. Staff Training and Qualifications

(a) Findings at this Inspection – Progress

	Management Days : Staff	Care Staff Days : Staff	Catering & Domestic staff. Days : Staff
Induction		3 : 4	
Lifting/Handling	2 Qualified staff on site to provide in-house training.		
Fire Safety			
Food Handling			
SVQ		Over 2 yrs : 3	
Supervision	2 : 1	2 : 1	
Nutrition & Hygiene	1 : 6		

In addition all staff bar one have signed to indicate having read the Units fire policy and viewed a fire safety video.

All staff involved in administering medication have had training from the pharmacist (Boots)

It is essential that all staff undertake induction and lifting and handling training as a matter of priority.

A number of other training issues have been identified as part of this inspection process and **it is recommended that consultation take place with the Registration Officer to identify other training priorities.**

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

(a) Findings at this Inspection - Progress

All areas of the building fully comply with Registration Space Standards.

2. Heating levels (including water temperature control)

(a) Findings at this Inspection - Progress

The unit was warm throughout. The building has a range of types of radiators. Some are low surface temperature and some are fitted with tasteful radiator guards. There are a number that are fitted with neither and were extremely hot to the touch. **It is recommended that all radiators currently without appropriate guards are fitted with them as a matter of urgency.**

All water points within the unit are supposed to be thermostatically controlled. A number tested by inspectors were unacceptably hot to touch. **It is recommended that water temperature be brought within an acceptable range as a matter of urgency.**

3. Hygiene and cleanliness

(a) Findings at this Inspection - Progress

The unit appeared in pristine condition.

4. Safety of the environment

(a) Findings at this Inspection - Progress

Inspectors noted the recent receipt of a portable bathing hoist. This appears to be well received by the majority of residents and will greatly aid those with mobility problems.

It was apparent to inspectors that there was only one Occupational Therapy Aid on view. As part of an overall review of residents needs inspectors anticipate an increase in aids offering some residents a greater opportunity to use the excellent en-suite facilities in their rooms.

5. Fabric and decor standards

(a) Findings at this Inspection - Progress

The fabric and décor standards within the unit are exceptionally high.

6. Standards of building maintenance

(a) Findings at this Inspection - Progress

The building appeared in excellent condition.

QUALITY OF CARE ARRANGEMENTS

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

(a) Findings at this Inspection - Progress

The pro forma sheets used for detailing care plans require a minor amendment to identify areas of need as opposed to problems. **It is recommended that the care plan pro formas refer to areas of need as opposed to problems.**

2. Quality of Menus and Catering arrangements

(a) Findings at this Inspection - Progress

Menus indicate a choice is offered at each meal. In discussion with the cook she was able to demonstrate a thorough knowledge of residents likes and dislikes. It is the intention of the unit to increase the level of support to the cook in the kitchen.

3. Quality of activity programmes

(a) Findings at this Inspection - Progress

Each resident has an activity plan and comment sheet in his or her case file. When used to its full potential this will prove to be a useful and informative document. The current use is inconsistent and does not indicate individual plans for residents.

INSPECTORS FINDINGS ON OTHER VIEWS

2. Staff views expressed

(a) Findings at this Inspection - Progress

Inspectors interviewed staff on duty at the time of inspection. In addition 6 confidential questionnaires were completed. All were positive about work at Hallhouse. There were indications from discussions that training is required in a number of areas.

There are a number of staff who feel that the provision of laundry facilities in the residential unit as opposed to the adjacent nursing home would be of benefit.

3. User/Carer views

(a) Findings at this Inspection - Progress

Six residents completed confidential questionnaires as part of the inspection process. Inspectors also took the opportunity to speak with a number of residents on an informal basis.

All returns indicate that residents are content at Hallhouse. There was some indication that some residents will welcome inspector's comments about appropriate occupational therapy aids made earlier in the report. Many commented on the comfort of the facilities but were less specific about other aspects of their lives.

SUMMARY INSPECTION REPORT

**Hallhouse
9th February 2000**

Summary of Inspection

Hallhouse is a two storey stone building situated in pleasant secluded grounds on the edge of the town of Fenwick. It is adjacent to Hallhouse Nursing Home with whom it shares some facilities.

The building was designed to be used as a hotel and as such the standard of fabric and décor is excellent. All but one of the rooms has an En-suite bath/shower/room. As yet these facilities are not fully utilised by residents and it is hoped that the introduction of bathing aids and other occupational therapy aids will address this issue.

The recording systems adopted by the unit are in need of review to ensure that the correct information is being recorded on a regular basis and in turn is used to inform care planning.

Staff approach the care task with enthusiasm but recognise that current arrangements leave little time for development work.

Residents expressed contentment with their surroundings but were less specific about other issues although it is recognised that for many it is very early days.

Hallhouse has not made the smoothest of starts partly because of circumstances that could not have been for-seen. There are issues that require to be addressed as a matter of urgency such as recording systems and staff training. It is hoped that this first inspection will provide a framework that will allow the day to day manager and her staff to develop their obvious enthusiasm into providing a more comprehensive service for residents. External managers have a clear responsibility to ensure that the range of resources required is made available.

Recommendations

- 1. It is recommended that the content of all case files be reviewed. In addition staff require urgent training to ensure they fully understand the importance of regularly recording and updating information.**

2. It is recommended that all transactions be accounted for by two signatures. Where it possible residents should be encouraged to participate in this process.
3. It is recommended that an appropriate code be used when administering medication without exception. Where there is a need for further explanation the existing paperwork allows for such entries and should be used.
4. It is recommended that the day to day manager has some space to undertake quality assurance and development work.
5. It is recommended that consultation take place with the Registration Officer to identify other training priorities.
6. It is recommended that all radiators currently without appropriate guards are fitted with them as a matter of urgency.
7. It is recommended that water temperature be brought within an acceptable range as a matter of urgency.
8. It is recommended that the care plan pro-formas refer to areas of need as opposed to problems.

Commendations

1. The exceptionally high standard of fabric and décor.
2. The enthusiasm and commitment of staff in commendable.

LEAD INSPECTOR:

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA
