



**East Ayrshire**  
COUNCIL

**SOCIAL WORK INSPECTION UNIT**

**INSPECTION REPORT  
AND SUMMARY REPORT**

**Unit Name  
KNOWEVIEW**

**Date of Inspection:  
17<sup>TH</sup> AUGUST 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 555343 Fax: 01563 555400**

## INSPECTION INFORMATION

**NAME OF ESTABLISHMENT:** Knoweview

**LOCATION OF ESTABLISHMENT:** 9 Waterside Street,  
Dalmellington.

**MANAGING ORGANISATION:**

**CATEGORY (as per Registration):** 71 (Combined total of  
Residential and Nursing  
Clients) + 7 day care

**MAXIMUM NUMBER OF RESIDENTS  
TO BE ACCOMMODATED (as per Registration):** 15

**NUMBER RESIDENTS/ATTENDING  
AT TIME OF VISIT:** 12 + 3 respite

**NATURE OF INSPECTION** Full announced

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

**DATE(S) OF INSPECTION:** 17<sup>th</sup> August 2000

**DATE OF LAST INSPECTION REPORT:** 1<sup>st</sup> July & 1<sup>st</sup> September 1999

**FOR FURTHER INFORMATION ON  
THIS ESTABLISHMENT CONTACT** Marcus Reid  
01292 550555

## QUALITY OF RECORDS

### 1. Sampled Case Files

**(a) Recommendations in last report**

**It is recommended that files used to hold residents' information be secure and organised.**

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

Inspectors found an improvement in the way in which information within Residents' files is organised. However, it was noted that files are stored in full view, on a shelf in an unlocked duty room on the ground floor. On closer inspection it was found that the door to this room does not have a lock.

**It is recommended that Residents' files are stored securely in a locked area.**

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

The information contained in the Residents files is, on the whole, quite detailed. Inspectors found that some care plans were not signed nor have a date of the next planned review. The 'Getting to know you' document is considered by inspectors to be a useful tool in the assessment and care planning process and as such should be completed for all residents.

**It is recommended that care plans are dated and the date of the next planned review is recorded**

Inspectors noted that the daily log for one particular resident included brief information about a significant incident. It was then found that no record of this particular incident had been included in the resident's case file. Care must be taken that information included in the daily log, is recorded in the residents' case file and reviewed appropriately.

### 2. Sampled Financial Records

**(a) Recommendations in last report**

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

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

Records are stored securely and appropriately and appear to be well organised. However, there are some aspects of the system, used for recording residents' finances, which are unclear to the inspectors and which could not be fully explained by the assistant administrator, due to her short time in post and her unfamiliarity with the system. Although Inspectors have no serious concerns regarding the recording of resident's finances this will be looked at in more detail at the next inspection.

**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**

**Medication** - Medication was stored appropriately in a locked medication trolley, within a locked room. It is noted that the window in the medication room does not have a security grill in place.

**It is recommended that either a security grill is fitted or the medication trolley is moved to a room without an external window.**

Inspectors found that two residents have more than one bottle of liquid medication, of the same type, in use. Although these particular medications have a long shelf life the dispensed date was several months previous and there is no indication of how long these particular bottles have been opened. In addition, it is noted that some medication is not labelled appropriately and the Depute Manager is not always aware of which medicines taken by residents are prescribed or un-prescribed. The medication recording system does not have a facility to indicate when PRN medication is prescribed or un-prescribed. It also appears that a resident's medication was altered without reference to the General Practitioner.

**It is recommended that:**

**Only one container of a particular medication is in use for the resident it is prescribed for at any one time.**

**Immediate advice is sought from the supplying pharmacist regarding the shelf life of opened medication and to ensure that all medications have clear labels stating the name of the medication, who it is prescribed for and directions for its use.**

**Arrangements are made for regular visits from the supplying pharmacist to advice on the administration and storage of medication for residential residents in the same way as presently provided for nursing care residents.**

**The medication recording system is adapted to include a facility for indicating when a medication is prescribed or un-prescribed.**

**Any changes to a resident's medication is fully discussed and agreed by the resident's General Practitioner.**

**Fire Records** – All required fire checks are up to date and clearly recorded. In addition records show that the servicing contractor has recently checked the fire alarm system.

**Admissions book** – The Admissions Book is well laid out, clear and up to date.

**Accident Forms** – Accident forms for residents include appropriate information such as; a description of the accident and where and when the accident took place.

**Complaints** - A complaints/comments/suggestion box was in place within the Unit with an appropriate system for recording complaints. It is noted that no complaints have been made since September 1999.

**Moving and Handling Risk Assessments** - There are no moving and handling risk assessments in place for individual residents.

**It is recommended that individual Moving and Handling Risk Assessments are included in each residents' file.**

## QUALITY OF MANAGEMENT AND STAFFING

### 1. Communication systems within the staff group

**(a) Recommendations in last report**

It is strongly recommended that staff meetings be re-introduced as a matter of urgency.

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

Staff meetings are now taking place on a monthly basis. Notes of the main points discussed are recorded in a note book and signed by staff when read.

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

Inspectors note that there are written and verbal reports at the beginning/end of each shift.

### 2. Staffing Levels

**(a) Recommendations in last report**

None

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

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

Rotas continue to show that staffing levels of care staff appear to provide adequate cover over a 24 hour period. In addition there is an activities co-ordinator employed for 22 hours per week as well as adequate ancillary staff

### **3. Staff Training and Qualifications**

**(a) Recommendations in last report**

It is recommended that individual training records are held in respect of each staff member giving a clear account of all training undertaken.

**(c) Findings at this Inspection – Progress**

|                               | <b>Management</b> | <b>Care staff</b> | <b>Domestic staff</b> |
|-------------------------------|-------------------|-------------------|-----------------------|
| <b>Induction</b>              | <b>1</b>          | <b>2</b>          | <b>2</b>              |
| <b>Lifting &amp; handling</b> | <b>1</b>          | <b>1</b>          |                       |
| <b>Fire safety</b>            | <b>1</b>          | <b>1</b>          | <b>1</b>              |
| <b>Food handling</b>          |                   |                   |                       |

The new Manager of the Unit is presently putting a system of individual training records in place for staff members that will give a clear account of all training undertaken. It is the expectation of the inspectors that this system will be operating in the very near future and this will be examined during the next Inspection.. The manager is asked to forward the proposed training programme with the completed action plan for this inspection.

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

Since coming into post the Manager has organised and purchased training which has included: Induction Training, Health and Safety Issues and Food Hygiene. The Manager informed inspectors that this is part of an ongoing programme of training which will include the required annual Moving and Handling up-date. The Manager stated that although funds from the receivers are limited, to date, he has had no difficulty in obtaining finance for planned training.

## 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

Inspectors found that there is a serious lack of appropriate storage space within the Arts and Crafts room resulting in what could be a serious fire hazard. In addition the lack of clear floor space presents a hazard to people with mobility problems.

**The arts and crafts room should not be used until appropriate storage facilities are in place and the overall organisation of the room is vastly improved.**

### 2. Heating levels (including water temperature control)

(a) Recommendations in last report

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Water temperature controls are fitted to all baths, however they are not in place in any of the wash hand basins used by residents. Hot water temperatures are therefore dangerously high and although paper warning signs are in place this does not remove the risk to residents.

**It is recommended that water temperature controls be fitted to wash hand basins as a matter of urgency.**

The main source of heating throughout the Unit is provided by wall mounted electric convector heaters. Although these heaters can be thermostatically controlled to a particular setting they can become very hot to the touch when set to give adequate levels of warmth, particularly on a cold day.

**It is recommended that wall mounted electric convector heaters are replaced with low surface temperature alternatives as soon as practicable. In the interim appropriate heat resistant guards should be fitted as a matter of urgency.**

### 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 on this occasion, the unit appeared to be clean and fresh in the areas visited..

### 4. Safety of the environment

- (a) **Recommendations in last report**  
A detailed building inspection was reported on in February of this year when a number of issues were raised.
- (b) **Findings at this Inspection - Progress**  
The majority of the issues remain outstanding (see Appendix 1)
- (c) **Additional Inspectors observations at this Inspection**  
Inspectors found that appropriate maintenance contracts are in place to ensure that bath hoists are serviced twice yearly. A contract is also in place to ensure that the two passenger lifts receive six services per year.  
  
See also **Quality of Physical Environment** - Compliance with space standards 1(c) and Heating levels (including water temperature control) 2(c).

### 5. Fabric and decor standards

- (a) **Recommendations in last report**  
It is recommended that the replacement of dining room chairs and the replacement of the carpet in the small lounge is given urgent priority. A further detailed building inspection was reported on in February of this year when a number of issues were raised.
- (b) **Findings at this Inspection - Progress**  
Dining room chairs have not yet been replaced. The floor covering purchased for the small lounge has still to be fitted.  
  
**The recommendation to replace dining room chairs is reiterated and fitting of the floor covering expedited.**

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

The inspectors noted that some upgrading to décor has taken place in recent weeks. Two bedrooms have been redecorated to a good standard including new carpet and soft furnishings.

**It is recommended that the programme of redecoration be continued throughout the Unit.**

**It is recommended that the issues detailed in appendix 1, should be addressed as a matter of immediate priority.**

**6. Standards of building maintenance**

**(a) Recommendations in last report**

A detailed building inspection was reported on in February of this year when a number of issues were raised.

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

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

The inspectors found that a number of issues, as detailed in appendix 1, remain outstanding and should be addressed as a matter of priority.

**QUALITY OF CARE ARRANGEMENTS**

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

**(a) Recommendations in last report**

From records checked there is a clear indication that staff still require training and supervision in recording, care planning and particularly in developing their roles as key workers.

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

The inspectors found that the quality of recording and care planning has improved since the last inspection. However, there is still some evidence of insensitive language being used in care plans and resident's files. This should continue to be addressed as a training issue with staff.

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

Care plans contain appropriate information, which is detailed and reflects the holistic needs of residents. However, some care plans are not dated nor does the resident or their representative sign them.

Care must be taken to ensure that all care plans are dated and whenever possible signed by the resident or their representative.

**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**

The quality and variety of food continues to represent a nutritional choice for residents.

|  |
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| <b>3. Quality of activity programmes</b> |
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**(a) Recommendations in last report**

None

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

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

The activities programme offers a wide range of activities. These include the opportunity for residents to attend outings and events outwith the Unit. In addition, a programme of 'in house' entertainment is available to residents using local entertainers and groups.

**The Unit Manager and staff are commended for ensuring that residents maintain strong links with the local community.**

## 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

100% of the questionnaires distributed to staff were returned. All stated that the Unit was not always as clean as they would like it to be but they also felt that 'household chores' were given priority over spending time with residents. 20% stated that the Unit was not always warm enough for residents, particularly in the winter. 80% stated that they felt that their complaints were not always listened to, or dealt with appropriately, whilst 60% felt that their views and opinions were not always listened to. They each stated that they were kept up to date with what was going on in the Unit.

The majority of the staff stated that they felt valued, that sufficient time was set aside to welcome new residents and that enough information was available to them prior to and immediately following admission.

### 3. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Residents Questionnaires - In general, the comments were mostly positive. They all felt that they had been made to feel welcome on arrival at the Unit and each had a particular member of staff with whom they could speak to and who took a particular interest in ensuring that their needs were being met. It was stated that residents are no longer able to make telephone calls as the pay phone has been taken away. One resident commented that a member of staff liked to be present during G.P. consultations in order to know what to write in their report. The majority commented that they had never seen an inspection report.

**It is recommended that :-**

**Residents have access to a telephone which is in a private space and designated for their use only.**

**Residents are given the choice whether or not to be accompanied during consultations with medical staff and that residents do not feel that it is a requirement.**

**Inspection reports are made available to all residents and that the**

**contents and findings of the report are discussed with residents both individually and in groups.**

Relative/ Carer Questionnaires - Comments from relatives were generally positive. One made particular comments about the new manager's positive influence in the Unit. However, one relative felt that residents would benefit from the opportunity to get out more and one felt that communication amongst staff regarding the needs of residents could be better.

Professionals' Questionnaire - Five questionnaires were distributed of which two were returned. No questionnaires were returned from the social workers contacted. General comments were positive and one commented about the general improvement in standards since the new manager came into post.

## **EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT**

### **SUMMARY INSPECTION REPORT**

#### **KNOWEVIEW**

**17<sup>th</sup> AUGUST 2000**

#### **Summary of Inspection**

This establishment is privately owned and was established as a Nursing home in 1992 and thereafter jointly registered with Ayrshire and Arran health Care Trust and East Ayrshire Council in 1994. It was purchased by Advantage healthcare in September 1998. The company went into receivership in October 1999 and currently awaits a new purchaser. The Inspection Unit and the Community Care Section of East Ayrshire Council are actively working together with the receivers to ensure future changes are smooth and that standards are not compromised.

Knoweview is registered to provide Nursing, Residential and Day Care. A new manager who has overall responsibility for the Unit was appointed in February 2000. At present there is separate Deputy manager and care staff arrangements for nursing and residential Users, with ancillary services being shared by the whole Unit.

This purpose built unit is on two floors with a passenger lift to the upper floor. Residential service users live on the ground floor where all of their communal services are available. Situated in the centre of Dalmellington it is easy access to local shops, community services and public transport for the unit.

The home sits in a hollow just off the main road, there is a small parking area to the front, with an area with seats and planted containers to the side looking over to the river. Residents are encouraged to maintain links with the local community whenever possible.

The new manager has proved to be a positive influence within the Unit. He has made some improvements to the communication and care planning systems and had developed the keyworker system in the Unit.

Knoweview has clearly had fluctuating fortunes in recent times. The proposed take-over by Advantage took longer to come to fruition than had been anticipated. The promised stability lasted only a short period and all concerned with the Unit find themselves awaiting the arrival of another set of new owners. This is unsettling for both staff and residents and it is therefore essential that managers ensure standards are maintained and that residents and staff are given every support through this transitional period.

#### **Previous recommendations carried forward:**

1. From records checked there is a clear indication that staff still require training and supervision in recording, care planning and particularly in developing their roles as key workers.
2. The recommendation to replace dining room chairs is reiterated and fitting of the floor covering expedited.
3. Building issues raised in February of this year and still outstanding should be given immediate priority attention (see appendix 1)

#### Further recommendations

1. Residents' files should be stored securely in a locked area.
2. All care plans should be dated with the date of the next planned review recorded
3. The medication trolley should be held in a room that meets Registration requirements.
4. Arrangements should be made for regular visits from the supplying pharmacist to advise on the administration and storage of medication.
5. The medication recording system should be adapted to include a facility for indicating when a medication is prescribed or un-prescribed.
6. Any changes to a resident's medication should be fully discussed and agreed by the resident's General Practitioner.
7. Individual Moving and Handling Risk Assessments should be included in each residents' file.
8. The arts and crafts room should not be used until appropriate storage facilities are in place and the overall organisation of the room is vastly improved.
9. Water temperature controls are required to be fitted to wash hand basins as a matter of urgency.
10. Wall mounted electric convactor heaters should be replaced with low surface temperature alternatives as soon as practicable. In the interim appropriate heat resistant guards should be fitted as a matter of urgency.
11. The programme of redecoration should be continued throughout the Unit.

12. Residents should have access to a telephone which is in a private space and designated for their use only.
13. Residents should be given a choice of whether or not to be accompanied during consultations with medical staff and that residents rather than feel that this is a requirement.
14. Inspection reports should be made available to all residents. The contents and findings of the report should be discussed with residents both individually and in groups.

### Commendations

The Unit Manager and staff are commended for ensuring that residents maintain strong links with the local community.

The Unit Manager is commended for the way he has supported staff and residents, and for promoting a general sense of stability during what must be an uncertain period in the life of the unit.

**LEAD INSPECTOR: Mina Cassidy**

**SIGNATURE: \_\_\_\_\_**

**Date: 2<sup>nd</sup> February 2001**

**COUNTERSIGNED BY HEAD OF UNIT: W J Duncan**

**SIGNATURE: \_\_\_\_\_**

**Date 2<sup>nd</sup> February 2001**

**AGENDA**