



**East Ayrshire**  
COUNCIL

## **SOCIAL WORK INSPECTION UNIT**

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

### **WOODSIDE HOUSE**

**Date of Inspection: 4 NOVEMBER 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

**NAME OF ESTABLISHMENT:** Woodside House

**LOCATION OF ESTABLISHMENT:** Station Road  
Mauchline KA5 5ES

**MANAGING ORGANISATION:** Owners Mr J & Mrs M Morris

**CATEGORY (as per Registration):** Elderly, residential

**MAXIMUM NUMBER OF RESIDENTS  
TO BE ACCOMMODATED (as per Registration):** 19

**NUMBER RESIDENTS/ATTENDING  
AT TIME OF VISIT:** 16

**NATURE OF INSPECTION** Out of hours

**INSPECTOR(S) PARTICIPATING:** Mrs Isobel M Dawson  
Mr George Stewart

**DATE(S) OF INSPECTION:** 4 November 1999

**DATE OF LAST INSPECTION REPORT:** 2 March 1999

**FOR FURTHER INFORMATION ON  
THIS ESTABLISHMENT CONTACT** Mrs M Morris  
01290 550633

## QUALITY OF RECORDS

### 1. Sampled Case Files

**(a) Recommendations in last report**

A detailed personal profile and history should be included for each resident in case files.

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

The file of a recently admitted resident was checked and found to hold appropriate information. Included in this was an informative and useful background history, the member of staff is commended for the quality of this document Care plans are in use, it may prove helpful to staff and residents to review their format with the Registration Officer.

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

None

### 2. Sampled Financial Records

**(a) Recommendations in last report**

None made

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

Not inspected

**(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**

To look at responsibilities and specific arrangements under the Health & Safety at Work Act 1974

Moving & handling assessments for residents requiring any degree of support should be carried out together with general risk assessments related to work tasks and environment

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

Records showed that required fire drills, staff training and maintenance checks have been carried out. Risk assessments are ongoing.

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

A more detailed inspection will be carried out at the time of the next Inspection.

## QUALITY OF MANAGEMENT AND STAFFING

### 1. Communication systems within the staff group

- (a) **Recommendations in last report**  
None made
- (b) **Findings at this Inspection - Progress**  
Not Inspected
- (c) **Additional Inspectors observations at this Inspection**  
None

### 2. Staffing Levels

- (a) **Recommendations in last report**  
None made
- (b) **Findings at this Inspection - Progress**  
During this night-time Inspection, it was recorded and seen by Inspectors that only one member of staff is rostered to be on duty during the night, with emergency on-call cover provided by the Manager or the Depute Manager who live on site.
- (c) **Additional Inspectors observations at this Inspection**  
It is the view of the Inspectors that there are a number of issues to be considered regarding staffing levels, particularly in relation to staff on duty overnight:
  1. The design of the original house and new extension clearly divides the bedroom wings into two distinct areas separated by the sitting rooms. In addition the original house is on two floors, with the result that 19 residents are cared for by one member of staff wholly responsible for the three separate areas.
  2. It was noted that a resident's risk assessment clearly stated that two carers were required at all times to assist to use the hoist. It is difficult to see how this routine care-requirement can be managed during the night.
  3. It would be expected that any risk assessment, as well as moving and handling training, would acknowledge the need for two members of staff to be available at all times
  4. It was also noted that a Depute Manager is recorded as working a 50-hour week. In addition it appears that this member of staff is rostered to be on call. It is considered that this is an excessive.

**It is recommended that overnight staffing levels be reviewed. As a further Inspection is due, Inspectors will examine the issue further in discussion with the owner.**

### 3. Staff Training and Qualifications

**(a) Recommendations in last report**

It was recommended that all staff receive appropriate Moving & Handling Training.

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

Records indicate that appropriate moving and handling training has taken place.

	Management	Care staff	Domestic staff
Induction			2
Lifting/handling	2	10	
Fire safety		7	2
Food handling		5	1
SVQ	1		

Inspectors were informed that Moving and Handling training is mandatory for all staff.

All but two staff has received food-handling training.

Three care staff have SVQ level three, a Depute Manager has obtained SVQ(3) and HNC in Social Care.

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

Training manuals are maintained for all staff. Staff appraisals are up to date; Management is commended for their user-friendly format.

## QUALITY OF PHYSICAL ENVIRONMENT

### 1. Compliance with space standards

**(a) Recommendations in last report**

None made.

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

No building inspection took place during this night visit.

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

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

**(a) Recommendations in last report**

Newly installed low surface temperature radiators, which were found to be very hot to touch, should be checked

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

The owner has confirmed that this recommendation has been dealt with satisfactorily. No physical check could be carried out during this night Inspection.

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

None

### 3. Hygiene and cleanliness

**(a) Recommendations in last report**

None

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

The areas seen during this Inspection were found to be fresh and clean.

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

None

### 4. Safety of the environment

**(a) Recommendations in last report**

1. Moving and Handling training should be given priority
2. The recommendation that automatic fire door closures be fitted had been addressed with an agreed timescale of the 98/99 budget.
3. Advice on the possibility of extending the stair lift should be sought.

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

1. It was confirmed that all care staff have received moving and handling training.
2. Following the previous Inspection it was agreed that the installation of fire door closures would be completed within the financial year. At the time of this Inspection it was noted that the work had not been completed. Inspectors were concerned to find that a fire door was wedged open at the time of this Inspection.
3. The owner confirmed the extension of the chair lift.

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

1. Until automatic fire door closures are in place all fire doors must be kept closed at all times.
2. Date confirmation is required for fitting fire door closures.
3. Maintenance Contracts are in place for all services.

**5. Fabric and decor standards**

**(a) Recommendations in last report**

None

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

Only the public rooms were seen during the night Inspection. These rooms are pleasant, well furnished and comfortable. It was reported that new carpeting is on order for the main lounge, hall and dining room.

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

None

**6. Standards of building maintenance**

**(a) Recommendations in last report**

None

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

The building appears to be maintained to a high standard and there are no reported outstanding maintenance requirements.

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

None

**QUALITY OF CARE ARRANGEMENTS**

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

**(a) Recommendations in last report**

None made

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

Reviews and care plans were up-to-date. However, it may be helpful for staff and users to have the format of care plans reviewed and upgraded.

The Managers can contact the Registration Officer if further advice is required.

**(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**

Menus were not checked in detail at this Inspection nor was the kitchen seen.

**(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**

Not seen during this night Inspection

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

None

## 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

**Three members of staff were seen at the time of this Inspection and four others completed confidential questionnaires.**

Staff were satisfied with the level of care they could offer service users. They said that time was available to speak with residents on an individual basis and that their views are listened to. All spoke of the level of satisfaction they have in their role as carers and one referred to the benefits of all staff working together having the same aims and goals.

It was surprising to note from the questionnaires that care workers do not have key worker roles. It would be useful to consider how this role could be developed; it may be that with training, appropriate care staff/key workers could take on some additional responsibilities. This could also benefit other staff who feel they are sometimes submerged in paper work.

### 2. User/Carer views

(a) Recommendations in last report

None

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

No users or carers were seen during this night-time Inspection. However, **one user and three relatives completed confidential questionnaires.**

All relatives made positive comments on the quality of surroundings, care offered and the atmosphere created in the unit. One did remark that it would be nice to have a short religious service occasionally.

The user's questionnaire confirmed that they could still make choices about their daily living activities and they could maintain adequate decision-making. They referred to particularly enjoying the company of the people they live with and visits to the cinema with staff.

Although Inspectors are aware that residents receive visits from their religious representatives, the comment in a questionnaire regarding the provision of an occasional service of worship being held in the home should be considered further.

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

**SUMMARY INSPECTION REPORT**

**Woodside House**

**Date of Inspection 10 November 1999**

**Summary of Inspection**

Woodside House was first registered as a residential home in 1990 since when it has been owned and managed by the same family. Mrs Morris carries the major management responsibilities with her daughter and daughter-in-law covering alternate shifts are depute managers.

The house is a traditional, red sandstone 19th century house surrounded with pleasantly landscaped gardens. The situation affords privacy to the residents but the house is not isolated and is within easy reach of the shops and services in the town. The house is pleasantly furnished throughout and is maintained to a high standard.

A stable, mature staff group cares for Service Users. There is a very low turnover of staff and sickness levels among the staff group are low. As this Inspection took place late at night contact with staff was limited and no residents were seen. However, residents, their relatives and staff who made positive comments about living and working in Woodside House completed confidential questionnaires.

Rotas indicated that staffing levels during the day are adequate, Inspectors are of the opinion that there should be a review of overnight staffing.

**Previous recommendations carried forward:**

- 1. Confirmation of the date for the fitting of fire door closures should be forwarded to Inspection Unit.**

**Further recommendations**

- 1. Further discussions regarding the level of overnight staffing will be held following the next planned inspection.**

2. Fire doors must be kept closed until appropriate automatic door closures are installed.

<b>Commendations</b>
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The member of staff is commended for producing the qualitative, detailed background history document seen.

Management is commended for their user-friendly format of staff appraisals.

The owners are commended for their ongoing upgrading programme

**LEAD INSPECTOR: Mrs Isobel M Dawson**

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

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

1. **SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>AGENDA</b>
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