

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**KNOWEVIEW
9 WATERSIDE STREET
DALMELLINGTON KA6 78W**

Inspection Date 15 MAY 2001

**Type of Inspection
ANNOUNCED**

**W.J. Duncan
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East Ayrshire Council
Social Work Department
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CUMNOCK KA18 3JQ**

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INSPECTION INFORMATION

Registration Category:	Residential (Elderly) & Nursing + Day Care
Registered Capacity:	Out of a total of 71 Registered Places, only 62 are in use. All rooms are registered for Residential care, out of which 40 can be used for Nursing. Day Care 7.
Number At time of inspection	Residential: 12 Day Care: 4
Type of inspection	Announced
Inspector(s):	Mrs Mina Cassidy Mrs Isobel Dawson
Date of last inspection:	1 March 2001
For further information on this establishment contact	Mr Marcus Reid, Manager 01292 550555

Description of establishment, services and facilities.

Knoweview was established as a Nursing Home in 1992 and thereafter jointly registered by Ayrshire and Arran Health Board and East Ayrshire Council in 1994. It was purchased by Advantage Healthcare in September 1998 prior to the company going into receivership in October 1999 and continues in Administrative Receivership. The unit is situated in the centre of Dalmellington within easy reach of local shops, public transport, community services and other local facilities.

Knoweview provides Nursing, Residential, Day and Home Care services. The Manager carries overall responsibility for the unit with two staff holding specific responsibilities for nursing care and residential care.

The unit has been in Administrative Receivership since October 1999. However, this company has continued to invest in the physical environment, and considerable upgrading, redecoration and internal enhancements have taken place over the past year. During this time the comfort, quality and pleasantness of the living environment has been greatly enhanced.

The Management and staff continue to develop the services offered to service users and the quality of care, record keeping and staffing arrangements has been improved. There is a stable, committed staff group within the unit.

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 findings 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."*

Residents' wishes are acknowledged within their care plans. Each person has a single room, with a lockable door, to which they have access at all time; in addition there is a "quiet room" where residents can take visitors, read or spend time with a smaller group of residents. Residents attend their reviews and sign their care plans. All bathrooms and toilets are lockable and there are indications that residents' right to privacy is promoted by staff.

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"*

Records and discussions with staff indicate that residents are respected and their individualism acknowledged regardless of their abilities, circumstances, behaviour or background. Residents are referred to in appropriate terms, their wishes are respected and practices in terms of personal care, are dealt with sensitively and are responsive to their stated wishes. Rotas, staffing levels and staff length of service ensures continuity of care.

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

A wide variety of internal and external social activities are available to all service users. Recognition is given to the degree of risk when promoting individuals' rights to pursue activities of their choice, which is recorded in care plans. Residents are encouraged to participate in activities and relationships outwith the unit, this may include the use of public transport but other transport is available to support individuals in maintaining links with the community.

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."*

Care plans include specific risk assessments, which are reviewed as part of the ongoing process. The entrance door is linked to a bell system at the reception office during the day; all visitors must sign in. In the evening the external door cannot be opened from the outside.

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 are encouraged and enabled to maintain their responsibilities and obligations of citizens in so far as they are able. Records and care plans indicate that individuals' are encouraged to exercise control over their daily living whether within or outwith the unit; this may, for example, include self medication, visits to their general practitioner, carrying out simple household tasks, or having tea/coffee making facilities in their room

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

All residents are encouraged and supported to maintain links with their community and to develop new interests both within and outwith the unit.

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

This is recorded within service users' records. Programmes confirmed that religious and cultural needs are provided for through services of religion in the unit, transport to a church in the community and supporting individuals to maintain previous cultural and religious links.

Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	15.5.01	yes	Part of policy document and residents' information pack
Brochure	15.5.01	yes	The Unit brochure is incorporated within the information pack
Admission/discharge record	15.5.01	yes	
Medication	1/3/01	yes	
Accidents	15.5.01	yes	Separate documentation for staff and users
Incident/violent incident	15.5.01	yes	Clearly details the procedure to be followed and documentation required
Fire safety and checks	15.5.01	yes	All checks carried out, includes copy of maintenance checks
Risk assessments	15.5.01	in part	It is noted that general risk assessments had been carried out as part of a specific individuals care plan. This process of risk assessment should be extended to all residents as an integral part of the care planning process.
(moving/handling)	15.5.01	yes	
(COSSH)	15.5.01	yes	
Restraint (if applicable)	15.5.01	yes	
Complaints	15.5.01	yes	
Users financial records	15.5.01	yes	Well laid out, easy to follow with appropriate signatures.

Comments:

Requirements:

Recommendations:

It is recommended that individual risk assessments are included as an integral part of the care planning process

Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	15.5.01	yes	
Staff meetings	15.5.01	yes	Meetings take place approximately bi-monthly with appropriate minutes recorded and made accessible to staff.
Shift handover	15.5.01	yes	Shift change-over book used to communicate messages/information to staff. No rostered handover, written details adequately cover requirements.
Staff supervision	15.5.01	in part	Supervision arrangements tend to be reactive. Management recognise the need for and are developing a more formalised, regular programme of supervision.
Training during part year	15.5.01	yes	Training programme will continue to be developed. Previous recommendation regarding input for care planning is reported to be taking place, however, this is not evidenced in training records. As finance becomes available staff should be encouraged to access formal qualifications .
Training records	15.5.01	yes	Training records are held both centrally and in individual's files.
Rotas	15.5.01	yes	Care officers work three shifts over 24 hours.
Contracts of employment	15.5.01	yes	
Job descriptions	15.5.01	yes	
Absence levels/ monitoring	15.5.01	yes	
Staff Turnover	15.5.01	yes	
Bank Staffing	15.5.01	yes	

Comments:

Requirements:

Recommendations:

It is recommended that a regular programme of staff supervision is developed.

It is recommended that training records are maintained accurately and include details of all training.

Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	May 2000	yes	
Double/Single Ratio	15.5.01	yes	All single room accommodation
Ambient Temp	15.5.01	yes	
Hot Water temp control	15.5.01	yes	
Hygiene/cleanliness	15.5.01	yes	
Safety of environment	15.5.01	yes	New safety guards were being fitted to heaters at the time of inspection
Fabric/Decor	15.5.01	yes	The replacement/upgrading of furniture, carpets & décor continues to take place.
Building maintenance	15.5.01	yes	Considerable improvements to the general maintenance of the building have been made over past year
Garden Areas	15.5.01	yes	Small garden area with pleasant laid out sitting areas.
Furnishing; Comfort/quality	15.5.01	yes	Continuous improvement, noted new quiet room with new decor, carpets furniture and furnishings and attractive unit in dining room.
Security of establishment	15.5.01	yes	
Privacy	15.5.01	yes	Residents have keys to their own rooms and are able to decide who is given access. Residents can receive visitors in privacy of their own rooms or in the 'Quiet room'

Comments:

Requirements:

The present programme of fitting appropriate safety guards to wall mounted heaters should continue. The expected date of completion should be included in the action plan.

Recommendations:

Commendations: The managing organisation and the Manager are commended for their ongoing commitment to improving the physical condition of the Unit

Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	15.5.01	yes	The standards of assessments and care plans continue to improve although the quality and standard of recording is inconsistent. Assessment and care planning must continue to be addressed as part of the Units' ongoing training programme.
Care Plans	15.5.01	yes	
Reviews	15.5.01	yes	
KeyWorker/ Named worker	15.5.01	yes	
Daily notes	15.5.01	yes	The quality and standard of recording is inconsistent. Although, it is noted that some give a clear and full picture of the residents' whole day.
User involvement - care planning and review	15.5.01	yes	Users' sign care plans and attend reviews.
User contracts	15.5.01	yes	
Residents information directory	15.5.01	yes	Information pack is available to all new service users. In addition information is regularly updated on notice boards and staff take time to inform residents of daily events.

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	15.5.01	In part	Quality of menu and variety of meals available is acceptable. However, an alternative (which is reported to be available at lunchtime as well as the evening meal) should be included on the menu.
Environmental Health Report issues	18.5.200	yes	All recommendations contained within the report have been addressed.
Catering equipment and practices	15.5.01	yes	

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	15.5.01	yes	
Internal activities	15.5.01	yes	Tea dances, monthly concerts, skills activities, church services.
External activities	15.5.01	yes	Outings, church services and involvement in a variety of community activities.

Transport arrangements	15.5.01	yes	3 cars owned by company, regular hire of mini bus. As wheelchair users can sometimes be disadvantaged through lack of appropriate transport, in the longer term consideration should be given to purchasing appropriate transport.
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Comments:

Requirements:

Menus should clearly indicate at least two choices at all meal times

Recommendations:

It is recommended that future staff training programmes should continue to include the areas of assessment, care planning and recording

Commendations:

The Manager and staff are commended for the range of internal and external activities made available to residents and the efforts made to ensure that residents maintain involvement in a variety of community activities.

Inspectors findings on other views

Users' Views

The Inspectors spoke to some residents on the day of the Inspection. Each of them spoke positively about the quality of care they received and one made specific comments about the recent improvements to the fabric and décor of the building. Comments were also made about the warmth and friendliness of staff and the opportunities residents have to participate in a range of internal and external activities. Four staff questionnaires were distributed to residents one of which was returned. The respondent made very positive comments about their life in the Unit. These included that he/she was made to feel very welcome at the time of admission and that their likes and dislikes are always taken into consideration. It was also stated that there are enough opportunities for leisure time activities and that family and friends were always made welcome in the Unit. The respondent made a specific comment about liking all the staff.

Staff Views

Five questionnaires were distributed to staff, three of which were returned. Each of the respondents stated that there is time set aside to ensure that residents are given a good welcome to the Unit. They felt that residents' views and opinions are listened to and that residents are able to see their visitors and make and receive telephone calls in private. However, two of the three respondents felt that the Unit is not always as clean as it should be. Although, the inspectors noted that the level of cleanliness was good on the day of this announced inspection. Two of the respondents also felt that their complaints were not listened to or dealt with nor did they feel valued.

Relatives/Carer Views

The Inspector wrote to four relatives to seek their views about the standard of care received by the residents and the level of comfort and general conditions of the Unit, three of whom responded. One relative made particular comments about the high quality of care provided in the unit and about the support and reassurance received from staff in the unit. Positive comments were also made about the improvements

made to the residents' physical environment. One relative suggested that the provision of a trolley phone would be an advantage to residents.

AGENDA