

# **SOCIAL WORK INSPECTION UNIT**

## **INSPECTION REPORT AND SUMMARY REPORT**

### **SPRINGHILL HOUSE**

**Date of Inspection: 27 OCTOBER 1999**

**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

<b>NAME OF ESTABLISHMENT:</b>	Springhill House
<b>LOCATION OF ESTABLISHMENT:</b>	80 Portland Road Kilmarnock
<b>MANAGING ORGANISATION</b>	Springhill Homes Ltd
<b>CATEGORY (as per Registration):</b>	Elderly
<b>MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):</b>	12 out of a total of 34 places
<b>NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT :</b>	11 Residential + 21 Nursing clients
<b>NATURE OF INSPECTION:</b>	Full, announced
<b>INSPECTOR(S) PARTICIPATING:</b>	Mrs Isobel M Dawson Mr George Stewart
<b>DATE(S) OF INSPECTION:</b>	27 October 1999
<b>DATE OF LAST INSPECTION REPORT:</b>	March 1999
<b>FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT</b>	Mr Marcus Reid Manager  Mr Hugh Muir Owner

## QUALITY OF RECORDS

### 1. Sampled Case Files

**(a) Recommendations in last report**

An improvement in the standard of residents' case files has been maintained. However, daily notes were not entirely satisfactory and it was recommended that this area should be further explored.

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

The standard and the content of all files are greatly improved. Detailed, relevant and holistic information is available which includes an excellent client profile, preferences regarding medication, financial management, food, sleeping, smoking, hobbies and medical background.

All residents sign a Charter of Rights at the time of admission. Care plans are of a good standard.

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

The Management and care staff commended for ongoing development of detailed case files and in particular the quality of resident's care plans.

### 2. Sampled Financial Records

**(a) Recommendations in last report**

It was recommended that financial procedures be amended to ensure the Manager has adequate information to allow him to exercise sound judgement in relation to the wishes of residents

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

Finances continue to be managed centrally by an administrative employee who is responsible for the recording of all transactions. The Manager is clear that he has access to and control of any monies held at the request of residents who are supported in choosing how this money can be spent.

**(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**

None

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

**Fire safety records**

Fire drills are carried out regularly and recorded in detail. RCS Engineering on 9.4.99 completed a system and maintenance check. All staff are required to update their fire safety training annually and training records are well maintained.

**Medication Records**

The Unit uses a Monitored Dosage System from Boots pharmacy whose pharmacist was making her routine visit at the time of this Inspection. A copy of her report was made available to the Inspectors that confirmed that all storage and distribution requirements are met.

**Accidents**

Appropriately recorded and audited monthly

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

None

**QUALITY OF MANAGEMENT AND STAFFING**

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

**(a) Recommendations in last report**

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

Positive developments in written and verbal communication have continued and it is clear that considerable thought and input has gone into advancing and maintaining these.

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

None

**2. Staffing Levels**

**(a) Recommendations in last report**

Again it was recommended that the Manager's workload be reviewed allowing for more time for his managerial responsibilities.

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

The Manager informed Inspectors that this recommendation has been acted on and that he and other staff with managerial responsibilities now have specific times rostered for management tasks.

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

None

<b>3. Staff Training and Qualifications</b>
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**(a) Recommendations in last report**

None

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

	Management	Care staff	Domestic & Laundry	Catering & kitchen
Induction		8	8	2
Moving & handling	All staff	All staff	All staff	All staff
Fire safety	All staff	All staff	All staff	All staff
Food handling				1
SVQ 2		5		
SVQ 3		2		
B.Sc. Nursing	1			
Communication skills		Numbers not available		
Catheter care		"		
Dementia		"		
Heartstart		"		
Drug study		"		
Wound management		"		
In house tutorials		various		

Three staff are work place assessors for SVQ, one of whom works specifically with night staff, thereby given all staff the opportunity of SVQ training. In house tutorials are seen as preparation towards SVQ training; future tutorials include communication skills, Moving and handling, challenging behaviour, fire risk awareness, continence management and elderly abuse.

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

The management and staff are commended for their ongoing commitment to training.

## QUALITY OF PHYSICAL ENVIRONMENT

### 1. Compliance with space standards

#### (a) Recommendations in last report

As stated in the last Inspection report there had been some improvement in the overall standard of the bathrooms but the existing building design has prevented changing the design of the ground floor bathroom.

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

As referred to in previous inspection reports, the design of the ground floor bathroom is not suitable for use as an assisted bathroom.

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

**It is recognised that staff are aware of the need to maintain resident's privacy and dignity when using the ground floor bathroom and screening is provided when required. However, this is not an ideal situation and if for the future building developments are not within an acceptable timescale, some further consideration will have to be given to how this difficulty can be overcome.**

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

#### (a) Recommendations in last report

None

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

The unit was found to be warm and comfortable throughout. Water temperatures were found to be unacceptably high in one room. A notice stating "very hot water" does not obviate the units' responsibility towards the safety of their residents.

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

All thermostatic controls where residents have access to hot water should be checked and regulated.

### 3. Hygiene and cleanliness

#### (a) Recommendations in last report

None

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

All public areas and most bedrooms were fresh and clean and odour free. However, two bedrooms were malodorous. It is recognised that there were particular difficulties in maintaining a fresh environment in these rooms, but staff should be alert to this and continue to make efforts to overcome the difficulties.

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

None

<b>4. Safety of the environment</b>
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**(a) Recommendations in last report**

None

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

The unit appeared safe and free from hazards throughout.

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

none

<b>5. Fabric and decor standards</b>
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**(a) Recommendations in last report**

The problem highlighted in previous reports regarding wheelchairs defacing the woodwork and the walls had not been dealt with.

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

Most bedrooms are well decorated and most residents have personalised their rooms. However it was noticeable that the rooms of some less able residents appeared bare and lacked homeliness. In addition as referred to in the feedback with management, one room in particular required urgent upgrading of windows, décor and lighting.

Some fixed plastic wall covers are in place to protect corners, however work is still outstanding. It is understood that estimates are in hand for the outstanding work.

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

Where residents are less able to make independent decisions about the décor and fitments in their own room, it would be helpful if their keyworkers could work alongside them to develop a pleasant and homely ambience in their bedrooms.

The work to protect walls and doors from defacement should continue. All bathrooms and en suite toilets should have fitted mirrors unless otherwise requested by residents.

## **6. Standards of building maintenance**

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

Three recommendations have been carried forward from previous reports

1. Resurfacing of the car park
2. Damage to the walls and woodwork by wheelchairs
3. Upgrading of the Hairdressing room

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

1. The temporary repairs to the car park are acceptable.
2. Still outstanding, please see 5 (b) & (c)
3. This room has been upgraded. The hot water system is thermostatically controlled and the room is pleasant and comfortable.

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

As referred to in 5(b) the windows in one room should be repaired or replaced and the lighting upgraded. It is understood from the Owner that he is in negotiation with East Ayrshire Council regarding repairs to the road and car park, which he understands will be joint-funded.

## **QUALITY OF CARE ARRANGEMENTS**

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

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

None, the unit was commended for the improvements in individual care planning.

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

The quality of reviews & care planning has been maintained to the previous high standard.

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

None

### **2. Quality of Menus and Catering arrangements**

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

None

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

Catering and kitchen staff spoke enthusiastically about their ability to provide a variety of nutritious menus that take account of residents stated preferences. The Unit has been awarded the Scottish Healthy Choices Award 1999-2000 and the Cook is delighted to have received "Investors in people" recognition which is normally awarded to hotel catering facilities.

**MENU FOR 12 OCTOBER 1999**

<b>breakfast</b>	<b>lunch</b>	<b>Evening meal</b>	<b>supper</b>
<b>Cooked breakfast</b>	<b>Chicken in white sauce</b>	<b>Scotch broth</b>	<b>Tea/coffee toast</b>
<b>Cereal*</b>	<b>Potato croquettes</b>	<b>Sausages &amp; potato waffles &amp; baked beans</b>	<b>NIGHTCAP Glass of wine,spirit/ advocaat/soft drink</b>
<b>Fresh juice*</b>	<b>Carrots &amp; sweetcorn</b>	<b>Variety of sandwiches*</b>	
<b>milk</b>	<b>Or baked potato with filling*</b>	<b>Tea/coffee with sultana and cherry loaf</b>	
<b>Fruit*</b>	<b>Strawberry jelly &amp; ice cream or *fresh fruit</b>		
	<b>Tea &amp; Coffee</b>		

\* denotes healthy choice

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

None

**3. Quality of activity programmes**

**(a) Recommendations in last report**

None

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

Individual and group records are maintained of all planned activities. A diversionary therapist attends the unit three times a week and provides an interesting programme of activities. A number of the present group of residents are physically able and have been able to be involved in hobbies such as gardening and flower arranging. Other regular activities include News discussions, hands and nails beauty, reminiscence groups and quizzes

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

None

## INSPECTORS FINDINGS ON OTHER VIEWS

### Staff views expressed

**(a) Recommendations in last report**

None

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

A number of staff were seen during this Inspection and four staff, who have different responsibilities and lengths of service, completed confidential questionnaires. Most comments were positive although a proportion considered that it would be helpful to have additional staffing. One reference was made to management not always listening to workers suggestions and complaints.

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

Questionnaires were given to care staff with different responsibilities and with different lengths of service.

### User/Carer views

**(a) Recommendations in last report**

None

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

Six residents took the opportunity of speaking with Inspectors in private during this inspection others were seen in the public rooms.

Five confidential questionnaires were sent to friends/relatives of residents and four were returned completed.

All responses were positive with particular reference being made to the quality of food and accessibility of the staff

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

None

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

**SUMMARY INSPECTION REPORT**

**SPRINGHILL HOUSE**

**Date of Inspection 27 October 1999**

**Summary of Inspection**

Springhill House is a former mansion house set in about three acres of mature grounds near to the centre of Kilmarnock. Built about 160 years ago it was formerly a Local Authority Residential Home for the Elderly which was extensively upgraded by the present owners prior to opening as Nursing Home in 1994. In 1996 the unit was registered jointly by East Ayrshire Council and Ayrshire & Arran Health Board

Springhill House is on three levels with a passenger lift to all three floors. The main public rooms are on the ground floor with ancillary accommodation and some bedrooms on the lower floor. The upper floor contains resident's rooms and a small sitting area.

Residents are accommodated in single or double rooms with en-suite toilets and wash hand basin. There are three large, comfortable public rooms on the ground floor.

There are some building and upgrading issues outstanding; although it is recognised that this will be progressed in the planned future developments, an acceptable timescale will have to be agreed. Since the time of the last Inspection further redecoration has taken place and it is anticipated that this will be completed in the near future.

The unit has made significant progress in ensuring that case files are well maintained. These records indicate that staff consider the holistic needs of residents when developing care plans and delivering care.

The Inspectors were able to establish that appropriate measures have been taken to ensure all services and equipment is millennium compliant.

**Previous recommendations carried forward:**

**Further recommendations**

1. It is recognised that staff are aware of the need to maintain resident's privacy and dignity when using the ground floor bathroom and screening is provided when required. However, this is not an ideal situation and if the timescale for the future building developments are not within an acceptable timescale, some further consideration will have to be given to how this difficulty can be overcome
2. All thermostatic controls where residents have access to hot water should be checked and regulated
3. Where residents are less able to make independent decisions about the décor and fitments in their own room, it would be helpful if their keyworkers could work alongside them to develop a pleasant and homely ambience in their bedrooms.
4. The planned work to protect walls and doors from defacement should continue.
5. All bathrooms and en suite toilets should have fitted mirrors unless otherwise requested by residents

**Commendations**

The Management and care staff are commended for ongoing development of detailed case files and in particular the quality of resident's care plans

The management and staff are commended for their ongoing commitment to training.

**LEAD INSPECTOR:**

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

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

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

**AGENDA**