



**East Ayrshire**  
COUNCIL

## **SOCIAL WORK INSPECTION UNIT**

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

**ENABLE HOMES (Catrine)**

**Date of Inspection: 16 January 2001**

**W.J. Duncan  
Head of Inspection, Registration and Complaints Unit  
East Ayrshire Council  
Social Work Department  
Council Offices  
Lugar  
CUMNOCK KA18 3JQ**

**Tel: 01563 555343 Fax: 01563 555400**

## INSPECTION INFORMATION

<b>NAME OF ESTABLISHMENT:</b>	Enable Homes
<b>LOCATION OF ESTABLISHMENT:</b>	Catrine, East Ayrshire
<b>MANAGING ORGANISATION:</b>	Enable Homes
<b>CATEGORY (as per Registration):</b>	Adults with profound physical and learning disabilities
<b>MAXIMUM NUMBER OF RESIDENTS TO BE ACCOMMODATED (as per Registration):</b>	4
<b>NUMBER RESIDENTS/ATTENDING AT TIME OF VISIT:</b>	4
<b>NATURE OF INSPECTION</b>	Full announced
<b>INSPECTOR(S) PARTICIPATING:</b>	Mrs Isobel M Dawson Mrs Mina Cassidy
<b>DATE(S) OF INSPECTION:</b>	16 January 2001
<b>DATE OF LAST INSPECTION REPORT:</b>	11 May 1999 15 March 2000 (unreported)
<b>FOR FURTHER INFORMATION ON THIS ESTABLISHMENT CONTACT</b>	Mr Tom Findlay, Manager Mrs Nicola McCubbin Depute 01290 552620

## QUALITY OF RECORDS

### 1. Sampled Case Files

(a) Recommendations in last report

(b) Findings at this Inspection – Progress

(c) Additional Inspectors observations at this Inspection

Files examined were durable and information partitioned in an orderly way that allows for easy reference.

The following records are held within each file:

**Finances:** recording all income, expenditure and savings

**Personal profile:** giving a pen picture of the user

**Social history:**

**Daily support needs:** with each day being divided into three parts, morning, afternoon and evening, giving a brief description of the tasks required to be assisted with and normal daily routine.

**Support plan:**

**Identified support needs;** giving very detailed and specific information about an individual's choices as to how their personal care and support should be administered.

**Person Centred Planning issues;** giving indicators to staff to help them recognise user's emotions, communication systems. The detail produced in the information pack regarding 'what is essential in the user's life' is well produced.

There has been a marked progress in the content, quality and style of the information contained in user's files. Records are clear, relevant and written in a sensitive manner. In particular the information available on user's choices allows all staff to offer flexible, sensitive care in response to user's known preferences. Confidentiality and security of records is maintained.

### 2. Sampled Financial Records

(a) Recommendations in last report

(b) Findings at this Inspection - Progress

(c) Additional Inspectors observations at this Inspection

Personal financial records are held in the users individual files. The records are well managed, transactions balanced and all entries are signed for by two persons.

### **3. Other records including specific comment on Fire Safety records and Medication records**

(a) Recommendations in last report

(b) Findings at this Inspection - Progress

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

**Fire safety records:** new procedures are in place and are followed assiduously. Fire equipment was tested in July and November 2000 and two fire drills held in April and November last year.

**Medication records:** medication is administered through a monitored dosage system and it is reported that the unit receives good support from their pharmacist. It is noted that all medication has been reviewed in consultation with the General Practitioner and the Consultant Psychiatrist, resulting in users benefiting from new modern drugs, which are reported to have enhanced their quality of life.

## **QUALITY OF MANAGEMENT AND STAFFING**

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

(a) Recommendations in last report

(b) Findings at this Inspection - Progress

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

There is a small staff group within this unit who work closely and communicate regularly on an informal level. However, in addition there is a structure in place that supports formal communication including a daily log and diary, verbal handovers and staff meetings. It is acknowledged that staff meetings have been less regular over the past months but it is stated that these are now held fortnightly.

It would appear that all necessary information is communicated to all relevant people.

### **2. Staffing Levels**

(a) Recommendations in last report

(b) Findings at this Inspection - Progress

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

Rotas indicate that there is adequate staff in place to meet the individual needs of residents. In addition to the staff group in the unit, users have regular access to community services such as District Nurses, Physio and Speech Therapists,

Advocates.

It is noted that there are changes proposed which will amalgamate the two separate services within Enable. This re-structuring is likely to have an effect on the responsibilities of the Project Manager and their line manager. Clearly staff must be supported and kept informed during this period of transition. It is requirement that the Registration Authority is kept informed of any changes in structure in the Organisation and/or changes responsibilities in Management or Registered persons.

### **3. Staff Training and Qualifications**

- (a) Recommendations in last report**
- (b) Findings at this Inspection - Progress**
- (c) Additional Inspectors observations at this Inspection**

#### **Training undertaken during past year:**

	<b>Management</b>	<b>Care staff</b>
Moving & handling	All staff	For 2.5 days
Fire safety	1	9
SVQ	2	
Support & supervision	1	
Computer training	In house all staff	All staff
Values training	In house 2 days	In house 2 days
P.C.P training	In house 2 days	In house 2 days
Health & Safety risk assessment	1 ( 2days)	

It is stated that there are also regular in-house training opportunities. Staff have a variety of qualifications and interests including SVQ 2, on SVQ 3. Registered Enrolled Nurse and an Art Design Degree. The majority of staff have over three years experience with this user group.

## **QUALITY OF PHYSICAL ENVIRONMENT**

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

- (a) Recommendations in last report**
- (b) Findings at this Inspection - Progress**
- (c) Additional Inspectors observations at this Inspection**

All users have single bedroom accommodation with free access to the lounge and dining room, which meets current registration requirements. Although rooms meet current standards, the layout of some areas e.g. the kitchen, restricts suitable access for users.

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

**(a) Recommendations in last report**

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

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

A system is in place for checking water temperatures and recording these on a four-weekly basis. The unit has individually controlled radiators and the unit felt warm and comfortable throughout.

## **3. Hygiene and cleanliness**

**(a) Recommendations in last report**

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

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

The unit was clean and fresh throughout.

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

**(a) Recommendations in last report**

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

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

Previous inspections highlighted environmental issues demanding action, but which were left in abeyance because of the anticipated move to new accommodation. As the proposed move will not now take place it is imperative that all previously recommended work, the most urgent of which is detailed below, is expedited.

- I. External ramp from pavement to front door must meet all specifications in terms of surface, slope and handrails.
- II. External lighting and security should be upgraded.
- III. All doors should be wide enough to accommodate wheelchair users.
- IV. The housing of the gas boiler in the user's toilet should be reviewed.
- V. All wash hand basins should be of a suitable height for wheelchair users and appropriate level taps fitted.
- VI. Kitchen should be accessible to wheelchair users.
- VII. Rear garden should offer both privacy and security and the layout should make it accessible to wheelchair users. The front garden should be brought up to an acceptable standard.
- VIII. Toilet door should be replaced by a sliding door.
- IX. Repairs to external roughcast have left large patches of unpainted areas.
- X. Unit transport does not appear to meet Health and Safety moving and handling requirements.

It is anticipated that as different Departments of East Ayrshire Council together with Enable Homes will have various responsibilities in this area, it may be useful to have conjoint working at this stage.

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

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

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

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

Internal décor, furniture and soft furnishings have been upgraded and the quality and comfort of the lounge, dining and bedrooms have been greatly improved.

The carpets in the halls and public spaces have been replaced with wooden type flooring making it easier for wheelchair mobility.

Other outstanding work is detailed under (4) "Safety of Environment".

**The organisation and unit staff are commended for the choice and quality of the décor, furniture and soft furnishings, which has enhanced the living environment of all users.**

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

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

The report of May '99 referred to a number of areas where minor repairs to the décor were required, this included re-papering and repairs where there was wheelchair damage.

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

Halls, bedrooms, dining room and sitting room have been completely refurbished.

Appropriate kick plates have been fitted to prevent wheelchair damage.

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

Internally considerable upgrading has taken place. However, the extensive external work and the remaining internal upgrades referred to in other areas of this report, should be dealt with.

## **QUALITY OF CARE ARRANGEMENTS**

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

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

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

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

Support plans are in place which are part of the person centred planning process. These address the holistic needs of the user and define clear objectives to be worked on. Special approaches are adopted to explain and discuss these plans with the user to enable them understand how these can be implemented.

Where applicable the family and other significant persons are consulted in the support planning process and are actively involved in decision-making. User's needs are reviewed at planned intervals with a view to updating and revising care plans.

**Staff are commended for the quality of the support planning process.**

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

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

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

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

Menus are prepared in consultation with individual users and shopping is on that basis. Refridgerators and freezers now offer a distinct space for each user whose meals are then personalised. It is understood that the guidance of a Nutritionist was obtained in order to encourage healthy eating.

The communication book that is shared with the Day Centre attended by the service users is considered to be a very useful tool. This document also records the lunchtime menu in the Centre.

## **3. Quality of activity programmes**

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

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

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

The previous variety of planned activities has recently been restricted as a result of Moving and Handling issues. In addition there are similar concerns around the use of the present unit transport.

These restrictions mainly affect external physical activities, e.g. swimming; in-house activities are planned on an individual basis and take place regularly. In addition there appears to be closer links with the local community and the use of local facilities.

**Users must have access to suitable transport, which is not detrimental to their or their carer's Health & Safety. If a risk assessment indicates that this vehicle does not meet moving and handling requirements, it should be replaced.**

**In addition it is understood that users support the purchase/lease of the unit vehicles through their mobility allowance and should therefore have access to appropriate transport.**

## INSPECTORS FINDINGS ON OTHER VIEWS

### 1. Staff views expressed

- (a) Recommendations in last report
- (b) Findings at this Inspection - Progress
- (c) Additional Inspectors observations at this Inspection

All the confidential questionnaires given to staff were returned completed and staff are thanked for the time they took responding in such detail. The information provided indicated that the staff clearly see themselves as working within a group with similar aims and objectives.

Reference was made to the restrictions on social activities as a result of "risk assessment" and although not detracting from the level of care and activities presently available, they reported that these could be further enhanced if additional staff were available.

All staff reported that they felt supported and valued.

### 2. Others views

Letters were sent to a number of persons who have professional contacts with the users in the unit, these include Doctors, Physiotherapists, District Nurses, Pharmacists. All made positive comments about the quality of life of the users and the "supportive" staff.

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

## **SUMMARY INSPECTION REPORT**

**Enable House, Catrine**

**16 January 2001**

### **Summary of Inspection**

This project is located in a four-in-a-block Council house situated in the outskirts of Catrine. The surrounding area has few amenities and the impression is of an older, rather run down Council estate which would benefit from upgrading.

Although considerable internal upgrading has taken place within the house recently, the external access areas and gardens are poor and depressing. Previous Inspection reports have documented these deficiencies, which have only been tolerated because of the imminent plans to move to new accommodation. As it has now been decided to remain in the present house, all previous recommendations and those contained within this report should be dealt with as a matter of urgency. It is expected that a detailed timescale for all outstanding work will be made available to the Inspection unit as part of the Action Plan.

All users now have Person Centred Planning. This, together with the overall progress in the standard of record keeping, shows that users are offered flexible, sensitive care which is responsive to their known preferences.

Staff continue to provide a variety of social, stimulating and enjoyable recreational activities. All users have access to an East Ayrshire Council resource unit Monday-Friday; records indicate that there is good communication between staff in both facilities. However, there is some evidence that the variety of social activities previously available has recently been restricted for a number of reasons, two of which would appear to be the unsuitability of transport and Health and Safety requirements. These issues should be investigated further.

The proposed changes to the structure of Enable Companies in April should not impinge on the services to users. During the period of change appropriate care must be taken to support Managers and staff thereby enabling a seamless transition. Any changes in the responsibilities of Project Managers and Area Managers should be agreed with the Registration Authority.

## Recommendations

**1. All previously recommended work, the most urgent of which is detailed below, should be expedited. A detailed time plan of when this work is expected to be completed should be forwarded to the Inspection Unit.**

- a) External ramp from pavement to front door must meet all specifications in terms of surface, slope and handrails.
- b) External lighting and security should be upgraded.
- c) All doors should be wide enough to accommodate wheelchair users.
- d) The housing of the gas boiler in the user's toilet should be reviewed.
- e) All wash hand basins should be of a suitable height for wheelchair users and appropriate level taps fitted.
- f) Kitchen should be accessible to wheelchair users.
- g) Rear garden should offer both privacy and security and the layout accessible to wheelchair users. The front garden should be brought up to an acceptable standard.
- h) Toilet door should be replaced by a sliding door.
- i) Patches of unpainted areas left following repairs to the external roughcast are unsightly and unacceptable.
- j) Unit transport should be reviewed, as it does not appear to meet Health and Safety moving and handling requirements.

**2. Users must have access to suitable transport, which is not detrimental to their or their carer's Health & Safety. If a risk assessment indicates it does not meet moving and handling requirements, an appropriate vehicle should be provided.**

**In addition it is understood that users support the purchase/lease of the unit vehicles through their mobility allowance, therefore they should have access to appropriate transport.**

## Commendations

**Staff are commended for the quality of the support planning process and the overall standard of user's records.**

**The organisation and unit staff are commended for the choice and quality of the décor, furniture and soft furnishings, which has enhanced the living environment of all users.**

**LEAD INSPECTOR: Isobel Dawson**

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

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

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

**AGENDA**