



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

Hurlford Enable

7th November 2000

**W.J. Duncan
Head of Inspection, Registration and Complaints Unit
East Ayrshire Council
Social Work Department
Council Offices
Lugar
CUMNOCK KA18 3JQ**

Tel: 01563 555342 Fax: 01563 555400

INSPECTION INFORMATION

NAME OF ESTABLISHMENT:	Hurlford Enable
LOCATION OF ESTABLISHMENT:	Galston Road Hurlford KA1 5HA
MANAGING ORGANISATION:	Enable Homes
CATEGORY (as per Registration):	Adults with Learning Difficulties
MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):	5
NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT:	5
NATURE OF INSPECTION	Full Announced
INSPECTOR(S) PARTICIPATING:	Mina Cassidy Isobel Dawson
DATE(S) OF INSPECTION:	7 th November 2000
DATE OF LAST INSPECTION REPORT:	16.6.99 & 15.3.00
FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT	Enable Homes 6th Floor Buchanan Street Glasgow G1 3HL

QUALITY OF RECORDS

1. Sampled Case Files

(a) Recommendations in last report

It is recommended that further work be carried out with each resident to get a full understanding of their background history, and religious and cultural identity.

It is recommended that case files be properly organised.

(b) Findings at this Inspection - Progress

Each resident has a Person Centred Plan (PCP) which fully addresses all relevant and important issues in their lives including detailed information relating to their background history and their religious and cultural identity. All of the files are maintained to a high standard and organised in a manner that allows easy access.

(c) Additional Inspectors observations at this Inspection

Each resident had three files one held past records such as daily logs, all correspondence and minutes of meetings, progress and review notes for the Person Centred Plan. The second file contains the current PCP, the monthly progress notes and the previous six monthly review of the PCP. The third file contains the service users' profile containing important 'quick reference' information and the present months' daily log.

2. Sampled Financial Records

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The record of residents' finances are detailed and easy to follow with appropriate signatures in place and, whenever possible, receipts retained to evidence purchases.

Amenity Fund – This fund has been established to hold donations received by the Unit from local organisations. The record of all monies received and how these are spent is well managed. This fund is used to spend on residents' birthdays, holidays and extra spending money for organised outings.

Petty Cash Returns – This includes a record of funds received from Headquarters, all expenditure, bank and cash box balances. A balance of the Petty Cash Returns is sent to Headquarters on a weekly basis.

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

(a) Recommendations in last report

It is recommended that advice is sought from the Registration Officer to ensure that the organisation's complaints' procedure is appropriately promoted within the Unit

It is recommended that COSHH assessment, Moving and Handling assessments and general risk assessments be completed as soon as possible.

The staff accident format should be reviewed to ensure that appropriate records are available within the Unit as well as being sent to the managing organisation.

(b) Findings at this Inspection – Progress

It is considered by Inspectors that the present **complaint' procedure** could be presented in a more easily understood and accessible format for the user group.

It is recommended that the complaints' procedure is designed in a way that allows residents to access and use it without difficulty. The existence of this policy and its purpose should then be promoted within the Unit.

The Unit now holds up to date **COSHH assessments** in addition to appropriate moving and handling assessments.

A copy of **staff accident records** is now held in the Unit. This record is detailed and clearly laid out. It is also noted that a 'Serious Incidents in Residential and Day are Establishments' procedure is held with the accident book.

(c) Additional Inspectors observations at this Inspection

Fire Records show that all tests are carried out as required. In addition it is noted that the fire alarm, smoke detectors and emergency lighting were inspected and tested by the maintenance contractor in July 2000. Fire extinguishers were tested in February 2000.

General Information File contains detailed information for staff on areas such as first aid, epilepsy, drug use, sign language and health promotion

Medication Records are completed diligently with all appropriate signatures and coding in place. Medication is securely stored in a well-organised locked cabinet within a locked cupboard.

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

A range of communication systems are in place such as a daily diary, residents' daily logs and verbal shift hand-overs to ensure that staff are kept informed of residents' changing needs. In addition, team meetings are held on a fortnightly basis. These meetings are well attended and detailed minutes are available clearly identifying any further action required and who is responsible for taking this forward. It is also noted that meetings for Team Leaders and Deputes for the Ayrshire and Dunoon area are held monthly.

2. Staffing Levels

(a) Recommendations in last report

It is recommended that serious consideration be given to ensure that the manager is enabled through the shift pattern and training, to carry out the managerial task effectively.

The organisation will require to take advice on the issue of staff sleep-overs and the number of night time disturbances in relation to the Working Time Directive.

(b) Findings at this Inspection - Progress

The rota shows that early and back shift have three care staff on duty in addition to a member of the management team for the whole or part of the shift. From the areas examined such as the standard and frequency of recording, the existence and compliance of procedures, staff meetings, staff supervisions and training, there is no evidence to suggest that managers are unable to fulfil their managerial function.

Records show that staff are able to access additional funds, with the support of East Ayrshire Council and external managers, to establish 'waking night shift' cover when it is required to meet the needs of residents. As recently demonstrated, this is closely monitored and only withdrawn when documented evidence proves it is no longer required.

(c) Additional Inspectors observations at this Inspection

Rotas show that there are adequate levels of staff on duty at the present time to meet residents' needs across the 24-hour period.

3. Staff Training and Qualifications

(a) Recommendations in last report

It is recommended that further consideration be taken to address the issue of the lack of formal care qualifications of staff within this Unit.

It is recommended that Food Hygiene training be provided to all staff as a matter of priority.

(b) Findings at this Inspection - Progress

It is noted that the Depute Manager has recently commenced a 2 year HNC day release course. Although, this is recognised as a positive step forward it does not sufficiently address the issue relating to the lack of formal care qualifications of staff within this Unit

The above recommendation is therefore reiterated.

It is noted that eight members of staff have now undertaken Food Hygiene training. Every effort should be made to ensure that the remaining members of staff are appropriately trained. A completion date for this training should be indicated in the Action Plan for this inspection.

It is recommended that food Hygiene training is provided to all staff.

(c) Additional Inspectors observations at this Inspection

	Management	Care Staff	Domestic Staff
Induction		1	
Lifting/Handling	1		
Fire safety			
Food Handling	2	6	
SVQ			
Autism		2	
Appraisal		2	
Supervision	1		
Values		12	
Computer		8	
Health & Safety		1	
Medication			
HNC	1		

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 Unit continues to meet all required space standards.

2. Heating levels (including water temperature control)

(a) Recommendations in last report

It is recommended that the water supply be checked and modified to meet current Health and Safety standards.

(b) Findings at this Inspection - Progress

In the areas tested the water temperature was within acceptable levels.

(c) Additional Inspectors observations at this Inspection

The Unit was warm and comfortable throughout.

3. Hygiene and cleanliness

(a) Recommendations in last report

It is recommended that the extractor fans in the toilet areas be cleaned.

(b) Findings at this Inspection - Progress

Extractor fans in the toilet areas are now clean

(c) Additional Inspectors observations at this Inspection

The areas seen during the inspection are clean and fresh

4. Safety of the environment

(a) Recommendations in last report

It is recommended that all residents have suitable locks fitted to their doors

Inspectors noted that the following issues could compromise resident and staff safety to some degree:-

Toilet seats are loose and should be tightened up

The cupboard containing the electrical fuse box was unlocked which may present a danger to some residents.

There were several instances where food hygiene had been compromised

(b) Findings at this Inspection – Progress

All of the above recommendations have been actioned.

(c) Additional Inspectors observations at this Inspection

The Unit recently experienced a break-in during the night. Advice was sought from local police and the Crime Prevention Service. In response to this incident a burglar alarm, including window sensors, was installed whilst inspectors were carrying out this inspection.

The Unit staff and the organisation are commended for the prompt response and measures taken following the recent break-in to the Unit

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 standard of décor within the Unit remains high.

6. Standards of building maintenance

(a) Recommendations in last report

It is recommended that the outstanding repairs to the kitchen be done as soon as practicable.

(b) Findings at this Inspection - Progress

Not examined in any detail however, those areas seen appeared well maintained. It is noted that new cupboards have recently been fitted in the kitchen which, enables residents to have their own allocated cupboard for storing personal food.

(c) Additional Inspectors observations at 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

Person Centred Plans (PCPs) are in place for each resident. These are completed in a very pro-active and detailed manner. An appropriate system is in place to ensure that PCPs are reviewed and up-dated frequently. It is noted that the format, recording and reviewing system for PCPs is still being developed and there is evidence of some inconsistency in the model presently being used in the Unit.

2. Quality of Menus and Catering arrangements

(a) Recommendations in last report

It is recommended that the recording of meals be more consistent.

(b) Findings at this Inspection - Progress

A record is now available of all meals and snacks taken by residents throughout the day.

(c) Additional Inspectors observations at this Inspection

It is noted that residents are allocated a personal allowance for the purchase of food. Residents therefore take an active part in menu planning and shopping for their own meals.

3. Quality of activity programmes

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Residents' have individual activity plans tailored to their interests, development and ability. These activities include accessing a broad range of community resources and leisure activities.

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 staff questionnaires were distributed of which all were returned. Responses were generally positive with particular comments made regarding high levels of job satisfaction. The majority of responses also commented on staffs' feelings of insecurity and vulnerability during the night, despite the recent increased security measures. One member of staff felt that resident' safety was being compromised with the present sleep over arrangements in the unit at night.

2. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

There were no residents at home at the time of the inspection however, it is hoped that there will be an opportunity to speak to residents at the next inspection.

The responses from relative's questionnaires were very positive. All expressed high levels of satisfaction with the standard of care their relatives received and the quality of the environment they lived in. Other positive comments included the homely and friendly atmosphere within the Unit and the dedication of staff.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT

SUMMARY INSPECTION REPORT

**Hurlford Enable
7th November 2000.**

Summary of Inspection

Enable Homes established this project in December 1993, to provide residential care for adults with profound physical and learning disabilities. The Unit provides single room accommodation together with pleasant sitting and dining areas on one level. The property is situated in the main road near to the centre of Hurlford and close to all amenities.

The overall organisation and standard of recording in Residents' files has improved. Residents' finances are recorded in detail and a range of policies and procedures are in place for the information and guidance of staff. The Unit has robust communication system that enhances the quality of care provided to residents.

Each Resident has a Person Centred Plan that gives detailed consideration to all aspects of the resident's life thus ensuring that the type of care provided is very specific to individual's needs. The staff group has shown commitment to the principle of PCPs and continue to develop their skills in this approach to care.

Residents are encouraged to manage their personal care as far as they are able. However, considerable assistance is required and this is carried out in a way that promotes dignity and self-esteem.

The relatively low level of formal qualifications held by staff remains an issue, given the complexity of needs of residents. It is anticipated that the organisation will continue to address this issue.

Previous recommendations carried forward:

1. The complaints' procedure should be designed in a way that allows

residents to access and use it without difficulty. The existence of this policy and its purpose should then be promoted within the Unit.

2. Further action be taken to address the issue of the lack of formal care qualifications within the staff group.

Further recommendations

1. Food Hygiene training should be provided for all staff.

Commendations

The Unit staff and the organisation are commended for the prompt response and measures taken following the recent break-in to the Unit.

The unit staff are commended for their ongoing commitment to the development of Person Centred Planning for all users.

LEAD INSPECTOR: Mrs Mina Cassidy

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA