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Premises visited: Lavender House Welton Road Brough	Date of Visit: 08/02/16	HW Reference: HWERY 20160208
	Duration of visit: 2 hours	
	HWERY Representatives: Pamela Wakelam Denise Lester	Staff met during visit: Sarah Warrington - Manager 1 x HCA

PURPOSE OF VISIT

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

INTRODUCTION

Lavender House is a 32 bed residential home situated on a busy road in Brough, East Yorkshire. It is an old building providing mainly single accommodation but can and does cater for married couples who wish to stay together in one of the limited double rooms still available. The age of clients is mainly in the 80's range with limited exceptions.

The home accepts a range of clients including those with early stages of dementia for long term and respite care and on visiting we were advised that a number of clients did suffer from dementia, the youngest resident being in her 60's staying for respite care.

At the time of the visit there were only 18 residents including 2 married couples one in a shared room as requested.

POLICIES, PROCEDURES AND CARE PLAN

Each client has a care plan devised on arrival and reviewed regularly as needs and wants change with resident, family and other appropriate health workers. The plan includes diet and medication requirements. Essential policies are in place and the home seeks to provide a fluid approach to the care they deliver to accommodate the changes to residents health and abilities.

ENVIRONMENT

This 32 bed home has limited facilities outside. There is a small frontage for residents to sit outside and a communal garden to the rear of the property which is available for residents to use but this was not seen on the day of the visit as it was raining. The internal decoration is dated and while it would be difficult to address any internal layout some painting and decorating would do much to improve the ambiance of the home.

Rooms in general are small but with high ceilings which helps the feeling of space. Larger rooms have in the past been double rooms (*it would be nice to remove the curtain tracks which indicate the past double room status. See recommendations*). The value of these

rooms is brought into play when married couples wish to stay together and presently one couple are sharing at their and the family's request. Most rooms have a sink and toilet but there are no full en-suite rooms.

The first impressions were of a clean environment though there was a faint odour when one first walked in. Activities were in full swing - skittles and dancing - and a lot of laughing and chatting could be heard. Activities were taking part in the lounge of the home and residents seemed to be enjoying themselves.

It is pleasing to note the development of a new extension to the home which should be ready for use during 2016. All rooms are for single occupancy and larger to comply with present legislation and all have en-suite wet rooms. The rooms will open by means of patio doors from each unit on to a courtyard. This will provide the much needed outside space for everyone and will also be accessed from the present building. Existing residents will be offered the first opportunity to move into the new build.

PRIVACY, DIGNITY AND RESPECT

Single rooms with toilets are provided and each client has a 'Key Worker'.

Clients' wishes re the time they take meals is accommodated within reasonable time frames and although the day's menu is advertised on notice boards, individual likes and dislikes and wishes of the moment can generally be addressed.

Hot drinks are served regularly through the day and cold drinks are easily available. Clients have access to cold drinks in their rooms at night.

Clients can manage their own medication if able but the home does provide a medication service. Medications are kept in a locked cupboard in a locked room. All clients are registered with a local GP surgery and 2 doctors in particular attend the home weekly to review medical/medication needs.

The home is attended by other clinical professions e.g. District Nurses/Physiotherapists/Podiatrists. Dental and optician needs are catered for by taking the client if necessary to the professional.

If the client has a named Social Worker they also visit as required.

A hairdresser visits the home regularly.

Residents have their own clothes and, if they wish, their own bedding but generally bedding is provided by the home.

End of life plans were discussed with the manager. Residents are able to stay in what has become their home if that is their wish. Doctors, district nurses and Macmillan nurses are available to the home to assist at these times and the medical staff can facilitate appropriate discussions with resident and family at these times.

The younger resident who is in the home for respite care is allowed to help staff with small tasks as she is keen to be active and has no mobility problems.

RELATIVES

Relatives are welcome and seen as an integral part of the clients' wellbeing and life overall.

We had the opportunity to speak to one relative who expressed their satisfaction in the care and environment that their relatives were living in. They felt that they were well cared for and understood as individuals. The relative we spoke to expressed satisfaction on the meals and drinks on offer and felt the staff were very friendly and caring and had no negative comments to make. They are happy with the choice that they and their family have made for their relatives' care.

STAFF

The home is privately owned and employs a manager, care staff, domestic staff and cooks. All of the home's finances are dealt with by an administrative person who attends the home about twice a week. The manager manages money outside of those visits as required for the residents.

The 2 day shifts have 3 care staff on duty and the night shift 2. That equates during the day to 6 residents per care worker.

There are domestics 7 days a week. They also do the laundry in house and the care staff put the resident's clothes away.

There are 3 cooks employed to provide all the meals. A menu is created each day, providing a minimum of one hot meal per day, often two. If a resident wants an alternative, perhaps something lighter, that can be accommodated.

The staff member spoken to had been at the home for 2 years and appeared very happy in their work. They felt that at times some of the staffs' suggestions for improvements/change could be heeded more but was otherwise happy.

The staff member we spoke to felt they had received all the training they felt they needed e.g. Health & Safety / Fire/ Safeguarding/First Aid/Infection Control/Low Level Dementia/Equality & Diversity/Manual Handling/Person Centred Care.

All staff have a training matrix which ensures that their training needs can be regularly reviewed in order that they receive refresher training before their current certificates expire.

The home welcomes volunteers including pupils from the local secondary school on secondment for work experience.

Primary children also come as part of "Operation Life Style".

Pet therapy, usually dogs, are also welcomed. It is recognised that they can have a calming influence on the residents, promoting a feeling of wellbeing.

SAFE

Firstly, on arrival the front door was locked as was the inner porch door. Important when providing a home for clients with dementia who may be liable to walk out and get lost.

A lift that can accommodate a wheelchair to allow access to the upper floor is available.

Residents' rooms were not locked to allow ease of access in and out in an emergency.

If residents are self-medicating a locked cupboard or drawer is provided in their room for the safe management of the medications.

The home appeared clean and well presented. It is an old building and that brings its cleaning challenges. Visitors' toilets were used and found to be in good order and clients

rooms were visited with the manager. Rooms felt homely as the residents are able to bring home comforts (including furniture e.g. chairs) and precious possessions with them, but all appeared to be clean.

There was 'hand gel' available for use at the entrance. The home has not had an infection outbreak since 2014 (Norovirus).

WELL LED

The manager appeared to have the interests of the home and its residents at the heart of her work. She has been at the home since 2007.

She advised us that she has generally had monthly meetings with staff and offers monthly residents and family meetings. She commented that it is often more productive to speak individually to the residents to find out their views etc.

One staff member is designated the 'Activity Coordinator'. His/her role is to provide a menu of activities for the residents. Such activities included in house activities such as those we witnessed on arrival, dancing, music and skittles plus trips out of the home. Examples of those include visits to the pub across the road, to garden centres, Christmas lunches.

The home invites comments and ideas from the residents and families by use of comment boxes and suggestion trees.

The Complaints Policy is displayed in each resident's room and seeks to resolve issues within the usual 28 days for complaints in writing. The home also looks to address verbal complaints immediately. No examples were brought to our attention.

A Memory Tree was also on display in the front hall. Used by residents and families to remember loved ones and events.

EFFECTIVE.

Generally the care appeared to be as effective as possible. Staff have had necessary training plus dementia and safeguarding training to equip them for their role. The manager advised of a resident who has increased their mobility since arriving in the home.

CARING

We saw no evidence of poor care. During our visit we witnessed good staff resident interaction. One staff member was painting a resident's nails and there was plenty of evidence of social care. Residents spoke to express their happiness in the care received. One lady in her nineties, has been in the home 2 years and feels the staff are 'lovely'. She was spending time in her room watching her television as she likes the peace and quiet but she enjoys the company at meal times and always goes to the dining room. She appeared happy, well cared for, well dressed and content. She talked lovingly about her family whose photographs were displayed around her room and of the visits they make to her and she to them.

Due to lack of en-suite facilities and the necessity to use communal bathrooms residents averagely are offered 2 baths/showers a week and as required if they have incontinence problems.

RESPONSIVE TO NEED.

During the 2 hour visit we had no reason to believe that the staff were not responsive to the residents needs

Such matters like meal choices and activities went in part to demonstrate this.

RECOMMENDATIONS

- Consider the removal of the screen curtain rails from larger rooms unless there is a good reason to keep them. This will increase the homeliness of the room.
- Consider a process for staff to voice ideas and suggestions.
- It may be useful for the manager to develop peer group relationships with managers in other local care homes to share experiences and knowledge.

CONCLUSION

The building is old and as said would benefit from a decoration update. The new extension will add many benefits to the residents. The staff appear to seek a family centred approach to care. All residents seemed to be enjoying themselves and there was much hilarity.

Staff appeared to have all the necessary training opportunities to fulfill their role and this must include regular updates.

ADDENDUM - RESPONSES FROM LAVENDER HOUSE

Since our visit the Manager has considered the removal of the screen curtain rails in the larger rooms but decided to leave these in as, if the room is to be shared in the future, they offer a level of privacy and dignity to the residents.

The Manager commented that she had developed good relationships with local care homes, particularly with the Manager at Woodleigh Manor. They also have an excellent relationship with the local Peturia Centre which cares for young adults with learning difficulties who visit regularly to interact with the residents.

Signed on behalf of HWERY	<i>Carol Dyas</i>	Date: 29/02/2016
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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.