

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

Ross Court Galston

Managing Organisation East Ayrshire Council

Inspection Date 28.6.01

Type of Inspection: Announced

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INSPECTION INFORMATION

Registration Category:	Older People
Registered Capacity:	17 Residential (made up of 5 permanent and 12 respite)+ 8 Day Care. All single rooms
Number At time of inspection	As above
Type of inspection	Announced
Inspector(s):	Isobel Dawson
Date of last inspection:	28 March 2001
For further information on this establishment contact	Mrs Madge Gavin 01563 820941 Ms Margaret Richmond 01563 576000

Description of establishment, services and facilities.

Ross Court is a purpose built residential and day care unit owned and managed by East Ayrshire Council, attached is a sheltered housing complex. All users have single bedrooms with all accommodation on one level providing easy access throughout. An internal patio garden area provides privacy and a pleasant area for residents' use. The unit is at the edge of the town of Galston and within easy reach of shops and all local services. A public bus service stops outside the unit.

The redecoration and refurbishment commended in the previous inspection report has continued. Shared areas are pleasant and provide agreeable and comfortable sitting areas for users. It is noted that the lounge windows are constantly obscured by condensation. It is understood that proposals have been made to have the double-glazing repaired.

Over a period the proportion of permanent users to respite and day care attenders has changed, with a proportion of five permanent residents to 20 respite/day care. It should be noted that the unit would not meet Registration requirements under these conditions.

Previous Inspection reports have referred to the quality of care offered to users, the commitment of staff, and how the staff has developed the assessment, care plan and review packages. This was confirmed again during this Inspection. Users within the unit to the quality and choice of meals.

INSPECTOR:

SIGNATURE: _____

Date _____

HEAD OF UNIT:

SIGNATURE: _____

Date _____

In this section the inspectors set out their findings 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."*

All service users have single lockable rooms and staff are aware of a service users privacy in personal matters such a bathing and toileting. Confidentiality of records is maintained. The Inspector found that the number of respite and day care users attending the unit impinges on residential-users privacy, appearing to overwhelm the resident group and be quite intrusive.

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"*

Service users personal and care planning records indicate that health assessments are carried out and the health needs of users are met through community health services. Care staff provide care 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"*

Users have opportunities to be involved in purposeful and enjoyable activities. A representative group manages the users' "comfort fund", suggest programmes of activities and support users in carrying out these activities. The unit staff encourages users to exercise their right in making choices about daily living, including the range of activities they wish to pursue.

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."*

Individual risk and moving and handling assessments are in place. Visitors to the building must gain access from a member of staff; further consideration is being given to reviewing the safety and security of the environment without impinging on the rights on the individual. Appropriate fire safety, COSHH and maintenance contracts 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"*

Records indicate that users are involved in the care planning and review process and they are encouraged to develop and exercise informed choices about their daily living. Minutes of service users' meeting show that their opinions are actively sought and wherever possible responded to. As yet users do not have clear terms and conditions of their residency.

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

Various formal and informal mechanism are in place to encourage users to make choices about their day to day activities thereby encouraging them to realise their personal aspirations. A variety of social and therapeutic activities are available within the home, in the community and wider region.

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

Personal pre-admission information, care plans and reviews show that users cultural and spiritual needs are acknowledged. In addition regular visits are made to the unit by a number of clergy.

Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	28.6.01	No	The previous aims and objectives are being revised
Brochure	28.6.01	No	New brochure pending
Admission/discharge record	28.6.01	yes	
Medication	28.6.01	yes	Permanent residents use the monitored dosage system. However the vast numbers of users are respite clients who bring with them a variety of medication systems. This clearly adds to the demands placed on staff.
Accidents	28.6.01	yes	All documentation is detailed and recorded appropriately
Incident/violent incident	28.6.01	yes	
Fire safety and checks	28.6.01	yes	All required tests are carried out and recorded. It is noted that a report by the Health & Safety Officer makes a number of recommendations. Fire awareness training is outstanding for a number of staff.
Risk assessments	28.6.01	yes	Contained in users personal file
(moving/handling)	28.6.01	yes	It is noted that a number of staff have requested updated training
(COSSH)	28.6.01	yes	
Restraint (if applicable)	28.6.01	no	The Organisation should have a clear policy on how and when restraint can be used
Complaints	28.6.01	yes	
Users financial records	28.6.01	yes	

Comments:

Requirements:

Please confirm what action has been taken in response to the Health & Safety Officer's Report

Recommendations:

1. If possible, further consideration should be given to the medication procedures for respite users; this may involve negotiations with their General Practitioner.
2. The Organisation should have a clear policy on how and when restraint can be used

Commendations:

Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	28.6.01	yes	
Staff meetings	28.6.01	yes	Regular meetings are held for site services, care staff and senior staff. All are minuted.
Shift handover	28.6.01	yes	
Staff supervision	28.6.01	yes	Organisation Policy in place. Supervision carried out each 8-12 weeks
Training records	28.6.01	yes	Records indicate that training has been reduced over the past months. It is noted that a number of training requests are outstanding
Rotas	28.6.01	yes	
Contracts of employment	28.6.01	yes	
Job descriptions	28.6.01	yes	
Absence levels/ monitoring	28.6.01	yes	
Staff Turnover	28.6.01	yes	There is a low staff turnover in the unit
Bank Staffing	28.6.01	yes	A regular group of bank staff provide consistency of care

Comments:

Additional administrative responsibilities in relation to managing the respite care services, have been passed to the unit. This added workload is being assimilated by unit staff without any clerical support.

Requirements:

Recommendations:

Consideration should be given to providing the unit with clerical support to manage their increased administrative workload.

Commendations:

Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	28.3.01	yes	
Double/Single Ratio	28.3.01	yes	Single bedrooms only
Ambient Temp	28.3.01	yes	The unit temperature was comfortable at the time of Inspection. However, it is understood that the problem with heating has not been overcome.
Hot Water temp control	28.6.01	yes	thermostatic controls are fitted
Hygiene/cleanliness	28.6.01	yes	The unit was clean, fresh and odour free
Safety of environment	28.6.01	yes	It is understood that plans are in hand to install appropriate shower facilities.
Fabric/Decor	28.6.01	yes	Comment was made in the previous report regarding the upgrading, redecoration that had taken place.
Building maintenance	28.6.01	yes	There was a recurring problem with ingress of water at the roof at the entrance. It is reported this has been resolved. The double glazing seal in the large lounge windows is ineffective which results in the windows being constantly damp and opaque.
Garden Areas	28.6.01	yes	The staff have enhanced the entrance and patio areas with planters and a small flowerbed.
Furnishing; Comfort/quality	28.6.01	yes	Commendations were made in the previous inspection report regarding the replacement of furniture. All unsuitable beds have now been replaced.
Security of establishment	28.6.01	yes	A secure entry system is in place at the main entrance. However, concern has been expressed at the number of confused users (particularly respite users) who wander out of the front door onto the adjacent main road.
Privacy	28.6.01	in part	The small proportion of permanent to respite and day care users makes it difficult to maintain their privacy. See below.

Comments:

In the Inspectors opinion the presence of such large proportion of respite and day care users in this unit impinges on the privacy and quality of life of permanent users, although staff do try to ensure that they are not disadvantaged by the presence of day or respite users. The five permanent residents now seem resigned to the situation, they do not want to move from their home, but feel that having to share the staff group and their accommodation with a respite group whose care needs are often greater than their own, places additional demands on the staff thereby reducing the time available to them.

Recommendations:

1. Consideration should be given to how the danger presented by users leaving the building unnoticed can be overcome.
2. The problem with the double-glazing in the lounge should be rectified so that residents can see out of the lounge windows,
3. The philosophy of the unit and users individual contracts, should enshrine the principles which describe the rights of individual residents. Permanent residents should be made aware of the future plans for the unit, their views sought, acknowledged and responded to.
A statement regarding the future of this unit specifically in relation to the 5 permanent users, should be made in the action Plan.

Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	28.6.01	yes	
Care Plans	28.6.01	yes	The quality of care plans shows a further improvement. User involvement is clearly documented. It is noted that a number of staff have requested further training in care planning.
Reviews	28.6.01	yes	User involvement in reviews is documented. In addition to regular reviews a useful bi-monthly summary is produced.
Key Worker/ Named worker	28.6.01	yes	
Daily notes	28.6.01	yes	
User involvement - care planning and review	28.6.01	yes	
User contracts	28.6.01	no	It is understood that these are at the final approval stage and should be available shortly.
Residents information directory	28.6.01	no	Being actively considered at present

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	28.6.01	yes	A good variety of nutritious meals are available on a four-week cycle. Users speak highly of the quality of food and the choices available. In addition 50 meals on wheels are delivered from the unit daily.
Environmental Health Report issues	28.6.01	yes	Last report July 2000, all recommendations are reported to have been dealt with.
Catering equipment and practices	28.6.01	yes	A new boiler has been installed for the provision of hot water in the kitchen.

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	28.6.01	yes	
Internal activities	28.6.01	yes	see comment
External activities	28.6.01	yes	see comment
Transport arrangements	28.6.01	yes	The unit has access to the "Irvine Valley" bus that can be booked in advance for outings. Taxis are also used for visits to theatre etc.

Comments:

An active entertainment/activities committee made up of users; carers and staff meet regularly to discuss the management of the social fund, proposed outings and other activities. Some quite exciting and innovative suggestions have been made; in particular residents spoke with great enthusiasm about a recent visit on the Seacat to Ireland - and the photographs confirm their enjoyment.

All proposals from the committee are taken to the residents' meeting; thereafter a programme is prepared for future outings and activities.

Recommendations:

The request by staff for further training in assessment and care planning should be considered.

Commendations:

Staff are commended for their ongoing commitment to developing care planning, the bi-monthly review summaries, and the way users are involved in their reviews and care planning.

The Entertainment and Activities Committee are commended for their commitment to developing a stimulating programme for users.

Inspectors findings on other views

User/Carer views

Three relatives/carers completed confidential questionnaires. All stated that they had sufficient information and help from the Social Work Department to help them make a decision about the placement and they found unit staff took sufficient time and interest in them and their relative at the time of admission. There was a particular member of staff who they could talk to and who attempted to obtain relevant information about their relative's background and likes and dislikes. It was noted that none of the relatives had read previous Inspection reports. Managers indicate that these are on display in the Unit but that action will be taken to bring this more to the attention of relatives and residents.

A variety of users from permanent residents, day care and respite services completed confidential questionnaire forms. All spoke highly about the level of care, the comfort of the unit and the quality of the staff. What they enjoyed most about living in the unit was the company, the pleasant and caring staff, and the social interaction, excellent food and the care and attention. Things they would like to change would be to go out for walks with staff and shower facilities.

Staff views

Five staff completed confidential questionnaires. The majority reported that there was sufficient time to welcome new service users but there was not always sufficient information available at the time of admission. Other comments about the comfort of the building, quality of activities and opportunities for staff training were all positive.

AGENDA