

# **SOCIAL WORK INSPECTION UNIT**

## **INSPECTION REPORT**

**SPRINGHILL HOUSE  
80 PORTLAND ROAD  
KILMARNOCK KA1 2BS**

**Owner Mr Hugh Muir**

**Inspection Date 14 June 2001  
Inspection Type - Unannounced**

W.J. Duncan  
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## INSPECTION INFORMATION

<b>Registration Category:</b>	ELDERLY PERSONS. Registered both with East Ayrshire Council and Ayrshire & Arran Health Board
<b>Registered Capacity:</b>	Residential: 12 Nursing places: 23
<b>Number At time of inspection</b>	Residential: 10 (+ 1 in hospital) + nursing users
<b>Type of inspection</b>	Unannounced
<b>Inspector(s):</b>	Mrs Isobel M Dawson
<b>Date of last inspection:</b>	20 March 2001
<b>For further information on this establishment contact</b>	Mrs Sara Martin, Manager. Tel 01563 573356

### Description of establishment, services and facilities.

Springhill House is a former mansion house set in about three acres of mature grounds near to the centre of Kilmarnock. Built about 160 years ago it was formerly a Local Authority Residential home for the elderly, which was upgraded by the present owner prior to opening as a Nursing Home in 1994. In 1996 the unit was registered jointly by East Ayrshire Council and Ayrshire and Arran Health Board.

Springhill House is on three levels with a passenger lift to all three floors. The main public rooms are on the ground floor with ancillary accommodation and some bedrooms on the lower floor. The upper floor contains resident's rooms and a small sitting area.

Residents are accommodated in single or double rooms with ensuite toilets and wash hand basin. The ratio of single to double rooms is above the recommended level and the owner is aware that this ratio must be reduced over an agreed period.

Although a number of bedrooms and corridors have been redecorated recently, this should continue together with attention to redecoration of some public areas, replacement of items of furniture and external paintwork. It is understood that the main hall and corridor carpeting will be replaced in the near future.

All bedrooms should be fitted with appropriate locks. The Inspector was informed that new thermostatic control valves have been ordered.

Assessments, care plans and reviews are well documented and are of a good standard. Care plans reflect the holistic needs of service users.

**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. A short statement setting out the standard that is expected to be achieved follows each heading. 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."***

Some users continue to share bedrooms, thereby restricting their personal and private space. In addition not all bedrooms have appropriate lock. Staff protect users privacy when carrying out personal tasks, staff ensure that all records are held confidentially and the content is made known to users.

**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"***

Users are addressed in respectful and appropriate terms and their wishes acknowledged in their assessment of care needs. Users have access to all community medical services and their health needs are well documented in their care plans.

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

Care plans indicate how users should be supported and encouraged to achieve their potential through interaction, social activities and other interests.

**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."***

A secure entry system is in place and the home is secure and residents say that they feel safe in the home. Fire safety systems, COSSH assessments, accidents and moving and handling assessments are appropriately carried out. Outstanding repairs to emergency lighting should be carried out immediately. General risk assessments are required to be in place for all users and a restraint procedure 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"***

Reviews and care plans indicate that users are consulted about their choices in daily living and ongoing care.

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

Within their abilities, users continue to maintain links with the community. It would appear that users are encouraged to realise their personal aspirations through a variety of activities within and outwith the home.

**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 in their care plans. Various clergy make regular visits to the unit.

## Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
<b>Clear Aims &amp; Objectives?</b>	14.6.01	partly	Contained within the information brochure. It is agreed that the content will be reviewed and updated whenever the document goes to re-print.
<b>Brochure</b>	1.4.01	yes	As the range of services has changed since publication, it has been agreed that a loose-leaf page giving additional information could be added to this document.
<b>Admission/discharge record</b>	20.3.01	yes	
<b>Medication</b>	20.3.01	yes	
<b>Accidents</b>	20.3.01	yes	
<b>Incident/violent incident</b>	14.6.01	yes	A separate sheet is maintained within the users files for the recording of incidents
<b>Fire safety and checks</b>	14.6.01	yes	
<b>Risk assessments</b>	14.6.01	yes	It has been agreed that the assessments in place for Nursing users should also be in use for residential users.
<b>(moving/handling)</b>	14.6.01	yes	as above
<b>(COSSH)</b>	14.6.01	yes	
<b>Restraint (if applicable)</b>	14.6.01	no	Advice given, procedure will be in written form and made known to staff.
<b>Complaints</b>	14.6.01	yes	
<b>Users financial records</b>	20.3.01	yes	

### Comments:

Following the recommendation at the last Inspection all required **Fire checks** have been completed and records maintained assiduously. Two **Fire drills** were carried out on 26 April and 6 May with a record detailing time of day, assembly time, persons involved, post-drill discussion, any identified problem and action taken.

The annual contracted **fire systems service** and emergency lighting was carried out on 7 June with the recommendation that a number of emergency lights be replaced. These have been ordered and are due to be fitted this week.

The annual contract **service for fire extinguishers** took place on 7 May.

The **Fire Register** contains all the required documentation and includes a register of users, fire drill procedures and emergency placement address. In addition there is a signed record of staff having seen the fire lecture video and all new staff having been trained appropriately.

### Requirements:

**Please forward confirmation when the repair and replacement of the emergency lighting has been completed.**

## Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	14.6.01	yes	Appropriate documentation is completed at the time of application; medical, personal and employment references are obtained.
Staff meetings	14.6.01	yes	Last meeting held on 15 May 2001
Shift handover	20.3.01	yes	
Staff supervision	14.6.01	yes	On taking up post, appraisals/assessments are held at three months, six months then at least annually. Individual formalised supervision as required. It is reported that on-floor supervision and guidance is in place for all levels of staff.
Training records	20.3.01	yes	Following the previous recommendation, the cook is attending a 3-day food-handling course; this training will be cascaded to all staff in the unit.
Rotas	20.3.01	yes	
Contracts of employment	20.3.01	yes	
Job descriptions	20.3.01	yes	
Absence levels/ monitoring	20.3.01	yes	
Staff Turnover	14.6.01	yes	There is a low turnover of staff
Bank Staffing	14.6.01	yes	Only named bank staff (Qualified Nursing Staff) are used except in very isolated emergency situations. Care assistant bank staff are not used.

**Comments:**

**Requirements:**

**Recommendations:**

**Commendations:**

## Physical / Environment Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	20.3.01	yes	
Double/Single Ratio	14.6.01	No	The ratio of single to double rooms continues to be above the recommended ratio. The owner anticipates meeting the requirements by April 2003
Ambient Temp	14.6.01	yes	
Hot Water temp control	20.3.01	No	Thermostatic controls are checked and regulated on a regular basis. However, it is reported that due to difficulties in maintaining the hot water temperature at an acceptable level, new controls have been ordered. It is anticipated that these will be fitted within two weeks.
Hygiene/cleanliness	20.3.01	yes	
Safety of environment	20.3.01	partly	Carpets causing a hazard should be replaced. The recommendations of the Environmental Health report should be actioned immediately.
Fabric/Decor	20.3.01	partly	Since the time of the last Inspection a further bedroom has been upgraded and corridors painted. The programme of redecoration, upgrading, and furniture replacement should continue.
Building maintenance	14.6.01	partly	External paint on Windows and the building is deteriorating, noticeably external paintwork is peeling, and in addition the windows do not appear to be washed regularly.
Garden Areas	20.3.01	yes	
Furnishing; Comfort/quality	20.3.01	yes	
Security of establishment	14.6.01	yes	Secured access place at main entrance
Privacy	20.3.01	partly	As all rooms are registered for residential users it is a requirement that users can lock their bedroom doors. As discussed, care plans should indicate where users could not manage this.

### Requirements:

1. The ratio of double to single bedrooms should be reduced over an agreed period and within the accepted timescale.
2. Please confirm in writing when new thermostatic controls have been fitted, and that all hot water accessed by users is at a safe temperature.

3. It is understood that new carpeting is to be purchased for some communal areas. Please confirm when this has been completed and in what areas.
4. Covers for the fluorescent lights and the replacement of the small milk 'fridge in the kitchen should be expedited. Please confirm when this has been completed.
5. All bedroom doors must have appropriate locks fitted.
6. The programme of upgrading and redecoration should continue.

**Recommendations:**

A regular schedule for window cleaning is required.

<b>Care Standards</b>
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**Care Planning and Review**

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	20.3.01	yes	
Care Plans	14.6.01	yes	.
Reviews	20.3.01	yes	
KeyWorker/ Named worker	20.3.01	yes	
Daily notes	20.3.01	yes	
User involvement - care planning and review	14.6.01	yes	Wherever possible users now sign their care plans, otherwise the key worker will note that the content has been discussed with the user who has been unable to sign the record
User contracts	20.3.01	yes	
Residents information directory	20.3.01	yes	Will be updated when the pack is re-printed.

**Menus and Catering**

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	14.6.01	yes	The comment made in the previous inspection report regarding the wait for breakfast for some users who rose early, was responded to immediately. It was reported that all staff should now be aware that a tea trolley and toast is available from the time users rise. This has now been reiterated and was confirmed during this early morning inspection
Environmental Health Report issues	14.6.01	no	The recommendations contained in the report of earlier this year should be addressed. (see Physical/Environment standards requirement 4)
Catering equipment and practices	14.6.01	yes	The previous recommendation regarding food hygiene training has been addressed.

### Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	23.3.01	yes	
Internal activities	23.3.01	yes	
External activities	14.6.01	yes	Additional activities, including regular visits to the tea dances at Kilmarnock Theatre, are very popular with users.
Transport arrangements	14.6.01	yes	The unit does not have its own transport.

#### Comments:

#### Requirements:

The outstanding recommendations contained in the Environmental Health Report should be expedited (see Physical/Environment Standard requirement 4).

#### Recommendations:

#### Commendations:

The staff are commended for their ongoing commitment to developing programmes of activities for users.

User records are maintained to a high standard, the language and content indicate that staff are sensitive to individual needs and wishes.

## Inspectors findings on other views

### User/Carer views

All three confidential questionnaires sent to carers were returned. All stated that they were satisfied with the level of care offered. Two out of the three had seen previous inspection reports and two stated that their relative could not lock their bedroom door.

One questionnaire referred to residents not being able to make telephone calls in private. The Inspectors are surprised at this comment as following a previous recommendation it was agreed that a cordless telephone should be purchased for the use of residents. It was later confirmed that this telephone had been purchased.

**Please confirm that this telephone is in use and all residents are aware of its availability.**

### Staff views

Five confidential questionnaires were given out to staff and three returned. All stated that adequate time was put aside to welcome and settle

### Relatives/Carer Views

Three relatives completed confidential questionnaires. All stated that there was sufficient help and information from the Social Work Department prior to their relative's admission and that they were involved in helping their relative apply for a placement.

Staff took time to help settle their relative into the unit and to ask for information about their likes and dislikes. All commended the staff for their care and attention.

One was of the opinion that their relative's cultural and religious needs were not met.

**The comment that a service users "religious and cultural needs are not being met" should be considered and responded to for all users within the care planning process.**

**AGENDA**