

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**DEAN HOUSE
74 BEANSBURN KILMARNOCK KA3 1RN**

Inspection Date 19 APRIL 2001

UNANNOUNCED

**W.J. Duncan
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INSPECTION INFORMATION

Registration Category:	Elderly
Registered Capacity:	Residential: 15 Day: 3
Number At time of inspection	Residential: 14 Day:
Type of inspection	Unannounced
Inspector(s):	Isobel Dawson & Mina Cassidy
Date of last inspection:	28 November 2000
For further information on this establishment contact	Mrs W Welsh, Owner & Manager Tel 01563 536590

Description of establishment, services and facilities.

Dean House is a privately owned establishment that is managed by the owner. The original Victorian house had an extension added in 1993 and can accommodate 15 people. The original house is on two floors with a stair lift to the upper floor. The extension is on one level with each room having ensuite facilities. The house is situated on the main road leading out of Kilmarnock towards Glasgow. Public transport is readily available and the town centre is about one mile from the house.

The Unit has a warm and homely atmosphere and is furnished and decorated to a good standard. The Unit Manager is continuing to reduce the ratio of double to single rooms.

Dean House continues to provide a high standard of care from an enthusiastic and caring staff group. Residents refer to the friendliness and warmth of staff and to their comfortable and pleasant surroundings.

INSPECTOR:
SIGNATURE: _____

Date _____

HEAD OF UNIT:
SIGNATURE: _____

Date _____

QUALITY OF LIFE SUMMARY

In this section the inspectors set out their views on the quality of life the establishment is achieving for service users. Each heading is followed by a short statement setting out the standard that is expected to be achieved. This is followed by comments from the inspector giving their view as to whether the standard has been met.

1. Privacy - *"The individual has his/her privacy protected and maintained in the home, in his her living areas and in relation to belongings, personal and financial affairs."*

From records, verbal communication seen between staff and users and inspection of the premises, it is clear that residents' rights to privacy is promoted and acknowledged by staff. In addition bedroom doors have locks, residents have access to staff in private and are helped understand the use and content of their files.

2. Dignity health and well being - *"the individuals health and well being is promoted and their assessed care needs met without risk to their dignity"*

Staff acknowledge and demonstrate a belief in the resident's intrinsic value regardless of their background, abilities or circumstances. Staff work alongside residents in safeguarding their uniqueness, recognising their cultural beliefs and acknowledging their right to have care provided in a sensitive and appropriate manner.

3. Social and emotional well being - *"The individual feels valued contented and fulfilled and can pursue social and leisure activities of their choice"*

Residents are encouraged to develop and exercise their right to make choices about their daily living and are enabled and encouraged to participate in a range of activities.

4. Security and safety - *" The individual lives in a safe and secure home. Any limitations of rights or restriction of movement must be based on an informed risk assessment and be regularly and formally reviewed."*

Health and safety is promoted through appropriate risk and moving & handling assessment. A member of staff must give visitors to the building access. Appropriate medication, fire safety and maintenance contacts are in place.

5. Independence and choice - *"The individual shall be assisted to achieve a level of independence and choice compatible with his/her wishes and abilities"*

The care planning and review process indicates that wherever possible individuals are consulted about their ongoing care. Residents who choose not to participate in their review have their wishes respected, are consulted prior to the review and their views and wishes recognised during the discussion.

6. Participation - *"The individual has the right to maintain a fulfilling and interesting life style within and outwith the home."*

It would appear that residents are encouraged and assisted to realise their personal aspirations through a variety of social and therapeutic activities within the home and ongoing contact with community facilities.

7. Culture and Belief - *"The individual has the right to expect that his/her cultural beliefs will be respected."*

Residents' cultural and spiritual beliefs are acknowledged. Regular visits are made to the unit by a variety of clergy and residents are supported to attend religious services of their choice outwith the unit.

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	19.4.01	yes	Contained in Policy document
Brochure	19.4.01	yes	
Admission/discharge record	19.4.01	yes	
Medication	19.4.01	yes	
Accidents	19.4.01	yes	
Incident/violent incident	19.4.01	yes	policy available on violent incidents and restraints
Fire safety and checks	19.4.01	yes	Maintenance and all required checks up-to-date. Regular fire drills, Fire lecture March & Oct/Nov 2000. Excellent fire safety system in place.
Risk assessments	19.4.01	yes	
(moving/handling)	19.4.01	yes	
(COSSH)	19.4.01	yes	
Restraint (if applic)	19.4.01	yes	Not used but policy in place
Complaints	19.4.01	yes	Advice given re actively encouraging users/carers to compliment/complain/comment. Good policy in place on how staff should deal with complaints and use them positively.
Users financial records	28.11.00	yes	

Comments:

Requirements:

Recommendations:

Commendations: Fire safety procedures are followed assiduously and regular training is available to all staff.

Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	19.4.01	yes	
Staff meetings	19.4.01	yes	No general staff meetings; there is good open communication and staff are kept well informed by the manager.
Shift handover	19.4.01	yes	10 minute handover at the end/beginning of each shift
Staff supervision	19.4.01	yes	At 6 weeks, 6 months, then annual appraisal. Ongoing day to day supervision with additional input as required.
Training records	19.4.01	yes	
Rotas	19.4.01	yes	
Contracts of employment	19.4.01	yes	
Job descriptions	19.4.01	yes	
Absence levels/ monitoring	19.4.01	yes	
Staff Turnover	19.4.01	yes	There is a low turnover of staff.
Bank Staffing	19.4.01	yes	

Comments:

Requirements:

Recommendations:

Commendations:

Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	19.4.01	yes	As this visit took place over lunchtime, it was seen that staff found it difficult to manoeuvre wheelchairs and walking aids when helping users to the dining tables. If possible the layout of the dining room should be reviewed. In addition, it was noted that smoke from the smoking area permeated the dining room. Consideration should be given to how this can be overcome.
Double/Single Ratio	19.4.01	no	The Manager has consistently worked to reduce the ratio of single to double rooms. It is anticipated that there will be 12 single and 1 double room by the end of 2001.
Ambient Temp	19.4.01	yes	
Hot Water temp control	19.4.01	yes	Thermostatic controls at all wash hand basin and baths.
Hygiene/cleanliness	19.4.01	yes	
Safety of environment	19.4.01	yes	No additional radiator covers in place. A planned programme will be forwarded with the action plan.
Fabric/Decor	19.4.01	yes	
Building maintenance	19.4.01	yes	
Garden Areas	19.4.01	yes	
Furnishing; Comfort/quality	19.4.01	yes	
Security of establishment	19.4.01	yes	
Privacy	19.4.01	yes	

Comments:

Requirements:

Recommendations:

A planned programme with timescales for fitting radiator covers should be forwarded with the action plan.

Commendations:

Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	19.4.01	yes	
Care Plans	19.4.01	yes	System has been updated and is continuing to be reviewed
Reviews	19.4.01	yes	
KeyWorker/ Named worker	19.4.01	yes	The named key worker appears on review minutes. It would be useful if this was also added to the care plan
Daily notes	19.4.01	yes	
User involvement - care planning and review	19.4.01	yes	It is noted that around 50% of users were consulted but did not attend their reviews. Although review minutes always indicated that users had been consulted, some also gave an explanation as to why they did not attend. It would be useful to have this information in all review minutes.
User contracts	19.4.01	yes	
Residents information directory	19.4.01	yes	

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	19.4.01	yes	Menus now show available choices
Environmental Health Report issues	19.4.01	yes	Report of 28.9.00 refers to minor outstanding repairs to kitchen floor, missing wall tile and seal replacement on fridge
Catering equipment and practices	19.4.01	yes	

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?			Not checked
Internal activities	19.4.01	yes	Daily record maintained of activities and persons attending. One organised activity arranged each day includes bingo, target bean bag, music & movement
External activities	19.4.01	yes	Users attend two local clubs. Occasional outings are arranged. Some users attend Church on Sunday.
Transport arrangements	19.4.01	yes	Dial a bus is available to residents in addition to staff cars.

Comments:

At the time of the Inspection the unit was full of flowers, cards and decorations in recognition of a resident's 100th birthday. All the residents were involved in this very special occasion that was recognised by East Ayrshire Council and of course, the Queen. Clearly the staff were delighted to have made this party one to remember for the lady and all the people who participated in it.

Requirements:

Please confirm when the work recommended in the Environmental Health report has been completed.

In comments on the proposed inspection report the operator confirmed that all outstanding work had been completed leaving only one fridge/freezer to be replaced.

Recommendations:**Commendations:**

Inspectors findings on other views

User/Carer views

Residents who were seen during the Inspection were very positive about the quality of life. They spoke highly of the staff who treated them with consideration, dignity and warmth. A number expressed that they were happy to spend most of their time within the unit where they had opportunities to be involved in various activities of their choosing. Others spoke of regular visits outwith the unit. However, most users stated that they did look forward to the summer when they hoped to travel further afield. All residents confirmed that their families and friends were welcomed in the unit and they were encouraged to maintain links with the community through, for example, clubs for the elderly.

Three relatives completed confidential questionnaires. All had been involved in helping their relative apply for the placement; the majority stated that there was sufficient information and help from the Social Work Department to help them make this decision. At the time of admission staff took time to talk to them and actively sought information about their relatives likes and dislikes. They find the unit warm and comfortable, privacy is acknowledged, their relatives are satisfied with the meals and they themselves have access to tea and coffee making facilities during their visits.

Comment was made about the helpfulness of the staff.

Staff views

Staff seen during the Inspection spoke positively about their employment, support and opportunities for training. They consider that they are able to offer a high standard of care to service users.

AGENDA