



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**KIRKLEA
3 DUNDONALD ROAD
KILMARNOCK**

CRAEGMOOR HEALTHCARE

7TH JUNE 2001

ANNOUNCED

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

1 - INSPECTION INFORMATION

Registration Category:	
Registered Capacity:	Residential: 19 Single rooms - 5 Day:0 Double rooms - 7 No ensuite rooms
Number At time of inspection	Residential:19 Day:0
Type of inspection	Announced
Inspector(s):	Mina Cassidy George Stewart
Date of last inspection:	7 th June 2001
For further information on this establishment contact	Christine MacDonald (Manager) Tel 539010

2- Description of establishment, services and facilities.

Kirklea is a large Victorian house near to the centre of Kilmarnock, which is registered to provide residential accommodation for male and female adults with learning disabilities. It was first registered in 1987 and remained owned and managed by the same people until April 2001 when it was purchased by Craegmoor Healthcare. A new manager was also appointed at this time.

Residents' accommodation is on two floors with all public rooms and some bedrooms on the ground floor. The house is not adapted for wheel chair users or individuals with severe mobility difficulties. Of the twenty registered places, within the main house eight places are in double rooms. Two residents can live more independently in a converted cottage in the rear of the garden, where each has their own bedroom. It is noted during this inspection that a number of areas in relation to the fabric and decor of the building require to be addressed in addition to the urgent requirement to reduce the present number of double rooms.

The Unit is within easy access to shops, pubs, cafes and entertainment. A number of residents in Kirklea have access to services provided by East Ayrshire Council including Day Centres, Colleges and other placements. East Ayrshire Council has a Leisure centre nearby where residents have access to swimming, sports and the fitness clubs. The Unit also has its own mini bus, which is well utilised by service users.

The new owners have made a commitment to carryout extensive up-grading to the fabric and décor of the building and to reduce the present number of double rooms within an agreed timescale. In addition, progress has been made in a review of the present care planning and review systems and a comprehensive programme of staff training and development has been introduced.

Inspector: _____

Date _____

Head of IRC Unit: _____

Date _____

3 - 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 findings.

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."

Residents' records including care plans, correspondence and financial records are appropriately maintained and secured and only accessed by those involved in the direct care of the residents. Every effort is made to ensure the privacy of residents however, the physical privacy of residents is difficult to achieve due to the high ratio of double rooms and lack of additional sitting areas for residents.

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"

Residents care plans, and the observations made by inspectors confirm that individual residents' health and well being is promoted at all times and their care needs are met without risk to their dignity.

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

The inspectors spoke to some residents on the day of the inspection who spoke enthusiastically about the outing taking place that day and other planned activities. Some spoke about friendships they had developed with other residents.

3. 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."

There are adequate measures taken to provide a safe and secure environment for residents. However, the Units present system for individual risk assessment requires to be developed and linked to residents individual lifestyle plans which are presently being developed.

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

Residents' care plans show that promotion of independence and the wishes and preferences of individuals are taken into account. This will also be developed further with the development of individual lifestyle plans

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

Residents are encouraged to maintain relationships with families and friends. Some residents also enjoy overnight and weekend stays with families on a regular basis. The Unit has its own mini bus which is frequently utilised for individuals and small groups of residents.

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

The cultural and religious beliefs of individual residents are fully respected. Arrangements are made for those residents who wish to attend local church services.

4 - Records & Procedures Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	7.6.01	Yes	The aims and objectives for the unit were examined as part of the registration process. In addition, the new management team and the staff of Kirklea have compiled a mission statement, which clearly sets out the Units' philosophy of care.
Brochure	7.6.01	No	The new owners are presently designing a new brochure and web site, which is expected to be available in the near future.
Admission/ discharge record	7.6.01	No	There is presently no central record of admissions and discharges.
Medication	7.6.01	Yes	Medication records are well maintained with appropriate signatures and coding in place.
Accidents	7.6.01	Yes	Staff and residents' records are held separately.
Incident/violent incident	7.6.01	Yes	Although there have been no reported violent incidents since the change of owners, a system for recording violent incidents is in place. However, it is recommended that the present documentation should be reviewed to include details of any follow-up or preventative measures taken and the proposed methods of support for the individuals involved.
Fire safety and checks	7.6.01	Yes	Record show that fire safety checks are carried out at the required intervals.
Risk assessments	7.6.01	In part	The risk assessments presently in place for residents are basic and lack sufficient detail.
(moving/ handling)	7.6.01	No	However, it is the expectation that risk assessments (including moving & handling) will be addressed in greater detail in individual residents' Essential Life Style Plans, which are currently being established.
(COSHH)	7.6.01	Yes	A comprehensive record of COSHH assessments is in place and held in key areas in the Unit.
Restraint (if appliqué)	7.6.01	Yes	
Complaints	7.6.01	Yes	
Users financial records			Financial records are currently being transferred as a result of the change of ownership. They will therefore require to be examined as part of the next inspection.

Comments:

The Unit is currently in a period of transition following the recent change of ownership. The new owners and management team has identified a number of improvements to the physical condition of the building, care planning and review systems and procedures and administration systems.

Requirements:

1. The design of a new brochure and web site require to be expedited and the expected timescale for their availability indicated in the Action Plan
2. A permanent, central record of admissions and discharge information must be maintained.
3. A system of generic and moving & handling risk assessments require to be established.

Recommendations:

1. It is recommended that the present documentation used to record violent incidents should include details outlining all follow-up and support measures.

5 - Management and Staffing Standards
--

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	Jan 01	Yes	Examined as part of the registration process.
Staff meetings	7.6.01	Yes	A number of staff meetings have been held since the new Manager has come into post. There is also a planned programme of future meetings displayed on the notice board with an invitation to staff to contribute to the agenda.
Shift handover	7.6.01	Yes	The new manager has reviewed the rota to ensure that appropriate shift handovers now take place.
Staff supervision	7.6.01	Yes	Individual supervision sessions are scheduled to take place on a monthly basis. There is also an annual staff appraisal system is also in place.
Training records	7.6.01	Yes	Individual staff records are maintained.
Training during last year	7.6.01	Yes	Training since change of owners in mid April is as follows:- Induction, Fire Safety, Essential Lifestyle Planning, COSHH, Health & Safety
Rotas	7.6.01	Yes	
Contracts of employment	7.6.01	Yes	All staff have been issued with contracts of employment from the new owners.
Job descriptions	Jan 01	Yes	Examined as part of the registration process
Absence levels/ monitoring	7.6.01	Yes	
Staff Turnover	7.6.01	Yes	
Bank Staffing	7.6.01	Yes	Bank staff are clearly indicated on the rota and also included in all staff training.

Comments:**Requirements:****Recommendations:**

6 - Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	7.6.01	Yes	
Double/Single Ratio	7.6.01	No	The ratio of double to single rooms is well above the recommended standard and requires to be addressed as a matter of urgency.
Ambient Temp	7.6.01	Yes	
Hot Water temp control	7.6.01	Yes	
Hygiene/cleanliness	7.6.01	Yes	
Safety of environment	7.6.01	No	The Laundry should be moved from its present position between the two separate kitchen areas to a more appropriate location. In addition, the Units' laundry facilities must include a washing machine with a sluice cycle.
Fabric/Decor	7.6.01	No	The Units' present standard of fabric and décor is very poor. However, some improvements have already been made in the short time since the change of ownership of the Unit. The Unit Manager also outlined to Inspectors the planned short-term and long-term improvements, which will significantly improve the residents' living environment.
Building maintenance	7.6.01	Yes	
Garden Areas	7.6.01	Yes	Although the present garden area meets minimum standards, they could be developed further to offer residents a more attractive, pleasant and therapeutic environment.
Furnishing; Comfort/quality	7.6.01	No	Generally of poor quality. Although, a rolling programme for the replacement of furnishings is included in the new owners plans for the Unit.
Security of establishment	7.6.01	Yes	
Privacy	7.6.01	No	Although, every effort is made by staff to respect the privacy of residents the large proportion of double rooms and the lack of alternative sitting areas limits the degree of privacy residents can have.

Comments:

Requirements:

2. The laundry area within the Unit requires to be relocated to comply with current health and safety requirements.
3. The Unit's laundry facilities must include a washing machine with a sluice cycle.
4. Details of the timescales for the rolling programme of upgrading of fabric and décor and the replacement of furnishings must be forwarded with the action plan.
5. The ratio of double to single rooms is well above the recommended level of one double to eight single rooms. Confirmation is required as to the Owner's plans to reduce these numbers over an agreed period

7 - Care Standards**Care Planning and Review**

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	7.6.01	Yes	It is expected that Essential Lifestyle Plans will be in place for all residents in the next six months. In the interim the present system of assessment and care planning will be maintained to ensure continuity of care.
Care Plans	7.6.01	Yes	
Reviews	7.6.01	Yes	Reviews are taking place at appropriate intervals.
KeyWorker/ Named worker	7.6.01	Yes	This will be developed further as part of the Essential Lifestyle planning process.
Daily notes	7.6.01	Yes	Daily notes are presently maintained to an acceptable standard. However, this will also be developed further as part of the Essential Lifestyle Planning process.
User involvement - care planning and review	7.6.01	No	This will be developed as part of the Essential Lifestyle Planning process.
User contracts	7.6.01	Yes	
Residents information directory	7.6.01	No	Not presently in place. However, the new manager stated her intention to introduce this in the very near future.

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	7.6.01	No	Menus should indicate a choice at all meals and detail the specific vegetables on offer. Menus should be nutritionally balanced and take into account the preferences of residents.
Environmental Health Report issues	Jan 01	Yes	Examined as part of the registration process.
Catering equipment and practices	7.6.01	In part	The current physical layout of the two separate kitchen areas with the enclosed laundry room in the middle should be reviewed as part of the overall changes planned for the Unit.

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	7.6.01	Yes	
Internal activities	7.6.01	Yes	
External activities	7.6.01	Yes	
Transport arrangements	7.6.01	Yes	The unit has its own mini bus which supports the Units external activities programme.

Comments:

It is the Manager's intention to review the current range of internal and external activities. It is also anticipated that Essential Lifestyle plans will include individual activity programmes which will meet individuals needs.

Requirements:

Individuals' Essential Lifestyle Plans must evidence that residents are fully involved in making decisions regarding their own care needs and the type of support they require.

Recommendations:

It is recommended that a residents' information directory is established.

8 - Inspectors findings on other views

Users/Staff views

The inspectors spoke to a number of residents who spoke enthusiastically about the planned activities for the day. The overall atmosphere within the Unit was relaxed and there was a good rapport between residents and staff.

A previous visit was made to Kirklea by inspectors a few days following the change of ownership to confirm that the transfer arrangements and the arrival of the new manager had not been disruptive to the residents. This confirmed that a good working relationship had been established between the staff group and the new management team. Both staff and residents were very positive about the information they had been given regarding the future plans for the Unit in terms of the proposed improvements to the physical standards. Staff were also positive about their conditions of employment and the proposed training and development opportunities within the new organisation.

AGENDA