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Premises visited:  <b>Queens Residential Home, 271 Queen Street, Withernsea HU19 2NN</b>	Date of Visit: 2 <sup>nd</sup> February 2015	HW Reference: 20150202
	Duration of visit: 10 - 12noon	
	HWEY Representatives: Peter Horrocks Marguerite Makel	Staff met during visit: Mrs Paula Watson (home manager) and five other members of staff

**PURPOSE OF VISIT**

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

**FIRST IMPRESSIONS**

The home is bright and very clean, there are ready smiles from staff and residents, and the appearance is welcoming and homely. We visited most areas of the home including bedrooms, bathrooms, lounges, kitchen, dining room and the garden. There was only a very slight urinary odour at one location.

**ENVIRONMENT**

The home is a former hotel on Withernsea's main street, rather forbidding in appearance externally. There is disabled access at the side of the building but no indication at the main entrance that this is available.

There are 46 beds on three floors with 37 occupied currently (two respite care) four rooms are double but not used as such at present. Eight rooms have an en-suite toilet and there are 12 further toilets/bathrooms. There is lift access to all floors.

About two thirds of residents suffer from a form of dementia; others have a degree of learning difficulty.

**RESIDENTS**

During our visit we spoke with 10 residents

**STAFF**

There are 31 staff of whom four are part-time. Staff on shift by day number twelve (eight at weekends) at night there are three.

**CQC Area - SAFE**

Since a CQC visit in early 2014 there has been a major improvement in floor surfaces, décor, and cleanliness in large parts of the home, which was praised on a subsequent CQC visit in September. The carpeting is quite dark and consequently it is difficult see

those areas in the corridors where there is a slight dip ( although hand rails are evident in those places)

There remains a great deal to be done, particularly on the second floor. Rotting ground floor window and door frames will need replacement soon.

All food is prepared on site and was praised by residents. There is a four week menu with additional choices. Timing of meals has some flexibility, especially breakfast. A snack is provided at about 7pm. Two residents require help with feeding. Drinks were much in evidence in lounges and bedrooms.

There are call systems in all rooms but night staff observe residents two hourly in addition. One resident was having difficulty in getting help via the call system during our visit.

Laundry and personal clothing arrangements were in order. The home has an established infection control programme.

### **CQC Area - WELL LED**

The home manager has worked at all levels of seniority in the home and is proud of the current levels of provision.

Recruitment takes place locally.

There are several mother/daughter pairings amongst the staff.

All staff have undergone some degree of training, much of it in-house and/or through distance learning. Despite the distances involved staff are also able to attend courses in other parts of the county.

### **CQC Area - EFFECTIVE**

There seem to be good relationships between the home and the town's GP practice, the community nursing service, therapy services, continence supplies, provision of special beds, aids and appliances.

Some walking frames cannot be returned and accumulate at the home.

Admission to hospital is avoided if at all possible and some residents are clearly very dependent and require daily input by community nurses

### **CQC Area - CARING**

Personal care plans are in place and reviewed at least annually. In practice, changing needs mean that all plans are frequently updated. Some attention has been paid to end of life planning though not as formally as in some other homes. Relatives are involved in care plans.

Interactions that were witnessed between residents and staff were friendly and respectful - individually based on knowledge (often deep) of each person's background and personality. All residents to whom we spoke mentioned their affection for the home. Each resident has a named carer.

A scheme is being implemented to place a photo frame on each resident's bedroom door with a current picture but also photos of the resident in former years and in significant past events. The effect is to emphasise the individuality and life experience of the resident.

Bathrooms and toilets all have pictures on the door indicating their purpose. Bathrooms are clean and equipped with suitable aids. No shower facilities were seen.

## CQC Area - RESPONSIVE TO NEED

The home provides respite care where needed. There are no restrictions on visiting.

One of the lounges is set aside for the use of residents who display challenging behaviour - this room is not carpeted but does have a non-slip floor. This room contains bookshelves with a large variety of books for the use of residents.

The home employs a full time trained activities organiser. There are outdoor/gardening activities in the summer months and a programme of visits has been arranged. Some raised beds would increase the possibilities for gardening activities.

From day to day there are quizzes and games, music and singing and reminiscence therapy is starting. (We suggested a contact who could advise on materials for reminiscence)

There is some disappointment that the local Methodist church has withdrawn its input. Consequently, the activities manager offers hymn singing one afternoon per week - this is popular with the residents.

## RECOMMENDATIONS

1. The proprietors to consider placing a sign at the Front entrance to indicate the whereabouts of the Disabled entrance.
2. Commissioners should ensure that appropriate arrangements are in place to collect unwanted walking frames and that care homes are aware of same.

## CONCLUSION

The home is providing a good service based on recognition of individual needs and respect for its residents.

The employment of a full time Activities Manager has been very beneficial for the emotional well-being of residents. All staff met appear to be committed and empathetic.

The environment continues to require improvement and this is accepted.

Signed on behalf of HWERY Board		Date: 7 <sup>th</sup> April 2015
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