

Enter & View Pilot Visit Report

Premises visited: The Olde Coach House 2 Eastgate Hessle East Riding of Yorkshire HU13 9LW	Date of Visit: 27/10/14	HW Reference: 20141
	Duration of visit: 2 hours	
	HWERY Representatives: Peter Horrocks and Maggie Whitlock	Staff met during visit: Mrs Elaine Bismor (Manager) and five others

PURPOSE OF VISIT

To pilot the systems, process and templates developed by the Adult Residential Care Task and Finish group.

INTRODUCTION

The visit consisted of a half hour discussion with the Manager (Mrs Elaine Bismor), a half hour tour of the premises and an hour observing and talking to residents.

The visit was pre-arranged and a prepared list of questions was used as a prompt when speaking with residents and staff.

THE MANAGER

The Manager appeared to be aware of the needs of the residents who were mostly suffering from mild to advanced dementia. She had seen a steady increase in the dependency of residents over recent years and feels there appears to be a conflict between the home's income from when a resident is first admitted to the home and then later meeting the demands of their increasing dependency without a parallel increase in income.

RESIDENTS

We observed good interaction between residents and staff during our visit. We spent time talking to residents all of whom stated that they felt safe and were well looked after.

Both day rooms were occupied by residents that were able and less able. One gentleman advised he had been in the care home for seven years.

There are several memory boxes used, these include types of soap, polish, pictures and old money, things they would have used in their lives. Residents are shown these items and encouraged to talk about them.

Two high dependency bedfast residents with advanced dementia are accommodated in a double sensory room; this consists of fairy lights on the ceiling and a projector displaying images for them to view to stimulate their state of awareness.

Families can visit when they like.

Children are encouraged and a children's toy box is available.

No pets are allowed, however families are allowed to bring their dogs in to be petted.

LOCAL NHS / LOCAL AUTHORITY ISSUES

The manager raised concerns about

- "Profiling" beds are often difficult to obtain. District Nurse assess and unless a pressure sore is present a bed is not allowed. However the manager feels this is counterproductive as it does not allow for prevention of Pressure Sores in especially susceptible residents. The home reported some difficulties returning beds when no longer needed.
- Equipment returns - it was reported that the Care Home has been advised not to return nursing aids to the hospital after use but to give them away to a charity or throw them away. (This mirrors comments by Care Homes in a survey undertaken by LINK in 2012 and passed onto the Chief Nurse Deputy CEO of HEY at the time).

- Contenance essentials are difficult to get from the local authority.
- Falls prevention teams and Community Psychiatric Nursing are contacted if required however was not regarded as an essential in this Care Home as the needs of residents seem to be met by well-trained care home staff.
- Discharge from hospital - The home is often advised in the morning that a resident is returning however, the individual doesn't arrive until after 8pm. Residents' clothing sometimes arrives by taxi 24 hrs after the residents return.

NUTRITION

The Cook has achieved Basic Food Hygiene Standard training, the residents are offered menus to choose their preferred meals. Meals consisted of Breakfast, Mid-morning Break, Lunch, Afternoon Break, Afternoon Tea and Supper. Residents are able to eat in their rooms if they wish and a red tray system is used to identify residents that require assistance with eating. Staff only intervene if the resident is having difficulty. The more able residents did not eat with residents that required assistance. Drinks were available in the day rooms and drinks of tea and coffee were partaken regularly.

LAUNDRY

The residents' laundry is undertaken on site in a relatively small space. Dirty laundry comes in, is washed and dried then placed then placed in open boxes on open shelves. There was no evidence cross infection had occurred but it would appear there is potential for cross-contamination of the clean linen supply.

OUTSIDE

It is difficult to identify the appropriate door to enter the building.

POLICIES, PROCEDURES AND CARE PLAN

- Each resident undergoes a multi-disciplinary assessment with adjustment of their care plan where necessary.
- Before transfer to hospital and on return to the care home, mapping of the patient's skin was undertaken and photographs taken.
- This care home has an IT system that maps trends of behaviour. When a resident becomes disruptive the incidents are logged and the system highlights possible triggers to that behaviour.

ENVIRONMENT

- The ground floor rooms are around a court yard so all residents have an outside view and the more able can go outside if they wish to do so.
- 14 residents on the first floor.
- There are double rooms and seven rooms that are en-suite. There are an additional two bathrooms and two shower rooms.
- All rooms are well equipped and some have movement sensors.
- Standard of cleanliness observed at the time was excellent with no malodour. The ambiance of the Care Home was one of calm that could be compared to a comfortable hotel.

PRIVACY, DIGNITY AND RESPECT

- Computers are available for residents to use;
- All residents spoken with said that they felt safe and well looked after.
- Seven rooms are en-suite.
- Residents are offered a choice of General Practitioner.
- Residents can choose from a varied menu.

- Residents are able to eat in their rooms if they wish.
- The more able residents do not eat with residents that require assistance.
- Visits are arranged and local singers come into the home.
- It was observed that staff were conscientious and caring and only intervened directly when there was a need. They inter-reacted with residents using general conversation and using memory boxes as a stimulation for the residents.

RELATIVES

None spoken to but

- No pets are allowed however families are allowed to bring their dogs in to be petted.
- Families can visit when they like.
- Children are encouraged and a children's toy box is available

STAFF

- Staffing levels were based on patients' needs and not on minimum standards.
- 63 staff are employed and all ancillary staff are part-time. Some staff have been employed for over ten years.
- Training ethos appears well-established
- Low staff turnover is reported
- Three members of staff on duty at night time.
- Local Authority Trainers were used and "E Learning". Staff could access computers to undertake this training. Staff were trained in Care of Dementia residents and End of Life Care as well as Infection Control.
- The Manager was particularly interested in developing End of Life Care, "We love it".
- The staff wore specific uniforms and had name badges.
- Several Staff had been working in this care home for some time the Deputy Manager and the Housekeeper and others had been employed for over ten years. Staff involved in direct care of residents were not related.

RECOMMENDATIONS

1. Improve signage to entrance door.
2. Consider a re-organisation of clean laundry arrangements to reduce risk of cross-infection.

CONCLUSIONS

The Olde Coach House stands as a model to which many other homes could aspire. Its strengths stem from good management, a well-trained and motivated workforce, an environment of daily living standards which optimise the lives of residents, each of which has personally planned care. It is suggested that this care home could be used as a teaching resource and a benchmark for other Care Homes.

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: 31/3/2015
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