



**East Ayrshire**  
COUNCIL

## **SOCIAL WORK INSPECTION UNIT**

### **INSPECTION REPORT AND SUMMARY REPORT**

### **NIGHTINGALE HOUSE**

**Date of Inspection: September/October 99**

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## INSPECTION INFORMATION

<b>NAME OF ESTABLISHMENT:</b>	<b>NIGHTINGALE HOUSE</b>
<b>LOCATION OF ESTABLISHMENT:</b>	<b>154-158 Main Street Auchinleck KA18 2AS</b>
<b>MANAGING ORGANISATION:</b>	<b>Owner: Mr Mohammed Shafique</b>
<b>CATEGORY (as per Registration):</b>	<b>Elderly Male &amp; Female residents</b>
<b>MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):</b>	<b>21</b>
<b>NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT :</b>	<b>15</b>
<b>NATURE OF INSPECTION:</b>	<b>Announced</b>
<b>INSPECTOR(S) PARTICIPATING:</b>	<b>Mrs Isobel M Dawson Mr George Stewart</b>
<b>DATE(S) OF INSPECTION:</b>	<b>8 September &amp; October 99</b>
<b>DATE OF LAST INSPECTION REPORT:</b>	<b>17 March 1999</b>
<b>FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT</b>	<b>Mr Mohammed Shafique 01290 435790</b>

## QUALITY OF RECORDS

### 1. Sampled Case Files

**(a) Recommendations in last report**

All appropriate documentation should be completed at the time of admission. Service users records should be written in a form easily understood by them and staff who have access to them.

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

There were different standards of recording throughout the users files inspected. Although some had up-to-date care plans others were clearly overdue. In addition it is unacceptable to update on an annual basis with the comment "as before".

It was noted that one resident's file did not contain appropriate admission information, care plans or first review minutes. Another user had an activity chart which had not been completed since July 98.

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

The standard of recording is inconsistent. When charts are in place for recording specific activities these should be completed. Staff should endeavour to produce useful and meaningful notes; it is unacceptable to record daily comments such as "fine", "no problems" or "slept well".

### 2. Sampled Financial Records

**(a) Recommendations in last report**

None

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

Not checked during this Inspection.

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

Inspectors are informed that a clerical assistant is in post who now deals with all administrative functions, including finances.

It is understood that individual bank accounts will be opened for each service user, with an arrangement for personal allowances to be transferred to these accounts by Bankers Order. Thereafter two out of three signatories, one of which should be the social care worker and the other the user, will be required for withdrawals.

A separate bank account will be available for "residents' comfort fund". This again will require two out of three signatories, including a user representative.

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

**(a) Recommendations in last report**

Fire procedures including required checks and maintenance of records must be in place.

Compliance with COSHH regulations including fire risk assessment should be actioned immediately.

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

According to records, appropriate testing now takes place. Training records indicate that all staff have had access to a Fire Safety Training video. A standard Health & Safety Policy document has been purchased. This includes COSHH assessments and Moving & Handling Assessments.

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

COSHH assessments should be completed as soon as possible. Staff must be diligent in carrying out required fire and equipment checks and in the maintenance of records.

The unit presently uses the Boots MDS system.

**QUALITY OF MANAGEMENT AND STAFFING**

**1. Communication systems within the staff group**

**(a) Recommendations in last report**

At the time of the last Inspection there were a clearly tensions within the staff group which was in part due to the insecurity of their future employment. In addition the lines of communication between the owner and manager were tenuous and liable to disruption.

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

Unfortunately there has been no improvement in the lines of communications between the Manager and Owner. From comments made to Inspectors this may be resulting in tensions and divisions within the overall staff group.

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

Although staff maintain that the tensions within the unit do not affect their work with the residents, it is difficult to see how these would not impinge on their ability to work together.

Minutes record that the last formal staff meeting was January 1999 although there were planned dates until 31 July.

**It is essential that there are robust arrangements in place which allows staff/management/owners to communicate effectively. Clearly minuted regular staff meetings would be part of this**

**2. Staffing Levels**

**(a) Recommendations in last report**

It was noted that some residents had very high dependency levels. At the time of the announced Inspection there were sufficient staff on duty. A recommendation that all residents must have individual care plans in place, including detailed dependency levels, which in turn would inform required staffing levels.

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

None of the Care plans seen during this Inspection contained dependency level assessments nor sufficient detail to inform staffing levels. At the time of this announced Inspection there were sufficient staff on duty.

- (c) Additional Inspectors observations at this Inspection**  
As previously recommended, all residents care plans should include detailed dependency levels.

**3. Staff Training and Qualifications**

- (a) Recommendations in last report**

None made

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

	Management	Care Staff	Domestic
Induction		2 (Bank staff)	
Lifting & Handling			
Fire Safety		10	2
SVQ		*see below	
Food Handling	Owner & Manager		

One member of staff is involved in SVQ2 & one in SVQ3 and a further staff member is included in D32 & D33 SVQ assessors training. The Manager has had a number of training opportunities including benefits workshops; dementia awareness; environmental health; elder abuse and health and safety training. Training in food handling remains outstanding for a number of staff.

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

**QUALITY OF PHYSICAL ENVIRONMENT**

**1. Compliance with space standards**

- (a) Recommendations in last report**

The proportion of 7 single to 7 double rooms does not meet the agreed 80% single to 10% double recommendation.

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

Unchanged

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

As previously reported, the Owner should be aware of present requirements for 80% single to 10% double rooms in all new Registrations, plans should be established to meet this requirement.

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

### **(a) Recommendations in last report**

1. Despite assurances that all radiators would be fitted with appropriate safety covers, a number of radiators remain uncovered. This should be dealt with without delay.
2. Thermostats should be fitted to all radiators in residents' bedrooms thereby enabling them to control the heating levels in their rooms.
3. The temperature of the hot water in some of wash hand basins used by residents was unacceptably high. All hot water accessed by residents should meet required Health & Safety Standards.

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

1. Not completed
2. Not completed
3. Not completed

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

As discussed, it is essential that this work be completed as soon as possible.

## **3. Hygiene and cleanliness**

### **(a) Recommendations in last report**

None

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

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

The unit, including public rooms, bedrooms and kitchens were clean and fresh.

## **4. Safety of the environment**

### **(a) Recommendations in last report**

1. See *4b Safety of Environment* regarding lack of Fire Safety Checks and reported non-compliance with COSHH regulations.
2. All windows should have appropriate restrictors fitted
3. The planned programme to upgrade one bathroom to an acceptable assisted bathroom should be discussed with the Registration Officer

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

1. This recommendation has been satisfactorily dealt with
2. Not completed
3. No work has been done to upgrade a bathroom to an acceptable assisted bathroom.

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

Recommendations 2 & 3 are reiterated. The fitting of restrictors should be given priority and a date given for the proposed completion of this work

## 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**  
None

## 6. Standards of building maintenance

- (a) **Recommendations in last report**  
Some décor damage as a result of ingress of water in an upstairs bedroom required attention.  
Repairs to the lintel of a bathroom door are outstanding.
- (b) **Findings at this Inspection - Progress**  
Unchanged.
- (c) **Additional Inspectors observations at this Inspection**  
Although a maintenance book is in place, the system for recording and “signing off” repairs is not systematic.  
Of the previous recommendations, the repair to the upstairs bathroom door is the most urgent.

# QUALITY OF CARE ARRANGEMENTS

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

- (a) **Recommendations in last report**  
Wherever possible residents should have the opportunity to read their care plans and have the freedom to question or amend these; this should be evidenced in their files. At the time of this Inspection there was no indication that this had been fulfilled.  
In addition records checked during this Inspection were not completed to an acceptable standard.  
As stated in *Quality of Records 1c* all resident should have detailed records completed at the time of their admission and reviewed regularly thereafter.
- (b) **Findings at this Inspection - Progress**  
Of the four user’s files checked not all had the same level of information. Some care plans were completed to a reasonable standard but there was no evidence of users being consulted in the process.
- (c) **Additional Inspectors observations at this Inspection**  
It is recommended that staff afford users opportunities for sharing in their care planning, recognising that all users should be consulted about how they should be cared for. Staff report that this is done on an informal basis at present, it is therefore recommended that the outcomes of these discussions are recorded.

## **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**

The cook has direct access to residents and produces menus on a four-week cycle taking account of resident's choices.

On the day of Inspection there was a choice of starters, main course potatoes. Two courses are also available in the evening. Residents confirmed that they enjoyed their food.

## **3. Quality of activity programmes**

### **(a) Recommendations in last report**

Not inspected

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

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

There was no formalised programme or record of activities. However, during the second part of the Inspection, Inspectors were informed that an activity diary would be completed one month in advance, with one resident being involved in the planning.

## **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**

Three members of staff were seen individually. All considered that there had been an overall improvement in the décor, recording systems and the management of the unit. However, there were indications that there continues to be issues around the future of the unit, which, although not affecting their commitment to the users, leaves them feeling vulnerable over their future.

The cook confirmed that she has completed kitchen risks assessments; she is satisfied with the level of communication she has with residents and the standard of food supplied to the unit.

Consideration should be given to updating food-handling training for all staff involved in the preparation and serving of food.

## **2. User/Carer views**

### **(a) Recommendations in last report**

None made

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

Four residents took the opportunity to speak with the Inspectors. All confirmed that they were satisfied with the level of care being afforded them.

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

### **SUMMARY INSPECTION REPORT**

#### **NIGHTINGALE HOUSE**

**Date of Inspection September & October 1999**

#### **Summary of Inspection**

Nightingale House is a privately owned residential for 21 elderly persons situated in the centre of Auchinleck town where there are shops and other services nearby. The front of the building is directly on to the pavement, there is a small enclosed slabbed area to the rear which in the summer has small flowerbeds and potted plants. The unit is on two floors with a passenger lift to the upper floor. There is a high ratio of double to single rooms, two rooms have en-suite toilet & wash hand basins.

The present Manager has been in post since November 1997. During her time in post she addressed most of the outstanding recommendations in previous reports. However, it is recognised that more recently communication between the Manager and Owner has deteriorated markedly. The outcome has been a total breakdown in communication and at the time of writing this report there is again no Manager in post. The Inspectors are assured that the Owner has taken steps to advertise for an appropriately qualified Manager.

Inspectors are encouraged by the staffs' continued commitment to their work and would urge the owner to support staff and to offer a forum for regular communication particularly during this time.

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

- 1) Despite assurances that all radiators would be fitted with appropriate safety covers, a number of radiators remain uncovered. This should be dealt with without delay.
- 2) Thermostats should be fitted to all radiators in residents' bedrooms thereby enabling them to control the heating levels in their rooms.
- 3) The temperature of the hot water in some of wash hand basins used by residents was unacceptably high. All hot water accessed by residents should meet required Health & Safety Standards.
- 4) All windows should have appropriate restrictors fitted
- 5) The planned programme to upgrade one bathroom to an acceptable assisted bathroom should be discussed with the Registration Officer.
- 6) As previously recommended, all residents care plans should include detailed dependency levels.

#### **Further recommendations**

1. The standard of recording is inconsistent. When charts are in place for recording specific activities these should be completed.
2. The fitting of window restrictors should be given priority and a date given for the proposed completion of this work

3. It is recommended that staff afford users opportunities for sharing in their care planning. As staff report that this is done on an informal basis at present, it is recommended that the outcomes of these discussions be recorded.
4. It is essential that there are robust arrangements in place which allows staff/management/owners to communicate effectively. Clearly regular minuted staff meetings would be part of this.
5. A separate bank account will be available for “residents’ comfort fund” which will require three signatories, including one resident representative, for any withdrawal.
6. Consideration should be given to updating food-handling training for all staff involved in the preparation and serving of food.
7. The establishment is significantly outwith the required proportion of 80% single to 10% double room occupancy. Plans should be submitted to the registration officers within one month setting out how this will be addressed.

**LEAD INSPECTOR: Isobel Dawson**

**SIGNATURE:**

**Date 5<sup>th</sup> May 2000**

**COUNTERSIGNED BY HEAD OF UNIT: WJ DUNCAN**

**SIGNATURE**

Head of Inspection : Additional Comments

Due to internal Inspection Unit issues the publication of this report has taken longer than would be normal. Because of this the report does not necessarily reflect the immediate situation in Nightingale House. In particular we are pleased to note that Unit staff have made progress in addressing the following issues which were raised in the report;

1. Case files and recording standards.
2. A new manager in post and attention being given to roles and communication.
3. Staffing levels: The introduction of dependency level assessment to assist judgements about appropriate staffing levels.
4. Additional staff training has taken place.
5. All radiators are covered and adjustments to water temperature have been made.
6. Further attention to activity programme.

**AGENDA**