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Premises visited:  Allendale House 21 George Street Hedon HU12 8JH	Date of Visit:	HW Reference: HWERY 20160701
	Duration of visit: 2 hours	
	HWERY Representatives: Peter Horrocks Caroline Frost	Staff met during visit: Shirley Fletcher Amy Wigglesworth Neil Douglas

### **PURPOSE OF VISIT**

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

### **INTRODUCTION**

Allendale House is an adapted large town centre house on a crowded site and has undergone two modern extensions in the past 20 years. It is close to shops and services in Hedon. Parking presents difficulties. There is a small garden.

The home received a “requires improvement” CQC report early in 2015. The home’s response was such that by August 2015 a second CQC visit was able to approve all aspects of care with the exception of a minor criticism of medication practice, now corrected. They are now judged by the CQC to be “Good”.

We had very useful discussions with Shirley Fletcher, the manager, Amy Wigglesworth, Administration, and Neil Douglas, Management Accountant, representing the home’s owner Mr E Nanayakkara. We also met other members of staff and spoke to around 7 - 8 residents.

Day care is available.

A large proportion of residents have mental impairment but there are few behavioural problems. Two residents are effectively bedfast and two need help to eat. Only two residents are fully self-funded.

### **POLICIES, PROCEDURES AND CARE PLAN**

Care plans are well maintained using a comprehensive format, monthly reviews, resident or relative involvement and an excellent individual diary style record for each day which is kept in the resident’s room and added to by each member of staff who provide care to that resident. Care plans are kept in the office but the individual daily diaries are kept in resident’s rooms.

Care plans include consideration of end-of-life preferences.

## ENVIRONMENT

Allendale House is bright, welcoming and warm. There have been great efforts to modernise furniture and fittings; a major decorating programme is to start soon. The home is fully carpeted. Residents are well dressed, cheerful and ready to talk. Many told us how satisfied they were with the care they receive and particularly praised the quality and flexibility of the catering. There was a faint smell of urine down one corridor.

The home is in need of some redecoration but plans are underway to tackle this in the very near future.

The home has 19 places and has been full for the past twelve months. There is one shared room. Five rooms have en suite facilities. The rooms vary considerably (and pleasantly) in size, views and ceiling height. The home has two floors connected by 2 flights of stairs, one of which has a stair lift.

## PRIVACY, DIGNITY AND RESPECT

Carers and Management were observed interacting warmly and respectfully with residents.

One resident goes into town unaccompanied. Other residents are taken out if they wish but either the Activities Coordinator or another member of the care team would accompany them.

Residents have access to their money as they wish.

## STAFF

Care staff work 12 hour shifts on a 2 days on/ 2 days off, 2 nights on /2 nights off rotation which seems to work very well. The nine care staff includes 4 Seniors and 5 Carers. There are two or three care staff by day and two at night. Almost all are locally recruited.

There are domestic staff who do the cleaning, but Care staff do the laundry work.

In addition there is an Activities Coordinator who works 4 days per week (7 hours per day). The Manager and Assistant Manager also work the same rota.

There are 2 Catering Staff who also work on a rota basis and all meals are cooked fresh on the premises with ingredients bought locally.

## SAFE

There are adequate handrails covering areas where there are changes in gradient underfoot. We were concerned about a projecting component of the stair-lift at the top of the main staircase. The Management Accountant and Manager said they would review this. There is also a rail across the landing above the stairs which seemed quite low which was brought to their attention.

In addition there were some potential "trip hazards" observed i.e. concrete/brick steps, which project out around a couple of feet, around the garden and the ramp into the garden from the dining room has no rails.

The home is clean. The kitchen has a five-star hygiene rating and there is equipment provided outside the kitchen, e.g. plastic aprons and hand sanitisers to ensure hygiene. There are files and charts kept in the kitchens indicating ingredients which may cause allergies and this is updated daily to ensure resident's individual nutritional requirements are met. Modern equipment is available in all toilet and bathroom areas to ensure cleanliness and infection control. The call system has been upgraded with movement detector alarms in all bedrooms.

The laundry is operated by care staff and despite its small scale has very well defined colour coded systems to keep soiled items separate from clean. Personal clothing is laundered carefully as well.

Medication procedures appeared well organised with locked systems on both floors and detailed record keeping. Only senior Carers who have been trained give out medicines.

## WELL LED

The Manager appeared to be very "hands on" and has an open door policy.

There is great emphasis on full induction training and the acquisition of additional skills once in post. Most training is on site and NVQs are provided through a training agency, HYA, where required. The Management team ensures all new care staff complete a 13 week Skills for Care Certificate. This is done in-house in workbooks.

Safeguarding training is provided by the council but it is only possible to send 2 staff at a time as the council will not accept more.

## EFFECTIVE

Social work and NHS assessments are carried out separately.

Input from community nurses (virtually daily) is highly appreciated and effective, as is the physiotherapy service.

General practitioner input is well organised with a named GP based in each of Hedon's two practices who visit every 4 to 6 weeks.

There are problems with the return of unwanted aids, appliances and specialist beds once they are no longer required. The quarterly delivery of continence supplies in massive quantities causes storage difficulties. Continence pads are provided on a prescription basis for individuals based on their fluid intake and output. There are very strict guidelines regarding the use of continence pads and if a resident dies then all their remaining pads must be returned to the NHS.

There are persistent communication problems with the hospital service. "Passport" information provided by the home appears to be ignored and often not returned by the hospital which causes a lot of unnecessary work on the part of the home, who have to then put together another passport. Discharge information from the hospital is often not provided. A particular worry is the discharge of patients to the home late at night or even in the small hours.

## CARING

Visiting is unrestricted, although they do prefer visitors to avoid mealtimes.

Many rooms are suitably identified with personal details of the occupant though the notices themselves are fixed at too great a height and will be lowered. Toilet/bathroom doors are also clearly signed.

The main meal of the day is served at lunchtime. Residents can choose where to eat their meals and we saw that some prefer to eat in their rooms or in their lounge. There are daily menus but alternative dishes can be offered if requested.

The need to meet individual needs flexibly is ingrained. Waking, getting up, getting dressed, remaining in one's room or joining others are all varied according to preference.

We saw many friendly staff/resident interactions during our visit.

## RESPONSIVE TO NEED

A trained activities organiser, a former member of the care staff, attends for four half day sessions a week and offers a variety of activities like card games, sing a longs, bingo etc. Some of the residents were playing "Deal or No Deal" with the Activities Coordinator when we attended.

A hairdresser attends every Tuesday and there is also a visiting Chiropodist. The district nurse attends almost daily.

There have been group consultations with families and residents on the care being provided.

The monthly care plan reviews provide an opportunity to revise care where needed

## RECOMMENDATIONS

- A guard rail at the top of the main stairs to prevent anyone tripping over the chair lift rail, particularly as an archway opens close to the top of the stairs on this side.
- The bannister rail across the top of the stairs could be raised as this seems rather low.
- Rails could be placed at the side of the ramp from the dining room into the garden to make this safer for residents to walk down.
- The steps which project into the garden could have high visibility safety tape or paint around their edges.

## CONCLUSION

Allendale House provides friendly well organised personal care to its 19 residents. There has been a successful and continuing effort to modernise many of its facilities and practices. It is acknowledged that there is more to do. The disadvantages of the buildings have been addressed with care and ingenuity. Although the relatively small number of en-

suite rooms is a drawback the quality of personalised care on offer does much to outweigh that shortcoming.

The quality of record keeping at Allendale House is impressive and may be useful as a training aid for other homes.

## ADDENDUM

Since our visit to Allendale House the Management team have contacted their lift engineer contractors, LMB who in turn consulted with some leading stair lift manufacturers and provided them with a photograph of the component. They concluded that because the stair lift is set against the wall there is no need for a safety device, when the chair is raised to the top level the seat overhangs the runner in question by 20 inches or 24 inches when in the swivel position, and therefore any safety system would need to be fitted 24 inches away from the end rail, in turn causing a trip hazard.

The Management team also checked the height of the rail across the landing to ensure it complies with the safety standard. The rail measures 1000mm. The industry height standard according to the Health and Safety Executive is 900mm - 1100mm.

They are in the process of installing a handrail on the right hand side of the door when facing the garden. They are unable to attach a second rail to the left hand side as this is a flat access area and would prevent service user access from the left.

With regard to the steps in the garden, although the service users do not currently use this area, they have taken on board our advice and painted the edges to make them more visible.

Healthwatch East Riding would like to congratulate the Allendale House Management Team for their swift response to our recommendations.

Signed on behalf of HWERY	<i>T.Smith</i>	Date: 28.01.16
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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.