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Premises visited: Spring House 21 Eastbourne Road Hornsea HU18 1QS	Date of Visit: 11.02.2016	HW Reference: HWERY 20150720
	Duration of visit: 2 hours	
	HWERY Representatives: Pam Wakelam Carol Dyas	Staff met during visit: Gemma Moynes - Manager Rosemary - Senior Carer

PURPOSE OF VISIT

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

INTRODUCTION

Spring House is a 15 bed residential home on a small road in Hornsea. The home is on a residential but moderately busy road and does not have any dedicated parking facilities. It is an old building, not purpose-built, providing mainly single rooms. There is a programme of refurbishment currently underway.

The home accepts clients from 18 years of age and the present residents are mainly in their 80's. The home accepts clients with a wide range of disabilities including dementia, sensory loss and physical disabilities.

The home also provides respite care when required.

At the time of the visit there are only 6 residents in the home and this is because they are undergoing a major refurbishment and development. The home was acquired in 2015 by a major company with another 2 homes in the Hornsea area and they are spending time and money bringing the home up to present day standards.

POLICIES, PROCEDURES AND CARE PLAN

Each resident has an ever evolving care plan which commences prior to admission when the manager visits potential new residents at home to assess the home's ability to care for the individual's needs. One resident gave us permission to view his care plan and we found it to be comprehensive addressing for example basic care/medication/mobility/sleeping/diet/likes and dislikes.

The new company has introduced updated polices e.g. complaints policy and the site is audited monthly or every three months against the policies e.g. infection control.

The monthly report from the manager to the head office outlines events of the month including any complaints.

ENVIRONMENT

Due to the extensive on-going development work, the house is currently in a state of disarray. Staff are dealing with this very professionally. The development is due to be completed mid-2016 and will extend the facility to 21 rooms. Some will have doors to the garden directly from their room and all will have en-suite facilities. (Presently some rooms have en-suite toilets and most have sinks in place). The kitchen is also to be extended to accommodate the increase in numbers.

Due to this on-going work all activities and care are carried out on the ground floor as the work is on-going in the upper floors at present.

There was a faint odour of urine noted when first arriving. We were invited to view some resident's rooms. Most were of a fair size and each had been personalised by the resident with belongings from home, including furniture. One room had been decorated to the resident's taste by their family.

There is a reasonable size garden to the rear with garden furniture for use in the good weather and this also provides a place for residents to smoke if they wish to.

The six residents, with one exception, had some level of disability, including mobility and communication problems, as well as dementia.

All were busy with some sort of activity. It was one lady's birthday and the other residents, with a volunteer helper, had made a cake and were in the process of decorating it. Each piece of cake had been personalised by the residents with their names. One lady was engrossed in a jigsaw. One was engrossed in a TV programme.

PRIVACY, DIGNITY AND RESPECT

Each resident has their own room some with toilets and most with sinks. Those without toilets had their own commode for personal use at night.

The home provides a flexible approach to daily living. With so few residents at the moment that is made easier.

There is no strict menu. Residents are asked each day what sort of food they would like that day and the staff seek to accommodate those wishes. Breakfast is always a continental style which allows for personal choice, and usually 2 hot meals a day are provided. Drinks are available throughout the day.

Medication is managed by the home as the present residents either do not want to manage them or it has been risk assessed that that is a safer option.

Residents were wearing their own clothes.

Other clinical professionals visit the house. All residents are registered with a local GP and the manager has regular contact with the doctors as required. District Nurses visit as required (one was attending a lady during our visit). Needs related to Dentist and opticians are accommodated and the professionals visit as required. A hairdresser also attends. Other needs would, when required, be accommodated e.g. podiatry/physiotherapy.

There is flexibility in the home regarding what time residents rise and go to bed, although on average they are rising between 7 and 8am and going to bed by 10.30pm.

Varied activities are provided from reading and TV areas. Baking, dancing and some visits to garden centres and other local facilities. A sensory area is being developed.

'End of life care' is provided. The manager was keen to stress that this is the resident's home and providing they can facilitate any clinical care required they are happy to provide that care. They can call upon all the necessary professionals to help them with that e.g. doctors/nurses/Macmillan nurses.

RELATIVES

Family and friends are free to visit throughout the day and evenings and are seen as an integral part of the resident's lives.

There were none available to speak to during our visit.

STAFF

The home employs a manager/part time deputy/2 senior carers at Level 2 NVQ studying for Level 3/7 level 2 carers/2 cooks/2 house keepers.

There is always a minimum of 2 carers on duty at any time plus a cook and house keeper. This would seem adequate for 6 residents. The manager holds a full time contract.

The manager is working with the company to increase staffing gradually up to the needs of 21 residents.

In addition the home welcomes volunteers who bring activity skills into the home (one lady was in during our visit doing baking). The manager felt they provided valuable input related to the activities and another face for the residents to interact with. On asking the volunteer she felt that she gained much from coming to the home. She is relatively new to the area and it helping her getting to know people and she loves helping at the home.

We spoke to a senior carer who has worked at the home for over one year and expressed happiness in her employment. She feels she has had access to all her training needs (e.g. H&S/Fire/First Aid/Manual Handling/Safeguarding/Basic care/Diversity and Equality/Infection Control/Dementia Awareness/End of Life).

She is presently studying for her NVQ level 3.

She also is in charge of providing an activity schedule for the residents and seeks to bring variety to that. As indicated by the manager they bring people from outside for such things as chair aerobics, baking etc.

SAFE

Risk assessments are carried out as necessary to minimise potential problems and provide information re safety etc. For example, a risk assessment had been carried out to allow a gentleman to help with the washing up.

The outer and inner front doors were locked on arrival, which is very important when providing a home for clients with dementia who may be liable to walk out and get lost.

The drug cupboard was a locked cupboard inside another locked cupboard. In the future locked facilities will be provided in the client's rooms if they would wish to self-medicate.

There have been no infection outbreaks lately. A small event of diarrhoea the past few months cause then to take precautions but it was well controlled.

The home was as clean as could be expected in view of the on-going building work. Visitor toilets were used and found to be in good order.

Hand gel was available around the home including in the front porch.

On leaving the home and while waiting outside to be collected one of the Healthwatch members noted a clinical waste bin unlocked, which could pose a potential risk to residents and the general public.

WELL LED

The manager has been in post just over a year. She spoke enthusiastically about the home and her work. She appeared to have a good relationship with the staff and the residents. She felt that the home had benefited enormously from the takeover by the new company and from being part of a larger group of homes.

She attends monthly peer group meetings with the company's other home managers which she finds beneficial.

EFFECTIVE

The home seems to provide for the individual residents' needs. Within the confines of the on-going structural development the staff are working hard to ensure the residents social and care needs are provided for.

CARING

Residents appeared to be treated as individuals. One lady was receiving care from a District Nurse during our visit. One resident, the only gentleman, has no dementia problems (he allowed us to see his care file). He is in the home as he has a limited number of relatives and became depressed when his brother died. He goes out and about for walks around the town. He takes post for the manager, his wish, and helps with small jobs around the home e.g. washing up. He told us, "the home is lovely and the staff are great and cannot do enough for you."

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RESPONSIVE TO NEED

During our visit we saw staff being responsive. A birthday celebration was on going for one resident. The one male resident's need for independence was clearly demonstrated. He was able to maintain his freedom while having a safe place to live.

RECOMMENDATIONS

Our only recommendation at this time is related to the 'Clinical Waste Bin' which should be kept locked at all times for Health & Safety reasons.

CONCLUSION

The home is undergoing a large amount of redevelopment at the moment so it would be unfair to make a judgment on the quality of the outcome at this time. The plans, as outlined to us, seemed to be seeking to provide a much updated environment for the residents. The manager seems to be highly motivated and her residents and staff are happy. Staff training appears to be comprehensive to maintain a high level of care and motivation.

Signed on behalf of HWERY	<i>Julia Pollock</i>	Date: 03.03.2016
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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.