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Premises Visited:  Aarondale House 49 Eastgate Hornsea HU18 1LP	Date of Visit: 11 March 2015	HW reference: 20150311
	Duration of Visit: 10.00am – 12.00 noon	
	HWERY Representatives:  Peter Horrocks Kate Ollett	Staff met during visit:  Mrs Lesley Ellis, Manager and other staff members

**PURPOSE OF VISIT**

The visit was part of a HWERY programme to review the quality of provision of residential care in East Yorkshire. The visit was pre-arranged.

This purpose-built home is in central Hornsea, close to the community hospital and health centre. There is a lawned area to the front and hard standing car parking. The front door is not immediately obvious being round the side. There are 20 beds on two floors connected by a lift. There was one vacancy at the time of the visit. Three rooms have ensuite lavatories/handbasins. Two rooms are shared at the moment and one that could be shared is in single occupancy.

There are 13 full time and seven part time staff. During day-time hours three care staff are on duty supported by one cleaner, one cook, one handyman and the home manager. There is some flexibility of roles according to residents' needs. At night two staff are on duty with the manager on call nearby.

**INTRODUCTION**

We visited most areas of the home including lounges, bedrooms, bathrooms, and the dining room.

In the course of our two hour visit we met the home manager Mrs Lesley Ellis and several other staff members. We spoke to 8 - 10 residents. There were no residents' visitors at the time of the visit. No home residents are bedfast, three require help with their meals, almost all have some degree of confusion.

## ENVIRONMENT

The home is cheerful, well furnished, spotlessly clean, homely and warm. Two years ago CQC had commented on worn and out of date furnishings and things have obviously changed for the better, though the very busy carpet in the corridors may not be the best for dementia sufferers. Many residents are alert and responsive. They were quick to praise the care they receive and the quality of their meals. There were no unpleasant smells. Notice boards were up to date and informative (featuring our visit).

## SAFE

There is a well thought out emergency call system with movement detection back-up at night.

Meals are prepared in domestic fashion. There are menu choices and residents can choose where to eat, and when including in their own room. The kitchen was new but in keeping with a family home, so could prove to be rather difficult to keep clean.

At the time of the visit several residents had developed diarrhoea and the home was taking positive action to establish the cause and prevent transmission to others.

Fire exits are numerous, well signed and unobstructed.

Residents must use the lift, the stairs being gated and locked. The gardens and balcony can only be used under supervision.

## WELL LED AND EFFECTIVE

The home manager gives strong leadership to a stable workforce of 20 people of whom she is proud.

All care staff have achieved NVQ3 qualifications. The home has chosen to adopt the Redcrier training system which helps to ensure up to date training despite the relative isolation of Hornsea from training venues.

Most links with health services seemed satisfactory. District nurses are frequently in the home. There was concern that continence supplies are only delivered quarterly with a consequent need for large scale storage.

Community psychiatric nurses visit the home perhaps three or four times per year.

There had been a couple of examples of poor information and inappropriate discharges from hospital which the manager had dealt with informing Hull Royal that no one would be accepted into the home after 9pm

The Eastgate practice, with whom all residents are registered, identifies two GPs for the home.

Joint assessments by health and local authority are only conducted in the context of rarely occurring “best interest” meetings.

Once admitted to the home residents lose their named social worker.

## CARING

The relatively small scale of the home means that staff-resident interactions are good and understanding. Some residents prefer social contact, others are more private and all this is catered for.

Each resident has a named carer.

Care plans, including end-of-life plans, exist for all residents and have been developed with them and with families where possible. They are reviewed and updated as necessary.

Three residents control their own petty cash.

Laundry is in-house with a good system for personalised clothing and linen. Residents are not allowed to do their own laundry

In contrast to some other homes, many bedroom doors did not bear the name of the resident and this gave a rather impersonal look to the corridors.

We heard some residents being addressed by diminutive names (eg poppet) rather than their proper names.

## RESPONSIVE TO NEED

Residents who are acutely ill or just very dependent are looked after at the working centre of the home - the dining room - where they are under the closest observation. At the time of our visit, there were no patients in bed.

There is no designated activities organiser but a limited variety of pastimes and diversions are planned each week. A cookery afternoon is popular. Outdoor visits take place occasionally in the summer.

A hairdresser visits once a week.

Pets are not allowed.

## CONCLUSION

Aarondale House provides excellent personal care and support of high quality to its residents. The home is well furnished, clean and welcoming. Perhaps more could

be done to maintain the individuality and memory of residents, perhaps by having a part-time trained activities organiser, and by encouraging residents to partake in normal daily activities such as keeping their own rooms clean and tidy, making their own cups of tea and doing their own laundry.

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Signed on behalf of HWERY Board		Date: 31/3/15
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