

ENTER & VIEW VISIT REPORT

Premises visited: Mallard Court Residential and Nursing Home, Avocet Way, Kingsmeade, Bridlington YO15 3NT	Date of Visit: 17 th February 2015	HW Reference: 20150217
	Duration of visit: 2 hours	
	HWERY Representatives: Sheila Mahon Peter Horrocks	Staff met during visit: Sarah Kirk (Manager) Julie Myers (Assistant Manager) and 10 - 12 other members of staff

PURPOSE OF VISIT

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

INTRODUCTION

This large purpose-built home is situated on the outskirts of Bridlington. It is owned by Barchester Healthcare Ltd which has over 200 homes in the UK. There are 68 beds on two floors with one vacancy at the time of the visit. All but two rooms are en-suite and there are supplementary bathrooms and shower rooms. There are three double rooms.

Two thirds of the residents have some form of dementia. Fifteen are mostly bedfast. Palliative care is provided. Fifteen residents are fully funded by the NHS, another 30 receive NHS top-up payments.

FIRST IMPRESSIONS

The home is bright and welcoming, clean and pleasantly untidy. The entrance lobby displayed an attractive programme of the week's activities which included our visit. Staff are helpful and chat freely in a homely atmosphere. In a few parts of the home some urinary odours are detectable. The bedrooms are arranged in short corridors on two floors and this reduces the large size of the home to a more personal scale. The dining room was well laid-out and residents can choose to eat there or in their room.

ENVIRONMENT

A large purpose-built home with 68 beds on two floors with one vacancy at the time of the visit. All but two rooms are en-suite and there are supplementary bathrooms and shower rooms. There are three double rooms. We visited most areas of the home including lounges, bedrooms, bathrooms, dining room and a small garden.

CQC THEMES

- "SAFE"

On a CQC visit in June 2014, medication handling and record keeping were found lacking. A CQC revisit in August found that the problems had been addressed satisfactorily.

During our visit calls for assistance were answered reasonably promptly.

A large proportion of residents need assistance with feeding. The quality and flexibility of the catering was universally praised by elderly residents and relatives. We saw some sample menus. One younger temporary resident would have preferred more variety in the menu.

There had been a recent viral infection necessitating temporary closure of the home to visitors and new residents. We were told that a relative had suggested providing antiseptic hand wipes before meals without success so far.

- **“CARING”**

Care plans incorporating the views of residents and family are reviewed monthly. Some include opinions about end of life care. Other residents have a more formal plan in place. The home is proud that only a handful of residents each year leave the home to die in hospital

Staff and residents seem to get on well but there is little sense of a deeper knowledge of the individual resident in their transactions. Residents described their care as “pretty good” and “80%” in one case. Most thought the home was understaffed. We did not hear of named carers at the home.

All laundry is done on site with an impressively well organised personal clothing service.

- **“EFFECTIVE”**

Most links with NHS services were satisfactory with input from physiotherapists, community nurses and falls advisors, who were all mentioned approvingly by the manager.

Areas of difficulty were

- continence supplies delivered in huge quantities at three monthly intervals causing storage problems
- NHS refusal to take back walking aids no longer required
- NHS/local authority assessments being carried out separately rather than jointly
- Very frequent loss of important written information sent with residents being admitted to hospital
- discharge of older people from hospital even in the small hours of the morning
- the very limited help available from tissue viability nurses (only two in the East Riding)
- long delays in the provision of bariatric beds for bedfast patients
- inconsistencies of funding and policies between the various NHS Trusts

GP services in Bridlington are being reorganised currently and a visit from either a GP or a nurse specialist can always be obtained. There have been no moves to appoint a named GP or practice for the home.

- **“RESPONSIVE”**

Residents with more challenging behaviours are mainly cared for on the upper floor.

Activities organisers work one hour’s “activity” each day for each resident and two dogs are part of the input.

The first floor is laid out as the ground floor but with one large lounge where chairs are arranged in small groups. There is also a small quiet lounge. This floor is called Memory Lane and has lots of very appropriate memorabilia, including objects to handle and lots of photos based around various themes, e.g. entertainment, music, daily living, etc.

Each resident’s door has a memory box which is glass fronted and contains miniature objects showing their interests.

There are plans to create a “life skills” room where residents will be able to continue to enjoy home pursuits.

There are regular visits by entertainers and visits to various attractions in the vicinity.

- **“WELL LED”**

We were impressed by the leadership and enthusiasm of the manager Sarah Kirk - she had come specially to meet us from a day off - and her supporting staff.

Barchester give a strong lead on training needs of nursing and care staff. The relatively peripheral setting in the region did not inhibit training opportunities. CQC and the local authority have given the home much support.

RELATIVES

We spoke with twenty relatives and four or five visiting friends. Input from relatives and friends is welcome. There are no set visiting hours. Two sisters who wished to provide some care for their mother had been provided, by the company, with moving and handling training.

STAFF

There are 51 full time and a further 44 part time staff. Registered nurses are on duty night and day. During day-time hours 24 staff are on duty, at night there are seven with other staff on call in an emergency. Staffing levels are determined according to the number of residents, the proportion having been increased recently.

SUMMARY AND CONCLUSIONS

Mallard Court is providing a very good service to its very dependent residents. The large size of the home does increase the difficulty of providing really personalised care.

RECOMMENDATIONS

We would encourage the managers to consider

1. Whether several different parts of the home could in time be given their own identity, care team and named leader, in conjunction with the present welcome efforts to enlarge background knowledge of individual residents.
2. Providing antiseptic hand wipes for residents use before meals.

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.

Signed on behalf of HWERY Board		Date: 5 th May 2015
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