



**East Ayrshire**  
COUNCIL

## **SOCIAL WORK INSPECTION UNIT**

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

### **SPRINGHILL HOUSE**

**Date of Inspection: 5 October 00**

**W.J. Duncan  
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East Ayrshire Council  
Social Work Department  
Council Offices  
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## INSPECTION INFORMATION

<b>NAME OF ESTABLISHMENT:</b>	Springhill House
<b>LOCATION OF ESTABLISHMENT:</b>	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 Residential + 21 Nursing Clients
<b>NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT:</b>	Full
<b>NATURE OF INSPECTION</b>	Unannounced
<b>INSPECTOR(S) PARTICIPATING:</b>	Mrs Mina Cassidy Mrs Isobel Dawson
<b>DATE(S) OF INSPECTION:</b>	3 October 00
<b>DATE OF LAST INSPECTION REPORT:</b>	Full Inspection 27 October 99 Short, focussed, unannounced, evening March 00
<b>FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT</b>	Mrs Sara Martin, Manager 01563 573356

## QUALITY OF RECORDS

### 1. Sampled Case Files

#### (a) Recommendations in last report

At the time of the last full Inspection in October 99, the standard and the content of all files were greatly improved. Care plans were of a good standard and the Manager and care staff were commended for the ongoing development and quality of the care plans.

A further short, unannounced evening Inspection in March 00, highlighted some deterioration in the quality of resident's files. This may have been as a result of major changes in the management group, at the time of Inspection there was no Manager, Depute or Care Manager in post.

#### 1. Findings at this Inspection – Progress

The new Unit Manager has reviewed the format and content of residents' files, which are organised, manageable and easily accessed.

Each file has a **profile sheet** giving quick reference information; a **client detail sheet** providing information on likes/dislikes and preferences. Additional personal information is built up in consultation with the resident who, whenever possible, signs this document.

The **pen picture history** can provide an excellent background life history when completed well.

**Medical records** are up to date and give details of reasons for referral, investigations and treatment given.

**Care Plans** cover physical, medical, emotional and social care and look at strengths, needs, aims, action and review dates.

**Incident reports** acknowledge changes of behaviour and explorations.

**An activity sheet records** all organised activities with a scoring indicating willingness to participate, interaction and enjoyment.

There is additional information on bathing and a personal affects record.

#### 2. Additional Inspectors observations at this Inspection

**Staff are commended for the standard of case file management and the quality of the recording. Particular reference is made to the care plan summary, completed on a weekly basis providing an overview of the changing care needs of a resident, which then informs the care approach for the following week.**

### 2. Sampled Financial Records

#### (a) Recommendations in last report

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

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

The Inspectors are concerned that records documenting residents personal finances are out of date, a number have not been completed for some months. This practice is unacceptable, all finances managed by the unit must be recorded as the transactions take place and all savings and expenditures evidenced and witnessed at the time.

**3. Additional Inspectors observations at this Inspection**

**It is recommended that the organisation and the recording of residents' finances be immediately updated. In addition, resident's personal records (including financial documentation) should be written in a format that is easily understood by residents and/or their representatives, as these are part of the overall documentation that they have a right to access.**

<p><b>3. Other records including specific comment on Fire Safety records and Medication records</b></p>
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**(a) Recommendations in last report**

None made

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

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

The information held in the **fire records** folder is excellent and the data is comprehensible and detailed. It is noted that staff fire training is due to be updated in November when a fire drill is also due to take place.

Annual maintenance of fire equipment was carried out in April of this year.

**Medication records** were not checked during this Inspection.

Separate **accident books** are maintained for staff and residents and are completed appropriately.

**Complaints and suggestions book was seen.** It would be useful if the format could be changed from the present book system thereby maintaining confidentiality.

## 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**

Staff communicates both in writing and verbally at the commencement of each shift. In addition to resident's personal files a daily report book is completed. This includes a short, daily comment about how individuals spent their day.

### 2. Staffing Levels

**(a) Recommendations in last report**

At the time of the short, focussed evening Inspection in March of this year the Manager had resigned and although a new Manager had been appointed, she had still to take up her post. In addition the Depute Manager had resigned at short notice.

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

An experienced Manager commenced shortly after the last Inspection who was registered by the Social Work Department thereafter. In addition a Depute Manager has been appointed.

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

Rotas checked indicated that the unit is adequately staffed throughout the day. It is noted that the Manager has adequate time set aside for administration and other management tasks.

It is noted from the Inspection questionnaire that the rate of staff sickness is above average although this was mostly due to long-term sickness of three staff members. The management should continue to monitor this.

### 3. Staff Training and Qualifications

**(a) Recommendations in last report**

None. The management and staff were commended for the ongoing commitment to training.

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

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

	<b>Management</b>	<b>Care Staff</b>	<b>Domestic &amp; catering staff</b>
Induction	1	7	
Lifting/handling	All staff	All staff	All staff
Fire safety	All staff	All staff	All staff
Food handling			
SVQ	1 ongoing	4 ongoing	
Nutritional educ	3	2	2
Incontinence update	1		
Catheter Care		4	
Communication workshop	1	6	

Additional nursing care updates have also taken place.

## **QUALITY OF PHYSICAL ENVIRONMENT**

### **1. Compliance with space standards**

**(a) Recommendations in last report**

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 future building developments are not within an acceptable timescale, some further consideration will have to be given to how this difficulty can be overcome.

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

No changes have been made to the bathroom. However, the manager states that the appropriately converted bathroom is the preferred option of most residents.

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

The initial recommendation regarding the upgrading of the ground floor bathroom is reiterated. Any improvements should take account of the needs of residents in relation to location, access, equipment, residents' abilities and the health and safety of staff. This bathroom does not comply with the required standard and must be upgraded at the earliest opportunity.

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

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

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

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

It is recorded that maintenance staff checks the controls and system regularly.

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

## **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 appeared fresh and clean in the areas seen during this Inspection.

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

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

None

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

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

The building appeared free from major hazards. However it was noted that a bin in an upstairs shower was without a lid and the light at the rear fire exit on the upper floor was not working.

## **5. Fabric and decor standards**

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

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.

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

Although metal corners have been placed on some walls in order to prevent further damage, there remains an ongoing problem with walls and doors being gouged and defaced. The programme of redecoration and upgrading should take account of this.

Not all bathrooms were seen during this Inspection but it is reported that all have been fitted with mirrors.

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

Inspectors were informed that there is an improvement programme in place, which upgrades one bedroom each month. This will include curtains, carpets and redecoration. The completed bedroom seen by Inspectors was pleasant and comfortable.

Inspectors noted that the shared and public space is beginning to show signs of wear; redecoration and replacement of some items of furniture will have to be considered in the near future.

<b>6. Standards of building maintenance</b>
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**(a) Recommendations in last report**

- 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.

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

- It is now understood that the entrance driveway is the joint responsibility of Springhill Homes Ltd & East Ayrshire Council and it is noted that surface maintenance work has been carried out. The car park surface is acceptable.
- The recommendation regarding repairs to a bedroom window and the upgrading of the lighting has not been completed.

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

It is recognised that there is now a rolling programme for the upgrading of bedrooms. However, the Inspectors were surprised that the bedroom referred to in the report of October 99, and which they considered to be the one in most need of upgrading, remains untouched. The windows in this room must be repaired or replaced and the lighting upgraded.

<b>QUALITY OF CARE ARRANGEMENTS</b>
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**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**

The format used for care planning is a very useful tool, and when completed appropriately covers all aspects of a residents needs, strengths and approach to care. Not all staff completed the documentation to the same standard; some were of a very high standard.

Reviews take place regularly and inform care plans, which are summarised weekly, thereby giving an overview of changes in care needs

**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**

**Menu on day of Inspection**

breakfast	Choice of juice or prunes Cereal; toast; cooked breakfast if requested; tea and coffee
Morning tea	Pancakes, scones, biscuits tea and coffee
lunch	Poached haddock with white sauce; potatoes, mixed vegetables or tomato omelette Semolina with stewed apples or fresh fruit. Tea & coffee
Evening	Cream of chicken soup. Hash brown with savoury mince or sandwiches Tea, coffee & home baking
Supper	Tea, coffee & toast.
Nightcap	Glass of wine, spirit, advocaat, soft drink.

**3. Quality of activity programmes**

**(a) Recommendations in last report**

None

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

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

A planned programme of activities is available to all residents with most of this

taking place within the unit. The activities are well documented with clear records maintained of attendees, of their ability and willingness to participate, interaction and enjoyment. The activity organiser signs this record.

## INSPECTORS FINDINGS ON OTHER VIEWS

### 1. Staff views expressed

**(b) Recommendations in last report**

None made

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

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

Staff completed three confidential questionnaires. Most comments made about the unit and the quality of care they were able to offer to residents were positive. However, the suggestion was made on more than one questionnaire that if the unit had their own transport the range of activities available to residents could be widened, and their sense of isolation from the community lessened by visits outwith the unit.

### 2. User/Carer views

**(a) Recommendations in last report**

None made

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

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

**The views of five residents were obtained.** All confirmed that either they or their immediate family chose Springhill. All had sufficient information about the unit prior to admission and felt welcomed on arrival. "Being looked after" was the best thing about moving into the unit, although they did not like giving up their home or moving away from their family. Particular reference was made to enjoying the food.

**Three relatives completed confidential questionnaires.** All who were involved in the their relative's admission stated that they had sufficient information from the Social Work Department to enable them make an informed decision about the admission. All felt that staff took time to talk to them about their relatives and obtained relevant information about their likes and dislikes.

**Reference was made to the lack of appropriate facilities where family could meet in privacy away from other residents. Bedrooms were not**

considered comfortable enough nor did they provide adequate amenities for that purpose.

Another comment was made that there should be better facilities for residents to make and receive telephone calls.

Both these recommendations should be acted on. It is a requirement that residents should have the opportunity for making and receiving telephone calls in private and without reference to staff.

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

### **SUMMARY INSPECTION REPORT**

#### **Springhill House**

**Date of Inspection 5 October 00**

#### **Summary of Inspection**

Springhill House is registered as a Residential & Nursing Home by East Ayrshire Department of Educational & Social Services and Ayrshire & Arran Health Board. The three acres of grounds also holds a sheltered housing complex and privately owned houses.

The unit is on three levels with a passenger lift to all three floors. There are bedrooms on all floors with most of the public space on the middle floor.

The building and upgrading issues highlighted in previous reports are being progressed, in particular there is a planned programme of redecoration and upgrading for resident's bedrooms.

Residents' personal files, reviews and care plans are detailed and well maintained. Inspectors have expressed some concerns about the management of residents' financial records that had not been kept up-to-date.

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

**It is recognised that there is now a rolling programme for the upgrading of bedrooms. However, the Inspectors were surprised that the bedroom referred to in the report of October 99, and which they considered being the one in most need of redecoration and upgrading, remains untouched. In addition, as referred to in 5(b), the windows in this room should be repaired or replaced and the lighting upgraded.**

#### **Further recommendations**

- 1. All finances managed by the unit must be recorded as the transactions take place, and all savings or spending evidenced at the time. In addition, records should be written in a format that is easily accessible and understood by residents of their representative.**

2. The initial recommendation regarding the upgrading of the ground floor bathroom is reiterated. Any improvements should take account of the needs of residents in relation to location, access, equipment, residents' abilities and the health and safety of staff.
3. It is a requirement that residents should have the opportunity for making and receiving telephone calls in private and without reference to staff. The management must consider how this should be accomplished and further advice can be obtained from the Registration Officer.

<b>Commendations</b>
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Staff are commended for the standard of case file management and the quality of the recording. Particular reference is made to the care plan summary, completed on a weekly basis to give an overview of the changing care needs of a resident, which then informs the care approach for the following week.

**LEAD INSPECTOR: Mrs Isobel M Dawson**

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

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

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

<b>AGENDA</b>
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