

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

HOWARD HOUSE

Date of Inspection: 13 September 00

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

NAME OF ESTABLISHMENT:	Howard House
LOCATION OF ESTABLISHMENT:	13 Howard Street Kilmarnock KA1 2BP
MANAGING ORGANISATION	Gate Health Care Ltd Westwood House East Kilbride G75 8SN
CATEGORY (as per Registration):	Elderly: residential & day care. Also Registered with A.A.H.B as a Nursing Home
MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):	15 residential users out of a total of 39
NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT :	8 residential users out of a total of 37 (2 admissions pending)
NATURE OF INSPECTION:	Unannounced
INSPECTOR(S) PARTICIPATING:	Mrs Isobel M Dawson Mrs Mina Casey
DATE(S) OF INSPECTION:	13 September 00
DATE OF LAST INSPECTION REPORT:	20 March 00 (evening)
FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT	Mrs Brenda Murphy Unit Manager tel 01563 532499 Mrs Anne C Mundell Director Tel 01355 267788

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**

Five resident's files were examined. Each file is well organised and split into colour coded sections, each section detailing different aspects of the plans and the care offered to residents.

The **profile** provides succinct and quick reference to relevant personal details.

The **Core Care Plan** acknowledges preferences for daily living, safety and security, medical needs, interests, diet and other details that influence the ongoing development of care planning.

The **Care Plan** clearly identifies needs, aims and action with an evaluation date.

The **Daily Report** contains concise, relevant information.

Risk Assessments cover a range of physical and environmental issues.

The Social Activities Organiser completes a **social Assessment sheet**.

Nursing & Medical needs are clearly documented.

Staff are commended for the quality of care planning which is clearly documented in residents individual files.

2. Sampled Financial Records

(a) **Recommendations in last report**

None

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

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

Not inspected

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

(a) **Recommendations in last report**

None made

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

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

Fire records checked noted that weekly checks are carried out. There was no record of fire training having taken place this year. However it is noted that all staff will attend Fire Safety training on September 19th and 20th.

It would be useful to include a fire drill, including evacuation procedure, at this time.

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

Informal and formal procedures are in place allowing staff to communicate appropriately.

2. Staffing Levels

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Rotas seen indicate that the flexibility of shifts allows staff to be available at times most beneficial to residents, thereby being responsive to their particular needs at specific times.

3. Staff Training and Qualifications

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Training during the past 12 months:

	Management	Care	Domestic	Catering
Induction	4	7	1	1
Lifting & handling	all	All		
Fire safety	<i>Planned for</i>	<i>19 & 20 Sept</i>	<i>For all staff</i>	
Food Handling		2		2
SVQ level 2		3		
SVQ level 3		1		
SVQ D32/33	2			
Catheter management		6		
Pain management	3			
Funeral awareness		4		
Nutrition management		2		2
COSHH training			4	1
Incontinence management		2		

A wide range of staff has been involved in ongoing training, which is well recorded. The programme indicates the organisation, management and staff's commitment to their ongoing development.

QUALITY OF PHYSICAL ENVIRONMENT

1. Compliance with space standards

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(d) Additional Inspectors observations at this Inspection

The unit meets with Registration standards in terms of private, shared and public space.

A temporary dispensation was recently given to allow a short-term increase of 1 over the agreed ratio of 8 single to 1 double rooms. **Confirmation is required when this has returned to the registration requirements.**

2. Heating levels (including water temperature control)

(a) Recommendations in last report

None made. The unit was found to be warm and comfortable throughout and water temperatures at an acceptable level.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

In all areas visited the unit was at a pleasant temperature. Water temperatures were not checked.

3. Hygiene and cleanliness

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

This unannounced inspection took place shortly after breakfast time when residents were moving from their bedrooms to the sitting rooms. The toilets, bathrooms, sitting areas and the bedrooms seen were noted to be fresh, clean and odour free.

4. Safety of the environment

(a) Recommendations in last report

Reference was made to the ongoing discussion regarding the upgrading of a downstairs shower room.

(b) Findings at this Inspection - Progress

Following the last Inspection it was agreed that as the shower room is not in use, it is acceptable to leave the temporary cover over the shower base so long as it does not prove hazardous to any person. In the longer term a review of this shower facility is planned with a proposal to relocate it. The Registration authorities will be consulted before any work is carried out.

(c) Additional Inspectors observations at this Inspection

A Health & Safety Policy is in place and appropriate staff have been trained in COSHH assessments. All accidents are recorded for staff and residents and regular auditing informs practice.

The slight damage to the external fly screen should be repaired.

5. Fabric and decor standards

(a) Recommendations in last report

None made

(b) Findings at this Inspection – Progress

(c) Additional Inspectors observations at this Inspection

A rolling programme of upgrading, redecoration and refurbishing is in place. The work completed in the upstairs sitting room, which include new carpets, furnishings and curtains, has enhanced the comfort and ambience of this room. It is understood that future plans include the provision of a small pantry for the use of residents' and their visitors.

Resident's bedrooms are restful and pleasant. There is adequate comfortable seating for residents to have visitors in their own room. Most residents have taken the opportunity to personalise their rooms, thereby creating a feeling of individuality. Residents have access to their rooms at all times and are able to lock their bedroom doors.

6. Standards of building maintenance

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

No outstanding building repairs are noted. However, some minor damage reportedly caused by the kitchen trolley negotiating the exit from the kitchen corridor to the main thoroughfare, was noted. It would be beneficial to fix protective corners to prevent further damage.

There is an effective procedure for monitoring and carrying out repairs; a handyman is employed on site.

QUALITY OF CARE ARRANGEMENTS

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

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Assessment, care planning and reviews are carried out timeously and recordings acknowledge residents' wishes and preferences. Records indicated that there is sufficient time available to staff to plan residents' care; each resident has a key worker. The tone of recording is sensitive and appropriate. Inspectors were impressed at how issues are dealt with between reviews, particularly the opportunities for staff and families to meet and the method of recording.

Management and staff are commended for the quality of their care planning and recording.

2. Quality of Menus and Catering arrangements

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

A choice of courses is available at all meals and reflects the likes and dislikes of residents. Menus appeared nutritional and recorded attractive options. Tea, coffee and home baking are available regularly throughout the day.

Menus are made up on a four-week cycle, one day's menu is noted:

Breakfast	Dinner	High tea
Fruit juices	Fruit juices	Soup
Cereal	Braised steak	Mince round
Porridge	Savoury flan	Corned beef
Grapefruit or prunes	Potatoes & carrots	Chips & beans
Toast & rolls	Swiss roll & custard	Home baking
Cooked breakfast on request	Ice cream, yoghurt, fruit	Bread, butter & jam

3. Quality of activity programmes

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Information on the notice board gives up-to-date details of planned activities both within and outwith the establishment. An activity organiser, who is employed for 30 hours a week plans, supervises and records all organised activities. Clear records are maintained in residents' individual files.

In addition there are opportunities for residents to attend local theatres, tea dances and outings further afield.

The activity organiser is commended for the variety of the programme available to residents and the way in which individual records are maintained.

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

All confidential questionnaires left for completion by staff were returned to the Inspection Unit. Staff who had different roles and responsibilities were chosen in order to obtain as wide a range of views as possible.

The majority of staff felt valued, were able to undertake relevant training and had their views and opinions listened to. There was an indication that there were occasions when this was not always so.

Management should continue to be pro-active in seeking out staff views and respond to them. Staff meetings and questionnaires are considered to be an appropriate forum for this.

All staff considered that they had enough information about a resident prior to their admission and sufficient time was set aside to settle and support them through the admission procedure.

A suggestion was made that it would be beneficial to support more confused residents in smaller groups in order to maintain the dignity of both groups.

3. User/Carer views

(a) Recommendations in last report

None made

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Five confidential questionnaires were completed on or on behalf of residents. The majority stated that they had sufficient information on the unit prior to making the decision to live there. All found the establishment warm and comfortable. All stated that their privacy was acknowledged, they could lock their bedroom doors and could spend time on their own whenever they wished and take visitors to their room at any time. Things they liked best were “comfortable surroundings and company” “meals” “a safe haven” “the staff”. Not surprisingly the thing residents missed most was their own home.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

Howard House

Date of Inspection 13 September 00

Summary of Inspection

Howard House is a Residential and Nursing Home, Registered with East Ayrshire Council in November 1997 and Ayrshire and Arran Health Board in 1989. The unit can take up to a combined total of 39, out of which there can be up to 15 residential and 35 Nursing users. In addition there are four day-care places.

The unit is set amid private houses about one mile from the centre of Kilmarnock. Bedrooms are on two floors with additional accommodation on a third floor; all floors can be accessed by passenger lifts. All but two bedrooms have en suite facilities and the unit meets the recommended proportion of 8 single to 1 double bedrooms.

Inspectors were impressed by the quality of user's files, reviews and care plans. Records were well organised, clear and contained relevant and detailed information. There were indications from the records that users and their representatives have opportunities for making their views known, and that the unit is responsive to them.

The recommendation from the previous short focussed Inspection in March of this year was immediately responded to.

Staff continue to have opportunities for updating their knowledge through in service and other appropriate training. Staff records are well maintained.

An activity organiser is employed at Howard House. Activities and social events are planned in advance and take account of resident's needs and choices. There are opportunities for social activity outwith the unit and all events are clearly recorded.

Resident's questionnaires indicated that despite the sense of loss felt when they moved from their own homes, they now view their experiences and care in Howard House very positively.

Howard House continues to provide quality care to their residents. Management and staff are committed to being responsive to resident's stated needs and preferences.

Previous recommendations carried forward:

None

Further recommendations

A temporary dispensation was recently given to allow a short-term increase of 1 over the agreed ratio of 8 single to 1 double rooms. Confirmation is required when this has returned to registration requirements

Commendations

Management and staff are commended for the quality of their care planning and recording. In addition the process for meeting families to discuss particular issues, and thereafter the method of recording it, is seen as a very positive contribution to the resident's overall care.

The activity organiser is commended for the variety of the programme available to residents and the way in which individual records are maintained.

LEAD INSPECTOR:

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA