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Premises visited: Swanland House, 41 West End, Swanland HU14 3PE	Date of Visit: 7 July 2015,	HW Reference: HWERY 20150707
	Duration of visit: 10am to 1145am	
	HWERY Representatives: Peter Horrocks Denise Lester	Staff met during visit: Lindsey Buckley, Jane Jacob and others

PURPOSE OF THE VISIT

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

INTRODUCTION

Our visit was much assisted by a helpful interview with the home’s manager Lindsey Buckley and her colleague Jane Jacob. We also spoke with other staff members, one visiting relative and eight residents.

FIRST IMPRESSIONS

The house is fully carpeted to a high standard. All areas are bright, well decorated and very clean with no unpleasant odours. There is a homely and welcoming atmosphere. Residents are bright, carefully dressed and smiles abound. All were more than willing to talk to us. Everyone praised the highly personal care they receive at the home. Two residents we interviewed said they were very happy at Swanland House; they said they felt safe and looked after and valued the fact that they felt able to do more or less as they liked.

ENVIRONMENT

Swanland House is a converted large mansion close to the centre of Swanland village. The gardens are pleasant and there is ample parking space.

We visited most areas of the home including bedrooms, dining room, sitting room, toilets, bathrooms and kitchen. Storage and laundry are in the basement of the home. The majority of the rooms are shared and most are not en-suite.

There are 21 available places but only 17 residents at present. Some two-bed rooms are occupied by only one resident. At least 70% of people in the home have significant problems due to dementia, three require full assistance with eating and drinking, only one resident spends most of the day in bed. All are over 75 years of age.

Ownership of the home has changed recently and a meeting has been held with residents and relatives to discuss possible changes. So far the new situation has not given rise to any variations in care delivery.

PRIVACY, DIGNITY AND RESPECT

“Safe”

We observed no obvious hazards in the home.
Residents are supplied with ample fluids and helped to drink where necessary.
Changes to the call/alarm system are under consideration to improve cover.
Personal clothing and linen are laundered in-house by care staff.

“Effective”

Input from health services is reported as good. One particular GP looks after most of the people in the home. District nursing services are frequent and appreciated.
There has been a visit by the falls prevention team. There are no problems with aids, continence supplies or wheelchairs.
Prior to potential hospital discharges to the home, carers from the home visit the hospital to assess the dependency of the patient/resident.
The patient-passport system seems to work well in most cases.
All residents are weighed regularly.

“Caring”

The emphasis is on friendly individualised care and staff are closely in touch with the particular needs of each resident.
Care plans are frequently reviewed, where possible with relatives and residents. There are no formal advance end-of-life plans but terminal care seems well organised and sympathetic. There have been half a dozen “best interests” meetings in the past year.
Visiting times are unrestricted.
Residents have the choice of what, where and when to eat though there is at present no choice of main course at lunchtime. The menu is varied within a four week cycle.
Few residents hold their own money, payments for hairdressing etc. are made by the home on their behalf. Residents can request small amounts of money for personal spending.

“Responsive”

The home is able to offer short-term respite care if vacancies allow.
One member of the care staff has been designated as a daily activities organiser covering games, music and singing though without having had special training.
There was said to be little demand for outings.
There is ‘befriending’ input from a local church.
Pets are welcome as visitors.

“Well Led”

The home manager is reported to provide clear, friendly leadership.
In all there are 25 staff, most are part-time. There usually three care staff on duty during the day which can cause pressure on a day when any one resident is particularly demanding.
Two staff are on duty at night with more senior staff on call if needed. Staff turnover is low and there is a strong team spirit.
Training needs seem to be well met.
Quality assurance systems are in place and complaints are handled positively.
Housekeeping duties will include laundry in the future, at present being handled by care staff.

CONCLUSION

Swanland House appears to us to be a very well run residential home, strongly focussed on the needs and well-being of the individuals living there. The high proportion of shared rooms is a disadvantage by current standards but, in our view, it does not significantly diminish the quality of care provided here; it is noted however that there is an inherent loss of privacy.

RECOMMENDATIONS

We recommend

1. Internal signage of the home's facilities is improved
2. More personalisation of residents' rooms
3. Activities coordinator visit other homes and see best practice.

Signed on behalf of Healthwatch East Riding of Yorkshire	<i>T Smith</i>	Date: 24 July 2015
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