



**East Ayrshire**  
COUNCIL

## **SOCIAL WORK INSPECTION UNIT**

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

#### **Unit Name**

**WEST PARK**

**Date of Inspection:  
23<sup>RD</sup> AUGUST 2000**

**W.J. Duncan  
Head of Inspection, Registration and Complaints Unit  
East Ayrshire Council  
Social Work Department  
Council Offices  
Lugar  
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**Tel: 01563 555343 Fax: 01563 555400**

## INSPECTION INFORMATION

**NAME OF ESTABLISHMENT:** WESTPARK

**LOCATION OF ESTABLISHMENT:** Glasgow Road, Galston  
KA4 8PB

**MANAGING ORGANISATION:** Mr & Mrs L Bagan

**CATEGORY (as per Registration):** Elderly Male and Female residents

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

**NUMBER RESIDENTS/ATTENDING  
AT TIME OF VISIT:** 15

**NATURE OF INSPECTION** Full Announced

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

**DATE(S) OF INSPECTION:** 23<sup>rd</sup> August 2000

**DATE OF LAST INSPECTION REPORT:** 30<sup>th</sup> March, 2000

**FOR FURTHER INFORMATION ON  
THIS ESTABLISHMENT CONTACT** Miss L. A. Bagan, Manager  
Tel: 01563 820426

## QUALITY OF RECORDS

### 1. Sampled Case Files

**(a) Recommendations in last report**

It would appear from the records seen that there has been no major change in the quality of service users files, therefore the previous recommendation regarding training, supporting and supervising staff in developing record skills is reiterated.

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

The inspector found that, although the manager has introduced some new systems for recording residents' information, on the whole, the information within each file remains very limited. Therefore, it is difficult to form a picture of the life of individual residents and how their needs are being met.

**The previous recommendation regarding training and supervising staff in developing recording skills is reiterated.**

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

Six service users' files were examined during this inspection one of which was of the most recent admission. The information contained within each file is well ordered, although as previously stated very limited in content.

The file of the most recent recent admission does not contain a Community Care Assessment or any correspondence from the named social worker. The manager states that she often has difficulty obtaining the required paperwork from social workers prior to a resident' admission and can often wait a number of weeks following admission. This lack of important information results in delays in the care planning process and can cause some difficulties for staff when defining and meeting residents needs.

**The inspector is concerned to note that the manager occasionally has difficulty obtaining relevant information from social work staff prior to or soon after a residents' admission.**

### 2. Sampled Financial Records

**(a) Recommendations in last report**

None

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

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

The inspector found that relatives manage all residents' finances. Relatives intermittently hand in small sums of money for the residents' use. Each of the residents has chosen to have this money kept secure for them in the office. The system in use for recording all transactions is clear and easy to follow. However, it is noted that receipts are not available and only one signature follows each entry.

**It is recommended that receipts for purchases are obtained whenever**

possible. It is also recommended that a second signature be provided either from another member of staff or from the resident.

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

None

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

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

Medication Records. – Medication is stored in a well-ordered manner in an appropriately secured cupboard. The system for recording the administration of medication is maintained assiduously. However, it is noted that the monthly recording sheets do not include the name of the month for which the medication administration relates. It is suggested that the appropriate month be entered in the monthly medication administration sheets.

Fire Records.- Fire safety records are well maintained. However, it is noted that fire alarm checks are only carried out on a monthly basis.

**It is recommended that fire alarm checks be carried out on a weekly basis.**

Accident Records – Accident records relating to residents are clearly documented in an appropriate book. It is noted that the majority of accidents and occurrences are of a very minor nature. However, it is also noted that there is no facility within the system to record any action taken to prevent a re-occurrence. It is suggested that the accident record should include details of the action to be taken to prevent a re-occurrence of the incident.

It is also noted that there is no system in place for recording accidents relating to staff. It is therefore suggested that a separate recording system for staff accidents be established.

Complaint – The inspector found that an appropriate system for making complaints is in place.

<b>QUALITY OF MANAGEMENT AND STAFFING</b>
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**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**

The Manager informed the inspector that formal staff meetings are not held. The Manager feels that the verbal and written communication which presently exist ensures that all important and relevant information is communicated within the staff group.

A 10 minute shift hand over takes place to ensure that staff is informed of the changing needs of residents.

**2. Staffing Levels**

**(a) Recommendations in last report**

None

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

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

Rotas indicate that there is a minimum of two care staff in addition to catering, domestic and managerial staff on duty during day shifts and two care staff on duty at all other times.

**3. Staff Training and Qualifications**

**(a) Recommendations in last report**

None

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

Number of Days training during last year

	<b>Management</b>	<b>Care Staff</b>	<b>Catering/ domestic staff</b>
<b>Induction</b>			<b>1</b>
<b>Moving and Handling</b>		<b>All Staff</b>	

The training opportunities available to staff are very limited. Previous inspections have highlighted a need for training in care planning and recording which has not yet taken place. In addition it was noted that staff have not received appropriate food hygiene training.

**It is recommended that a planned programme of training be developed which offers staff the opportunity to develop their skills and knowledge in a range of**

areas, which would enhance the quality of care delivered to residents.

It is recommended that all staff should undertake appropriate Food Hygiene Training as a matter of urgency.

## 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

The percentage of double to single rooms is above the present recommended 8 single to 1 double room. However, the Owners and Manager have plans to change this in the longer term.

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

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

The hot water system is fitted with appropriate thermostatic temperature controls.

The inspector noted that radiators throughout the Unit appear not to be of a 'low surface temperature' type. **The Unit Manager is required to confirm if the radiators in the Unit are of a 'low surface temperature' type. If this is not the case, it is recommended that low surface temperature radiators are installed or suitable radiator covers are fitted to all radiators as a matter of priority.**

### 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 was found to be clean and fresh throughout

### 4. Safety of the environment

**(a) Recommendations in last report**

None

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

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

See section Quality of physical environment (2c)

The Inspector found that there were no fly screens in place on the kitchen window.

**It is recommended that a fly screen be fitted to the kitchen window.**

It was noted during the inspection that a number of fire doors were wedged open.

**It is recommended that fire doors must not be wedged open.**

**5. Fabric and decor standards**

**(a) Recommendations in last report**

None

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

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

The Unit was pleasantly decorated throughout. The inspector noted that a member of staff had made matching soft furnishings for the recently decorated bedrooms.

**6. Standards of building maintenance**

**(a) Recommendations in last report**

None

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

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

On the whole the Unit appears to be well maintained. However there is evidence of penetration above the window of room 2 and the bath in the assisted bathroom is badly chipped at the edge.

**It is recommended that the damaged ceiling/wall in room 2 is repaired**

**It is also recommended that the bath in the assisted bathroom be replaced**

**QUALITY OF CARE ARRANGEMENTS**

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

**(a) Recommendations in last report**

The recommendations regarding staff development and training, particularly in relation to being involved in reviews, care planning and record keeping is repeated.

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

The inspector found that some progress has been made. Reviews were found to be up to date and recorded to an acceptable standard. Care plans are detailed and well laid out and reflected the individuals holistic needs. A monthly review of all care plans is clearly recorded providing a summary of need and indicates if a change to the care plan is required.

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

The Manager is commended for the introduction of a key worker and associate worker system which provides each resident with two named members of staff who are specifically responsible for advocating on behalf of the resident and compiling his/her care plan.

<b>2. Quality of Menus and Catering arrangements</b>
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**(a) Recommendations in last report**

None

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

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

In addition to meals being available at set times, arrangements can be made for residents to receive meals out with these times, these can be served in their rooms or in the sitting room, if preferred.

A three weekly menu is provided which appeared to offer residents a well balanced nutritional diet. However it is noted that the menu does not include the choices available to residents for breakfast.

**It is recommended that menus should include the choices available for all meals.**

The inspector noted that the evening meal is prepared and served by care staff it was also noted that staff have not received appropriate training in food handling.

**It is recommended that staff receive training in Food Hygiene as a matter of some urgency.**

<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**

Although there is no planned programme of activities available for inspection it is noted that activities do take place on a daily basis and the nature of activity and the participants are recorded in the daily diary. The manager states that the residents decide the type of activity and the time that it takes place.

**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**

Five questionnaires were distributed to staff, of which all were returned. They each made very positive comments about their level of job satisfaction and how they feel valued and supported by the manager. This is reflected in the low staff absence and low staff turnover.

**3. User/Carer views**

**(a) Recommendations in last report**

None

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

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

The inspector spoke with two residents individually and with others in a group. They spoke highly of the care they received and the very good relationship they have with all staff. Five questionnaires were distributed to residents, all of which were returned. Each of the residents commented very positively about the standard of care and the friendly, homely atmosphere of the Unit

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

**SUMMARY INSPECTION REPORT**

**Unit Name**

## WEST PARK

### Date of Inspection

23<sup>rd</sup> August 2000

### Summary of Inspection

West Park is a privately owned residential unit situated on the outskirts of Galston. The local Secondary School is situated across the road and the Loudon Castle Theme Park is nearby. The Unit is reasonably well located to benefit from the amenities of the town whilst being surrounded by open, pleasant countryside to the side and rear.

All accommodation is on one level and there is easy access throughout the house. All bedrooms are attractively decorated, well furnished and maintained. Residents are encouraged to personalise their own rooms and many take this opportunity to add to the homely and happy atmosphere that emanates throughout the unit.

Good progress has been made in developing careplans and the keyworker system within the West Park. However, further work is required to improve the quality of information in residents' files. An appropriate programme of staff training also requires to be developed.

Staff at West Park have a very low sickness rate and there is very low staff turnover. Staff are committed to the care of the residents and this is reflected in the very positive feedback from residents and relatives who value the attentive and kind way in which staff approach their work. They also express their satisfaction about the quality and presentation of food.

Evidence gathered throughout this inspection indicates a willingness of the Manager to consult and co-operate with appropriate professionals from other agencies to ensure that residents receive appropriate services both within and outwith West Park.

### Previous recommendations carried forward:

**The previous recommendation regarding training and supervising staff in developing recording skills is reiterated.**

### Further recommendations

**1. Receipts for purchases should be obtained whenever possible. It is also**

recommended that a second signature be provided either from another member of staff or from the resident.

2. Fire alarm checks should be carried out on a weekly basis.
3. Fire doors must not be wedged open at any time.
4. All staff should undertake appropriate Food Hygiene Training as a matter of urgency. It is also recommended that a planned programme of training be developed which offers staff the opportunity to develop their skills and knowledge in a range of areas, which would enhance the quality of care delivered to residents.
5. It is recommended that:-  
  
A fly screen is fitted to the kitchen window.  
The damaged ceiling/wall in room 2 is repaired  
The bath in the assisted bathroom is replaced
6. Menus should include the choices available for all meals.

<b>Commendations</b>
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The Manager and staff are commended for the warmth of the relationships between staff and residents and the relaxed, homely atmosphere throughout the Unit.

The Unit Manager is commended for the introduction of a comprehensive keyworker/associate worker system

**LEAD INSPECTOR: Mina Cassidy**

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

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

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

<b>AGENDA</b>
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