



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT AND SUMMARY REPORT

NIGHTINGALE HOUSE

Date of Inspection: 19 December 2000

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

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INSPECTION INFORMATION

NAME OF ESTABLISHMENT: Nightingale House

LOCATION OF ESTABLISHMENT: 158 Main Street
Auchinleck KA18 2AS

MANAGING ORGANISATION: Owner: Mr M Shafique

CATEGORY (as per Registration): Elderly Residential & Day Care

**MAXIMUM NUMBER OF RESIDENTS
TO BE ACCOMMODATED (as per Registration):** 21 residential + 4 day care

**NUMBER RESIDENTS/ATTENDING
AT TIME OF VISIT:** 11 permanent residents (including
one in hospital)
+ 1 respite

NATURE OF INSPECTION Full announced

INSPECTOR(S) PARTICIPATING: Mrs Isobel M Dawson
Mrs Mina Cassidy

DATE(S) OF INSPECTION: 19 December 2000
(Two previous inspections were
cancelled as residents were
decanted due to flooding)

DATE OF LAST INSPECTION REPORT: September 99

**FOR FURTHER INFORMATION ON
THIS ESTABLISHMENT CONTACT** Ms Barbara Taylor
Manager
Tel:01290 425790

QUALITY OF RECORDS

1. Sampled Case Files

(a) Recommendations in last report

The standard of recording was found to be 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”.

(b) Findings at this Inspection – Progress

Overall there has been an improvement in the standard of recording. This has been aided by the use of a shift report, a pre-printed sheet covering five sections covering shift period, shift leader, eating/drinking, sleep, visitors, outings, concerts and hairdresser together with a brief report. In addition there is a checklist for possible visitors including General Practitioner, District Nurse and other professional callers.

This proforma acts as aid memoir and stimulus for staff, which has helped staff consider the holistic needs of residents on a daily basis.

(c) Additional Inspectors observations at this Inspection

Individual files are kept for all residents; they are up to date and held securely with only appropriate persons having access to them.

Staff continue to be supported in developing their skills in record keeping and the proposal to develop monthly summaries should be of benefit when reviewing and updating care plans.

It is noted that a keyworker system is in operation.

2. Sampled Financial Records

(a) Recommendations in last report

Following previous recommendation, Inspectors are now informed that individual bank accounts have been opened for each service user, with an arrangement for personal allowances to be transferred directly to these accounts.

A separate bank account is held for the “residents’ comfort fund”.

(b) Findings at this Inspection - Progress

The Manager confirmed that the above arrangements are still in place. Records checked indicate that appropriate details are maintained of resident’s finances. It was established that money raised for the “residents’ comfort fund” is held separately and the funds dispersed appropriately after consultation with staff and residents.

(c) Additional Inspectors observations at this Inspection

None

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

(a) Recommendations in last report

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 use the Boots MDS system.

(b) Findings at this Inspection - Progress

COSHH assessments have been completed and are documented.

Fire Records: most checks are completed as required. However, it is noted that checks of emergency lighting are not carried out regularly, nor has there been a fire drill since June '99. It may be considered useful to appoint a named member of staff to have specific responsibilities for the maintenance of the fire register.

Medication records: medication is now supplied in a MDS system from the local pharmacy. Records are completed appropriately and the medication is well organised. Inspectors are informed that the unit receives a good level of support, advice and regular checks from their Pharmacist.

It is noted that there is no separate refrigerator for the storage of medication. However, Inspectors are informed that there are plans to have a "treatment room" which will have this facility.

Accident books are maintained for both staff and residents. In addition a report is completed giving full details of the accident and action taken to prevent a re-occurrence.

(c) Additional Inspectors observations at this Inspection

1. **It is recommended that care be taken to carry out checks as recommended in the Fire Register. In addition it is imperative that a fire drill is carried out soon.**

QUALITY OF MANAGEMENT AND STAFFING

1. Communication systems within the staff group

(a) Recommendations in last report

During the Inspection it was found that there had been no improvement in the lines of communications between the Manager and Owner. From comments made to Inspectors this may have resulted in tensions and divisions within the overall staff group.

Although staff maintained that the tensions within the unit did not affect their work with the residents, it was difficult to see how it does not impinge on their ability to work together.

Minutes record that the last formal staff meeting was January 1999.

(b) Findings at this Inspection - Progress

The present Manager holds regular meetings with staff. These are said to be a useful mechanism for supporting the staff group, for the sharing of information and for offering an element of training.

Regrettably it is stated that the lines of communication between Senior Staff and the Owner – which permeates through to all levels of staff – is often fraught with difficulties. Staff reportedly feel undervalued and believe this is manifested in their level of pay and what they perceive as a lack of recognition for their level of commitment.

(c) Additional Inspectors observations at this Inspection

Daily logs are completed at the end of each shift and are available to staff coming on duty; this appears to be an effective means of communication.

Staff meetings are held weekly thereby affording staff the opportunity for sharing information and being kept informed of developments within the unit.

The Manager is commended for the communication systems that have recently been developed.

It is recommended that all parties address the reported tensions between the owner and the staff group in a professional and open manner.

2. Staffing Levels

(a) Recommendations in last report

At the time of this announced Inspection there were sufficient staff on duty.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Staffing rotas indicate that the minimum recommended staffing levels are in place. However, it is noted that some residents require two members of staff to meet their intensive care needs. It is acknowledged that staff are committed to maintaining residents in what is their home whatever their level of need, and have

the support of District Nurses in this task. However this level of care should be acknowledged in the overall staffing levels, particularly at specific times of the day. It is noted that the opportunities for social activities and activities outwith the unit are restricted by the present staffing levels.

It is recommended that staffing levels take account of the assessed needs of all residents. The number of staff essential to meet the care demands of specific residents has to be considered, in addition to the number of staff required to meet the holistic needs (including social activities and external outings) of the larger resident group.

3. Staff Training and Qualifications

(a) Recommendations in last report

One member of staff is involved in SVQ2 & one in SVQ3. A member of staff 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. A number of staff requires food-handling training.

(b) Findings at this Inspection - Progress

There has been little external training available during the past year. During staff meetings the Manager has covered various topics including key workers role, confidentiality, understanding aggression, fire procedures, fundraising and malodorous wounds. Food handling training remains outstanding for a number of staff.

(c) Additional Inspectors observations at this Inspection

It is concerning to note that training opportunities have been restricted during the past twelve months. Reasons for this are unclear; there is no lack of commitment from staff who are keen to take up any training opportunities available to them. Of particular concern is the failure to register the Manager for training that would lead to an appropriate qualification, despite a clear commitment being given at the time of Registration. (Attachments 1&2).

Confirmation is required that the Manager will be supported in obtaining an appropriate qualification within the agreed timescale as previously agreed by the owner.

It is recommended that all staff have an individual training plan, which ensures that staff are appropriately trained to meet the aims and objectives of the establishment.

1. Compliance with space standards

(a) Recommendations in last report

The upgrading programme was continuing, providing a more comfortable and homely environment. Further reference was made to the unacceptable proportion of double to single rooms and management was asked to confirm the unit's plans for meeting this requirement.

(b) Findings at this Inspection – Progress

Following the last Inspection the Manager stated that planning permission was in hand for the building of an extension, which would reduce the ratio of double to single rooms. This development would be completed “as and when financial viability is achieved”.

(c) Additional Inspectors observations at this Inspection

It is recognised that because of the reduced numbers of residents, most residents are presently accommodated in single rooms. **However, the ratio of seven double to seven single rooms is well above the recommended level of one double to eight single rooms. Confirmation is required as to the Owner's plans to reduce these numbers over an agreed period.**

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. Although radiator covers have been fitted some are incomplete. These should be finished quickly.
2. Thermostats have been fitted as required.
3. Hot water sourced by residents continues to be unacceptably hot.
See bills addendum to the previous inspection report

(d) Additional Inspectors observations at this Inspection

1. **The unfinished frontage on the radiator covers should be completed expeditiously.**
2. **It is not acceptable for hot water to be “controlled at source”. Thermostats controlling the temperature of the water coming out of individual taps are required where residents access hot water.**
3. **It is noted that although all bedrooms in the upper floor are warm and comfortable, bedrooms in the rear ground floor are cool despite the thermostats being at their maximum. For a period, the heating levels in the downstairs bedrooms should be checked and noted throughout the day to confirm that they reach an acceptable temperature.**

3. Hygiene and cleanliness

(a) Recommendations in last report

None made.

(b) Findings at this Inspection - Progress

The unit was found to be fresh and clean throughout.

The main washing machine was out of order at the time of the Inspection with one household washing machine and household tumble drier handling all laundry.

(c) Additional Inspectors observations at this Inspection

The second door, which creates the barrier between the kitchen, should be kept closed at all times. In order to meet this requirement, a self-closure should be fitted to this door.

A pedal bin is required for the kitchen.

It is recommended that

- 1. An industrial type washing machine with a sluice cycle and an industrial drier should be provided with some urgency.**
- 2. A self-closure should be fitted to the barrier door near to the kitchen.**

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. All windows easily accessed by residents have been fitted with restrictors.
3. The downstairs bathroom has been upgraded and the bath in the upstairs bathroom moved to allow of easier all-round access.

(c) Additional Inspectors observations at this Inspection

As referred to in *Heating levels (2d)*, the unfinished frontage on the radiator covers should be completed expeditiously. In addition, thermostats are required to control the temperature of water to which residents have access.

It is recommended that a bath lifting aid be provided in the upstairs bathroom

5. Fabric and decor standards

(a) Recommendations in last report

Some damage to the décor as a result of ingress of water in an upstairs bedroom required attention.

(b) Findings at this Inspection - Progress

All rooms presently in use are pleasingly decorated.

(c) Additional Inspectors observations at this Inspection

Since the time of the last Inspection, the unit has been flooded on two occasions causing major damage to the lower floor of the unit. During the period of evacuation the carpets were replaced and redecoration completed as required. The replacement of the carpets, kitchen units, redecoration and the upgrading of fabric has enhanced the unit and created a more comfortable and pleasing environment.

6. Standards of building maintenance

(a) Recommendations in last report

Repairs to the lintel of the upstairs bathroom door remain outstanding.

(b) Findings at this Inspection - Progress

The bathroom door now hangs evenly and is easy to open.

(c) Additional Inspectors observations at this Inspection

No detailed inspection was carried out at this time. It was confirmed that the building and electrical equipment was checked following the flood damage and before residents were reinstated in the unit.

QUALITY OF CARE ARRANGEMENTS

1. Care System: Methods for Individual Care Planning and Review
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(a) Recommendations in last report

Residents should be afforded opportunities for sharing in their care planning. Although staff reports that this is done on an informal basis it is recommended that these discussions be recorded.

(b) Findings at this Inspection - Progress

Wherever possible, residents or their representative share in their care planning. The care plan now in use is divided into main headings with each heading being further subdivided, and each area thereafter addressed by the assessor when compiling the care plan. Care plans are produced timeously and are reviewed and updated regularly. A key person is identified as being responsible for the co-ordination and progression of the care plan.

(d) Additional Inspectors observations at this Inspection

The type of care plan in use gives detailed information and instructions on the areas specified in a pre-printed sheet. The one disadvantage of this is that it does

not allow any flexibility for residents to have needs identified which do not fall within those categories on the form. However, the advantage of this format is that it allows inexperienced staff to compile a detailed care plan by answering set questions.

The Manager states that she is reviewing the care plans with a view to widening opportunities for comments by staff. It is the Inspectors view that at this stage of the staffs' knowledge and development, it may be more facilitating for staff to follow the present format for a further period.

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

Menus were revised this month and the cook has drawn up a four-week cycle of menus that take account of residents' needs and wishes. Meals appear nutritionally well-balanced with a good variety of choices. A three-course meal is available at lunchtime and two courses at teatime.

Residents commented favourably on the quality and choice of meals available to them.

On the day of the inspection the following menu was available:

Breakfast	Lunch	Tea
Fruit juice Cereal or porridge Cooked breakfast Toast/marmalade Tea/coffee	Carrot & orange soup Turkey & ham casserole Fisherman's pie Potatoes lyonnaise Tomatoes & green beans Apple & rhubarb crumble with custard	Pasta shapes with tomato sauce Chicken vol-au-vents with salad Assorted sandwiches Fruit jelly & cream

The management and cook are commended for the quality of menus, for the flexibility of mealtimes and the choice of where meals are served.

3. Quality of activity programmes

(a) Recommendations in last report

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.

(b) Findings at this Inspection - Progress

A programme of activities is prepared one week in advance, which plans at least one activity a day. Evening activities are arranged from time to time to which families are invited.

(c) Additional Inspectors observations at this Inspection

Staff are committed to providing purposeful and enjoyable activities for residents but they indicate that their ability to provide this is restricted by the number of staff available to meet the overall needs of residents.

Staff organise activities in the community to raise funds for additional activities equipment, concerts and in-house entertainment.

Whenever possible, staff encourage residents to attend outside activities although it is recognised that this is restricted to the more able residents as the unit does not have their own transport.

Nightingale House clearly encourages family and friends to visit the unit and to join in concerts, bingo and coffee mornings.

Staff are commended for their ongoing commitment to provide purposeful and meaningful social opportunities for residents to engage in.

INSPECTORS FINDINGS ON OTHER VIEWS

1. Staff views expressed

(a) Recommendations in last report

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.

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

(b) Findings at this Inspection - Progress

Food handling training remains outstanding for a number of staff.

(c) Additional Inspectors observations at this Inspection

Care staff confirmed that they are allocated key worker responsibilities for specific users and adequate time is set aside to settle a new user into their environment. All commented that they did not have sufficient time to maintain resident's previous interests or to provide stimulating activities, however they did feel that they offered a good level of personal care.

Most staff referred to some lack of equipment, including bath aids and domestic equipment, and some commented that the unit was not always as warm as it should be.

On a more personal level a majority of staff considered that their complaints, views or opinions were not always considered nor were there adequate training opportunities.

Reference was made to "not all staff being treated the same"

2. User/Carer views

(a) Recommendations in last report

None made.

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Four residents were able to express their views to the Inspectors. All referred to the high of the quality of food and the service they receive, one resident spoke of the flexibility of mealtimes and the choice of food.

As the residents had only recently returned to the unit following the flood damage, staff were making efforts to re-settle them and make them feel "at home" and the residents appreciated this.

Four Carers completed the confidential questionnaires and all commented favourable on the standard of care being offered to their relatives. They find staff helpful, and feel that they can speak with them at any time.

EAST AYRSHIRE COUNCIL - SOCIAL WORK INSPECTION UNIT
SUMMARY INSPECTION REPORT
NIGHTINGALE HOUSE
19 DECEMBER 2000

Summary of Inspection

Nightingale House is a privately owned unit registered for 21 residential and four day-care users. The unit is situated in the centre of Auchinleck. The towns' amenities and public transport are nearby.

As the building opens directly on to the pavement of the main street there is no garden to the front and an enclosed slabbed area to the rear. The unit is on two floors with a passenger lift to the upper floor. There is a high ratio of double to single rooms, however owing to the low occupancy rate; most residents do not have to share at present.

Previous Inspection reports have referred to difficulties in obtaining appropriately qualified persons to manage the unit and thereafter maintaining them in post. The present Manager was registered in September 1990. At the time of her appointment there was a clear commitment from the owner to support the Manager in obtaining an appropriate managerial qualification; **it is concerning that this commitment has not been fulfilled.**

Since the time of the last Inspection the unit has been flooded twice and on each occasion all residents had to be transferred to other establishments. Despite these difficulties residents were keen to return once the unit was re-instated, and the resulting upgrading of furniture and fabric following the flooding has enhanced the comfort of the accommodation.

Inspectors continue to be encouraged by the commitment of the staff group especially during this period of instability and since the re-opening of the unit. As referred to in previous inspection reports, the relationship between the staff group and the owner is reported to be tense at times and once again this is an area that requires open

dialogue.

As can be seen, a number of recommendations have been carried forward from previous reports together with further recommendations in this report. However, staff are commended for their commitment to providing flexible care which is responsive to user' needs, and particularly for their efforts in maintaining good links with families and friends of residents. Specifically, residents speak highly of the quality and variety of meals provided.

Previous recommendations carried forward:

- 1. The unfinished frontage on the radiator covers should be completed expeditiously.**
- 2. It is not acceptable for hot water to be “controlled at source”. Thermostats controlling the temperature of the water coming out of individual taps are required where residents access hot water.**
- 3. The ratio of seven double to seven single rooms is well above the recommended level of one double to eight single rooms. Confirmation is required as to the Owner’s plans to reduce these numbers over an agreed period.**

Further recommendations

- 1. Care must be taken to carry out checks as recommended in the Fire Register. In addition it is imperative that a fire drill is carried out soon.**
- 2. Staffing levels should take account of the assessed needs of all residents recognising that social activities and external outings are part of the holistic care of residents.**
- 3. Confirmation is required that the Manager will be supported in obtaining an appropriate qualification within the agreed timescale, as previously accepted by the owner.**
- 4. All staff should have an individual training plan, which ensures that they are appropriately trained to meet the aims and objectives of the establishment.**
- 5. For a period, the heating levels in the downstairs bedrooms should be checked and noted throughout the day to confirm that they reach an acceptable temperature.**
- 6. Staffing levels should take account of the assessed needs of all residents. The number of staff essential to meet the care demands of specific residents has to be considered, in addition to the number of staff required to meet the holistic needs (including social activities and external outings) of the larger resident group.**
- 7. It is recommended that care be taken to carry out checks as recommended in the Fire Register. In addition it is imperative that a fire drill is carried out soon.**
- 8. The reported tensions between the owner and the staff group require to be addressed in a professional and open manner by all parties.**
- 9. A self-closure device should be fitted to the barrier door between the kitchen and toilet entrance.**
- 10. An industrial type washing machine with a sluice cycle, and an industrial**

drier are essential to handle the unit laundry.
11. It is recommended that a bath lifting aid be provided in the upstairs bathroom

Commendations

The Manager is commended for the communication systems now in place.

The management and cook are commended for the quality of menus and for the flexibility of mealtimes and choice of where meals can be served.

Staff are commended for their ongoing commitment to provide purposeful and meaningful social opportunities for residents to engage in.

LEAD INSPECTOR: Mrs Isobel M Dawson

SIGNATURE: _____ **Date** _____

COUNTERSIGNED BY HEAD OF UNIT: W J Duncan

SIGNATURE: _____ **Date** _____

AGENDA
