



East Ayrshire
COUNCIL

SOCIAL WORK INSPECTION UNIT

INSPECTION REPORT

**WEST PARK
GLASGOW ROAD
GALSTON
Ms L.A.Bagan & Mr R Lindsay**

**Inspection Date(s)
19th April 2001**

Unannounced Inspection

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

INSPECTION INFORMATION

Registration Category:	Elderly
Registered Capacity:	Residential: 15 Day:
Number At time of inspection	Residential: 15 Day:
Type of inspection	Unannounced
Inspector(s):	Mina Cassidy Isobel Dawson
Date of last inspection:	19 th April 2001
For further information on this establishment contact	Ms L.A.Bagan (Owner & Manager) 01563 820426

Description of establishment, services and facilities.

West Park is a privately owned residential unit, which has recently been purchased by the present Manager and her partner following the retirement of the previous owners.

The Unit is located in the outskirts of Galston with the local Secondary School situated across the road. The Loudon Castle Theme Park is also situated nearby. The Unit is reasonably well located to benefit from the amenities of the town whilst being surrounded by open, pleasant countryside to the side and rear.

All accommodation is on one level and there is easy access throughout the house. All bedrooms are attractively decorated, well furnished and maintained. Residents are encouraged to personalise their own rooms and many take this opportunity to add to the homely and happy atmosphere that emanates throughout the unit.

INSPECTOR:
SIGNATURE: _____

Date _____

HEAD OF UNIT:
SIGNATURE: _____

Date _____

Standard of Records & Procedures

	Date Checked	Standard Acceptable?	Findings at current Inspection
Clear Aims & Objectives?	20.3.01	Yes	Examined as part of the registration process of new owners
Brochure	19.4.01	Yes	
Admission/ discharge record	19.4.01	Yes	Admission and discharge information is recorded in individual residents' files or within the general filing system. It is recommended that this information be held within a book with fixed, numbered pages in order to maintain a permanent record which will allow quick easy reference.
Medication Management	19.4.01	Yes	
Accidents	19.4.01	Yes	
Incident/violent incident			
Fire safety and checks	19.4.01	Yes	All fire safety checks take place at required intervals
Risk assessments			Not examined
(moving/ handling)	19.4.01	No	Although staff have undertaken appropriate Moving & Handling Training there are no Moving and Handling Risk Assessments currently in place. Advice given regarding content and appropriate format.
(COSHH)	19.4.01	No	No COSHH Risk Assessments currently in place. Advice given regarding content and appropriate format.
Restraint (if applic)			Not examined
Complaints	19.4.01	Yes	
Users financial records	19.4.01	Yes	

Comments:

Requirements: It is required that Moving and Handling Risk Assessments be carried out for each individual resident. In addition, COSHH Assessments should be carried out and appropriately recorded.

Recommendations: Admission and discharge information should be held in book format, which will maintain a permanent record and allow quick, easy reference.

Management and Staffing Standards

	Date Checked	Standard Acceptable?	Findings at current Inspection
Recruitment practices	19.4.01	Yes	
Staff meetings	19.4.01	Yes	No formal staff meetings take place. However, records show that staff are kept well informed by the Unit Manager and that the staff group are able to share information effectively.
Shift handover	24.8.00	Yes	
Staff supervision	19.4.01	Yes	An Annual Staff Appraisal System is in place. However, regular formal staff supervision would facilitate staff development.
Training records	19.4.01	Yes	Training records are maintained appropriately. However, the type of training offered remains very limited. Therefore, previous recommendations are reiterated
Training Provided in the Past Year	19.4.01	Partially	Food Hygiene Dementia
Rotas	19.4.01	Yes	
Contracts of employment	20.3.01	Yes	
Job descriptions	19.4.01	Yes	
Absence levels/ monitoring	19.4.01	Yes	
Staff Turnover	19.4.01	Yes	Staff turnover is traditionally low in the Unit. Two new members of staff have been recruited following the recent retirement of two members of staff.
Bank Staffing	19.4.01	Yes	Permanent part time staff members cover holidays and other absences.

Comments:

The introduction of formal staff meetings could provide a useful vehicle for on going staff development and training.

Requirements:

A planned programme of staff development and training should be developed which offers staff the opportunity to develop their skills and knowledge in a range of areas, which would enhance the quality of care delivered to residents

Recommendations:

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	Date Checked	Standard Acceptable?	Findings at current Inspection
Room sizes	19.4.01	Yes	
Double/Single Ratio	19.4.01	No	The present four double rooms to 7 single is above the recommended 8 single to 1 double ratio. However, the new owners have outlined plans to reduce this ratio over the next three years.
Ambient Temp	19.4.01	Yes	
Hot Water temp control	24.8.01	Yes	
Hygiene/cleanliness	19.4.01	Yes	
Safety of environment	19.4.01	Partially	The Units' bathing and shower facilities require to be up-graded. All radiators require to be fitted with suitable covers as a matter of priority
Fabric/Decor	19.4.01	Yes	Fabric and décor throughout the Unit is of an acceptable standard.
Building maintenance	19.4.01	Yes	
Garden Areas	19.4.01	Yes	Pleasant well laidout gardens to the rear and side of Unit.
Furnishing; Comfort/quality	19.4.01	Yes	The quality and comfort of furnishing throughout the Unit is of an acceptable standard.
Security of establishment	19.4.01	Yes	All visitors to the Unit require to ring the doorbell to gain access.
Privacy	19.4.01	Yes	Bedroom doors are fitted with appropriate locks. There is a choice of sitting areas available. Residents' right to privacy is respected by staff at all times

Comments:

Requirements:

The Units' bathing and shower facilities require to be up-graded to ensure easy access and use by residents in addition to providing appropriate bath aids. The Manager states that work to address this issue will begin by March 2002

All radiators require to be fitted with suitable covers as a matter of priority

Recommendations:

Care Standards

Care Planning and Review

	Date Checked	Standard Acceptable?	Findings at current Inspection
Assessment	19.4.01	Yes	Ongoing assessment methods should to be improved to ensure continuity in the care planning process.
Care Plans	19.4.01	Yes	Care plans continue to be developed
Reviews	19.4.01	Yes	Reviews take place at appropriate intervals
KeyWorker/ Named worker	19.4.01	Yes	Keyworker and associate keyworker system in place
Daily notes	19.4.01	No	Daily notes are limited in content and do not relate to, or inform, the care planning process.
User involvement - care planning and review	19.4.01	No	There is no evidence to confirm the residents' involvement in the care planning and review process
User contracts	20.3.01	Yes	Examined as part of the registration process of new owners.
Residents information directory			Not examined

Menus and Catering

	Date Checked	Standard Acceptable?	Findings at current Inspection
Menus - choice & quality	19.4.01	No	Current menus show that only one choice is available at lunch time for all courses. The Unit Manager states that residents are able to choose an alternative from the range of choices available in the teatime menu. This will now be stated in the lunch time menu.
Environmental Health Report issues	20.3.01	Yes	
Catering equipment and practices	19.4.01	Yes	

Activity programmes

	Date Checked	Standard Acceptable?	Findings at current Inspection
Displayed Program?	19.4.01	Yes	The displayed programme shows that there are two planned activities each day.
Internal activities	19.4.01	Yes	
External activities	19.4.01	Yes	Some external outings are arranged throughout the year including visits to the Theatre and outings to places of interest.
Transport arrangements	19.4.01	Yes	A suitably adapted mini bus is hired when required in addition to the use of private cars.

Comments:

Requirements:

At least two choices of each course should be available to residents at all meal times.

Recommendations:

1. The recommendations regarding staff development and training, particularly in relation to being involved in reviews, care planning and record keeping is repeated.
2. The required staff development and training programme should include reviews, care planning and record keeping
3. The Care planning and review process should evidence the involvement of service users.

Inspectors findings on other views

User/Carer views

The Inspector spoke to a number of residents on the day of the Inspection, some individually and others in groups. All expressed high levels of satisfaction with the quality of care received, the overall comfort of the Unit and the standard of food. Particular comments were made about the friendliness and warmth of staff.

Staff views

The Inspector spoke to the staff on duty who indicated that they were kept informed with what was happening in the Unit and that their views and opinions were taken into account. They also indicated a good level of job satisfaction.

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."*

Staff respect residents' right to privacy at all times. There is a choice of sitting areas available. Bedroom doors are fitted with appropriate locks. Screens are available around bed areas in shared rooms.

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' records show that assessed needs, including health and well being, are addressed in a way that respects the dignity of individuals. Although care plans identify individuals' needs further development is required, which should be addressed in any future proposed staff training programme.

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

Residents have the opportunity to participate in internal and external activities. Staff encourage residents to maintain and develop relationships both within and outwith the Unit. The Inspector found that when speaking to residents they expressed feelings of contentment and fulfilment.

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."*

Regular fire safety checks and drills take place at the required intervals. The residents state that they feel safe and secure within the Unit. However, the Unit requires to develop generic and COSHH risk assessments

4. 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 to achieve and maintain their independence and to make choices, which are compatible with their wishes and abilities.

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

Residents have the opportunity to participate in a range of external and internal activities. They are also encouraged to maintain and develop relationships and interests.

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

Individual care plans acknowledge and address cultural needs.