



Lyndhurst Care Home Enter and View Report November 2019

healthwatch
Rochdale

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Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumer's views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence health and social care services under the Health and Social Care Act 2012.

Healthwatch Rochdale listen to the views and opinions of local people concerning health and social care services such as hospitals, GPs, care homes and pharmacies. These views and experiences are used to improve the way services are designed and delivered.

Healthwatch Rochdale has statutory powers to enable visits to be undertaken at publicly funded health or social care premises, these visits are called 'Enter and View'. Enter and View visits are undertaken when Healthwatch Rochdale wishes to address an issue of specific interest or concern, but equally they can occur when an organisation has a good reputation. Enter and View visits allow fully trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and to obtain the views of the people using those services.

Our Enter and View policy is available to view at www.healthwatchrochdale.org.uk

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at http://www.legislation.gov.uk/ukxi/2013/351/pdfs/ukxi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank Lyndhurst Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and staff and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

Enter and View Visit Information

Service address	Lyndhurst Care Home, 120 Manchester Old Road, Middleton, M24 4DY
Service Provider	Atlantis Medicare
Type of service	Care Home only (Residential Care) - Privately Owned, Registered for a maximum of 42 Service Users
Date and time of Enter and View visit	Tuesday 26 th November 11.00am - 2.00pm
Authorised Enter and View Representatives	Claire Birch, Jane Jackson and Alex Leach.

Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. The CQC publish their findings, including performance ratings to help people choose care. At the time of the Enter and View visit Lyndhurst Care Home was rated as requires improvement by the CQC. To read the inspection report please visit <https://www.cqc.org.uk/location/1-169634886>

Visit Background & Purpose

Background

Healthwatch Rochdale visited Lyndhurst Care Home on Tuesday 26th November 2019 at 11.00am - 2.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The home was notified of our visit in advance during a pre-visit meeting with the manager. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

In 2018/19 visits were based on eight care quality indicators developed by Independent Age. For the 2019/20 programme of visits, Healthwatch Rochdale decided to include a ninth indicator which focuses on the environment to enable better reporting in this area.

The indicators are:

- Have strong, visible management
- Have staff with the time and skills to do their job
- Have good knowledge of each individual resident and how their needs may be changing
- Offer a varied programme of activities
- Offer quality, choice and flexibility around food and mealtimes
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
- Accommodate residents personal, cultural and lifestyle needs
- Be an open environment where feedback is actively sought and used#
- Provide a physical environment which is suitable for the needs of the residents

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Methodology

This was an announced visit within a two-week time frame and therefore Lyndhurst Care Home management and staff were expecting us. Enter and View representatives on this visit were:

- Claire Birch
- Jane Jackson
- Alex Leach

We were greeted on arrival by the manager and our questionnaires and observations were conducted based on the nine care quality indicators. On the visit we spoke to:

- The manager
- Three staff members
- Three residents
- Two family members

The home consists of two floors and has three lounges downstairs and a separate dining room on the ground floor and bedrooms on the first floor. We observed all communal areas on our visit and was invited into one resident's bedroom. After the visit was completed the manager was informed that a report with recommendations will be shared with the provider. The provider will then be required to provide a response to the recommendation within twenty working days in line with the following legislation <http://www.legislation.gov.uk/ukxi/2012/3094/regulation/44/made>

Results of visit

A good care home should have

1. Strong and visible management

The manager told us she “began (her) career as a nurse on an elderly care ward” and has now been at the home “for thirty years”. The manager said she enjoys “making sure residents are looked after and feel safe and cared for”.

All three staff members said that they felt they received support from the manager with one staff member telling us they receive “a lot of support” and that the manager “has (their) “back one hundred per cent”. All three staff members said that it was easy to speak with the manager telling us that the manager has an “open door policy” and is “approachable”.

All three residents we spoke with knew who the manager of the home was by telling us “I like her”, “she’s alright. She comes and talks to me” and “I don’t see much of her”.

Two family members we spoke with knew who the manager was by name. One family member said that they sometimes “feel like the manager doesn’t listen” and “could be a bit more sympathetic”. A second family member confirmed that the manager was helpful and “had acted on feedback” that had been provided regarding their resident’s care.

2. Have staff with time and skills to do their job

The manager told us that the home has a “tutor come in monthly” who provides “sessions in the morning and afternoon” to ensure there is “availability for all staff” to attend with the training “covering different topics each time”. The home also offers “online training” on areas such as “nutrition” and the home “now has nutrition champions”. The home has just recruited new staff members and now has “three new staff members” and another “four are waiting their DBS clearance”.

All three staff members we spoke with said that they felt they had enough time to care for residents and told us that the thing they enjoy about their job is that the job is “rewarding”, “(I) enjoy putting a smile on people’s faces” and “I love the resident smiling”. Staff members told us that they are encouraged to continue to develop their skills through “internet training” and have taken courses in “nutrition and health”.

All three residents we spoke with said they thought the staff were good saying “they’re alright”, “can’t fault them” and “I like it at the home and the people who live here”. One resident we spoke with didn’t feel like staff had time to stop and chat saying staff “just get on with their work but I would like them to be able to chat with me” and a second resident said “they come and have a talk and ask how are you are”.

One family member we spoke with said that “ninety-five per cent of staff are bang on. You know which ones you can approach” but “(I) would say there is not enough staff and I don’t think staff understand my mums needs. I would like something written on her door or in her bedroom outlining those needs”. A second family member said that they felt “staff are defensive when you say things to them” about a resident’s needs and “staff could be more understanding”. The home “always seems to be short staffed and staff seem quite disgruntled”.

On our visit we overheard one staff member interacting positively with a resident in their bedroom, asking the resident how they were, if they had any visitors coming today and if they needed any help with anything. We observed other staff members speaking with residents and using their name in conversation.

3. Have good knowledge of each individual resident and how their needs may be changing

The manager told us that new residents have a “pre-admission assessment” which is then incorporated “into the care plan”. The manager said that staff get to know a resident’s needs and personality as staff “are divided into teams who are responsible for a number of residents”. The manager said that resident’s health and care needs are updated through “monthly reviews” but “anything requiring immediate attention is passed to the senior carer and their team”.

Staff members told us that they get to know residents through the “care plan”, “daily reports” and “talking to the resident”.

One resident we spoke with felt that staff knew their needs, likes and dislikes with one resident telling us “they know I don’t like liver or sausage”. A second resident answered “not really”.

Both family members we spoke with felt that the home noticed and responded when their relative's needs changed with one family member telling us "when someone is poorly they get in touch with family very quickly" and a second said "they notify me now as a result of past feedback".

On our visit we observed that residents had their name displayed on their bedroom door.

4. Offer a varied programme of activities

The manager told us that the home has an "activities co-ordinator" who works in the home for "thirty hours" per week. The manager said the home has a "weekly activities plan" which included activities such as "bingo, quizzes, daily exercises, entertainers, baking and visits from nursery children". The manager told us that some residents also "go out to the pub", to the "arndale" and a resident's "family member can come and take (resident) out". The manager told us that an "activity sheet asking (resident's) hobbies is filled out on admission" and that "preferences are taken into account" when planning activities. The manager said the home also provides a "one to one session from 1pm - 2pm for those who prefer to stay in their rooms".

Staff members gave us examples of activities in the home which included a "singer on once or twice a month (who is) booked until Christmas", "animal shows", "knitting sessions", "a carol service on Christmas Eve", "celebration days such as V-Day" and "trips to the pub and chip shop".

One resident told us that activities available in the home are "bingo and children coming in" and a second resident said there wasn't really any activities "only bingo" and said there were "no trips outside, but I go into the garden".

Both family members spoke positively of the activities co-ordinator saying "the activities coordinator is lovely. She does quizzes that are really good" and "the activities coordinator is good. (Resident) loves it when they have a singer on". Family members told us that activities included "bingo, visits from nursery children, armchair exercises and a lady comes in and plays the ukulele". The home is also "having a Christmas carol service on Christmas Eve". However, one family member told us their resident "loves to sit outside but they don't go out very often but a few residents went for a local pub lunch in the summer".

On our visit we observed a small poster listing planned activities outside the dining room which included armchair exercises, quizzes, guessing game, holy communion, beauty therapy, music, bingo, singalong and resident's meetings. We observed 90th birthday balloons in the lounge from a recent birthday celebration as well as flowers and a bookshelf.

5. Offer quality, choice and flexibility around food and mealtimes

The manager told us that the home has "three cooks" who work from "7.30am - 5pm, seven days a week" and there is a "four-week rota" with "alternatives from the menu available" and "all residents (having) diet sheets". The manager said that the "chef attends the resident's meeting" giving residents the opportunity to speak directly with the chef about any issues with food. The manager said that the "majority of residents come to the dining room" and a "member of staff is allocated to feed those in their rooms if

required". The home also has "coloured plates and cups for dementia residents and those with sight problems". There is "juice available in the lounge" and "jugs in bedrooms" with "all hot drinks made by staff".

Staff member told us that the food in the home is "very good" and that there are "lots of options for residents" with a "menu on a four-weekly rotation". Staff members said there were "lots of options for residents" and there are "snacks available" outside of mealtimes. Staff members told us that they make mealtimes sociable by making "mealtimes peaceful" and that they "try and sit people together".

One resident we spoke with said the food was "alright" and a second said "some is ok, some isn't, and "it is not always what you fancy". One resident we spoke with told us that staff "come around and ask what you want" and a second said they "have to eat at set mealtimes and there are no snacks, but you can have fruit". When asked if they enjoyed mealtimes, residents responded with "yes, I sometimes go to the dining room" and "yes, I go to the dining room and I have my own seat".

Both family members we spoke with said they felt confident that their relative was supported to eat and drink as much as needed with one family member saying "food is above average. The chef is very good and obliging". However, a second family member said their resident "used to have cereal and then toast and jam but now they just get toast and jam. Also (resident) is not a sandwich person and sandwiches are served every day". The family member went on to explain "residents in the lounge on Sunday weren't offered anything to drink all afternoon. I had to ask the carers to offer residents a drink". Neither family member we spoke with said they had been able to stay and eat with their relative, telling us "I haven't been invited to eat but I have sat in the dining room at breakfast and get offered a cup of tea" and "I haven't been offered (to stay and eat). I was offered Christmas dinner, but I declined". The second family member we spoke with said that residents "only eat at mealtimes. I am not aware of any snacks available outside of mealtimes".

On the day of our visit lunch was a choice of lamb hotpot or smoked haddock and dessert was a choice of tapioca or ice cream. We observed staff escorting residents to the dining room, however some residents were waiting in the dining room for thirty minutes before lunch was served and we saw that a couple of residents were getting agitated and arguing amongst themselves. On further conversation with a family member we were told that the delay in lunch was the first time they had known it to happen. We observed jugs of juice available in the lounge and hot drinks and juice being offered at lunch.

6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

The manager told us that an optician comes into the home "at regular intervals" or "residents can keep their own optician". The "community dentist has been once this year" and in an "emergency (the home would) ring NHS 111 and seek advice". Staff members in the home have also undertaken "oral training" and have "oral champions".

One staff member we spoke with said that there is an "optician" who provides a "twelve monthly eye check" in the home but it is "not that easy" to get access to preventative dentistry. A second staff member said that staff provide "oral care in (a resident's) bedroom".

One resident we spoke with said they had “seen the optician” and a second said they had seen neither a dentist nor optician but they “could do with an optician”. Staff members “arrange appointments” with the GP and one resident said there is a “Drs just over the road. My husband goes with me”.

One family member we spoke with said their relative gets to see a dentist and optician regularly and a second family member said “the optician comes in. I am not sure about the dentist. Normally residents go to see their own”.

7. Accommodate residents personal, cultural and lifestyle needs

The manager told us “if residents want to continue to attend their church (the home) will accommodate” and there is also “communion given on a monthly basis” and the home “can order cultural meals if required”. The home has a “hairdresser (that) comes in fortnightly” and residents are able to “attend their own hairdresser if requested”.

All three staff members we spoke with said the home has a visit from a church which provides “holy communion” with one staff member saying this was “once a week” and a second saying it was “once a month”. One staff member told us that the Church of England comes into the home and provides “holy communion, service and bible readings” and the Catholic church “provides communion”.

One resident we spoke with said their resident had no religious needs and a second said “the priest comes in and (resident) goes to that”. One family member said their resident was always clean, telling us “if (resident) spills something the carers get (resident) changed”. However, a second resident said they “sometimes have to raise issues with cleanliness with dirty nails and dirty hands and once (resident) had the same cardigan on for three days which was dirty”.

On our visit we observed that residents appeared well dressed and looked clean and had neat, combed hair.

8. Be an open environment where feedback is actively sought and used

The manager told us that the home has a “monthly resident’s meeting” and a “suggestions box” as well as an “annual quality assurance questionnaire” and the home carries out “six monthly reviews with family members”. The home has a “notice board” with a “you said we did” showing “the implementation of suggestions and feedback”.

Three staff members said they could have a say “at staff meetings” and residents can share feedback through “resident’s meetings (with) all families welcome to attend to share ideas” but “no one attends”. Residents can also share feedback through a “questionnaire” and “speaking with staff”. Staff members gave examples of how a resident has influenced things in the home through sharing “ideas for the Christmas Party” and “changing the menu”.

Two residents we spoke with said they wouldn’t change anything about the home telling us “I am happy”. Residents said if they wanted to make a complaint they would “speak to the carer” and “(I) would speak to staff or the manager”.

Both family members we spoke with said they felt like a welcome participant in the home and said if they had a complaint they would “speak to the manager and it is acted on” and “If I didn’t like something I would tell the manager, she has acted on previous feedback”.

Prior to our Enter and View visit we provided the home with a poster notifying residents and family members that we would be visiting the home and wanted to hear their views and opinions of the home. We asked for this poster to be displayed and on our visit we saw the poster displayed on the notice board in the main hallway. On the notice board we also observed a ‘you said we did’ board, a resident’s meeting notice and the employee of the month”.

9. Provide a physical environment which is suitable for the needs of the residents.

The manager told us that the home has “maintenance staff (who) come in on a regular basis” and “rooms are checked when vacant and are repainted if required”. There is a “gardener who comes in fortnightly in winter and weekly in summer”. The manager said the home has “eight housekeepers and a kitchen assistant to make sure everywhere is clean” and the home “also do laundry”. The manager said the home is made dementia friendly using “pictorial signs and notices” as well as using dementia friendly “cutlery, cups and blue toilet seats”.

One staff member we spoke with said the home was made dementia friendly using “signage”, “plate guards” and “coloured cutlery”.

Two residents felt that the home was clean and tidy. One resident said that the home is “sometimes too cold and sometimes it is too warm. Sometimes it is boiling in here”. A second resident said the temperature of the home was “just right”.

Two family members felt that the home was clean, tidy, well decorated and maintained telling us “(resident’s) room is spotless” but one family member said that the home “sometimes feels too warm”.

On our visit we observed that the home was clean and tidy and well maintained and that there were separate lounges were residents and their family members could go if they wanted some quiet time. We also found that bathrooms were clean, but the emergency pull cords were tied up and the first aid box in one of the bathrooms was empty.

Recommendations

The findings in this report are based on nine care quality indicators and the Enter and View visit identified the following areas of improvement.

Following this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced a lack of personalised information regarding a resident’s needs and preferences in their room. Therefore, in accordance with indicator 3 ‘Have good knowledge of each resident and how their needs may be changing’ we recommend:</p> <p>To have information such as likes, dislikes and what is important to a resident available in their bedroom</p>
2	<p>Our findings evidenced that some people were sitting in the dining room waiting for lunch to be served for thirty minutes. Therefore, in accordance with indicator 5 ‘Offer quality, choice and flexibility around food and mealtimes’ we recommend:</p> <p>To delay bringing residents into the dining room if lunch is delayed; preventing residents waiting around and getting agitated.</p>
3	<p>Our findings evidenced a lack of the use of dementia friendly colours. Therefore, in accordance with indicator 9 ‘Provide a physical environment which is suitable for the needs of the residents’ we recommend:</p> <p>To paint bedroom doors and handrails in calming dementia friendly colours such as blue, green and lilac.</p>
4	<p>Our findings evidenced an empty first aid box. Therefore, in accordance with indicator 9 ‘Provide a physical environment which is suitable for the needs of the residents’ we recommend:</p> <p>First aid boxes to be checked and reviewed on a monthly basis and to be replenished after usage.</p>

It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to contact Healthwatch Rochdale direct if they wish to contribute any additional comments about the home or to this report.

Response from Provider

The below is the response received from the care home provider outlining their response and intended actions to the recommendations made in this report.

Recommendations.

1. All our residents have a file kept in their bedrooms which includes a “This is me” sheet containing details of their personal preferences. This is in addition to the information kept in our care plans.
2. Lyndhurst has a daily work rota which designates a member of staff as a “runner”. This person helps the cook to serve meals to our residents, on the day of the visit the staff member was being interviewed at lunch time when the meal was ready to serve. Unfortunately, we did not address this on the day resulting in the delay, which as the report states from a family member was the first time they had known this to happen.
3. As discussed on the day, I can confirm that the decorator did come in to paint the upstairs corridor and the handrail has been painted in a dementia friendly colour. Prior to this we had painted the dining room and the colours were chosen after discussion with our residents. We are happy to consider your recommendations in future along with the views of our residents.
4. We have a designated senior carer who is responsible for auditing the first aid boxes on a monthly basis. We also have confirmation on the PST from the RMBC commissioning team who have evidenced the auditing. Following the visit of Healthwatch we have relocated the first aid box as we believe one of our confused residents has removed the contents.

Other issues raised in the report.

The report states the manager has worked at Lyndhurst for thirteen years I can confirm it is thirty years. *

Lyndhurst staffing levels have increased considerably over the last couple of weeks and we have employed additional day and night carers, along with extra housekeeping staff in order to meet the needs of our residents.

Our menus are changed quarterly and always after consulting with our residents, we offer 2 choices at both dinner and teatime and our cooks are aware of residents personal choices.

In order to ensure our residents receive adequate fluids and snacks during the day we have 2 designated staff allocated on the work rota to cover morning, afternoon and evening drinks. Snacks and fluids are recorded on residents charts.

Following the report Lyndhurst will continue to look at ways of improving the service we offer to our residents with the support of our dedicated hard working staff.

*Healthwatch Rochdale made the correction from thirteen to thirty years within the report after clarification from Lyndhurst Care Home.

Contact us



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