healthwatch
Leicestershire

Enter & View Report

Lyndhurst Lodge Residential Home

24 October 2015

Report Details

Address	**Lyndhurst Lodge Residential Home 87 Burton Road Ashby De La Zouch Leicestershire LE65 2LG**
Service Provider	**Lyndhurst Lodge Residential Homes Limited**
Date and time of visit	**Saturday 24 October 2015 9.30am-12.30pm**
Authorised representatives undertaking the visit	**1 - Team Leader 2 - Authorised Representatives 1 - Staff Lead**

Acknowledgements

Healthwatch Leicestershire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on Saturday 24 October 2015. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.

What is Healthwatch?

Healthwatch is the independent consumer champion to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Part of the local Healthwatch Programme is to carry out Enter & View visits.

What is Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, with Healthwatch staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

Enter & View is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery including staff views
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate, as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

- To engage with service users of Lyndhurst Lodge Residential Home and understand how dignity is being respected in a care home environment
- To observe the care provided at this home, looking at a number of key themes; Privacy, Dignity, Hygiene and Quality of Care
- Capture the experience of residents and staff and any ideas they may have for change

Methodology

This was an announced Enter and View visit.

On the visit day, we met the manager on arrival and explained to her and the staff the function of Healthwatch and the purpose of our visit.

The manager told us that there were regular staff meetings as well as residents meetings and that both the staff and residents were advised of our Enter & View visit through these meetings.

Authorised representatives conducted short conversations with staff members and spoke with residents about their experiences of the care home. The authorised representatives explained to everyone they spoke to why they were there and took notes.

A large proportion of the visit was observational, involving the authorised representatives walking around the home and observing the surroundings to gain an understanding of how residents engaged with staff members and the facilities. There was an observational checklist prepared for this purpose.

Summary of Findings

- The floors in the corridors were uneven in places and some surfaces not ideal for walking frames
- Staff interacted well with the residents and we observed residents being treated with due care, respect and dignity
- The bathroom on the ground floor did not have a lock and could compromise residents' privacy
- Staff often used the dining room for their breaks as they did not have a separate staff area
- The picture menus in the dining room were really beneficial to residents
- The residents spoke highly of the food provided at the home

Findings

Access to the Care Home

We noted that there was parking at the home and street parking available. The front entrance to the home was secure and admittance is gained by ringing a bell. There were two steps into the home and we noted that there was not a ramp for disabled access to the front of the home. We were later shown the disabled access, which was at the rear of the building.

There was a sign at the entrance, which advised visitors to refrain from visiting if they had been in contact with or have a flu or stomach virus.

Premises

The home comprises of two floors of a three story Victorian building. The top floor is a flat, which is temporarily occupied by a member of staff.

The capacity of the home is 19 residents and it is fully occupied although one resident was in hospital at the time of our visit. There are 17 female and 2 male residents. Of those, 12 of the residents have dementia.

The age range of the residents is between 70 and 104.

All the areas we saw at the home (communal rooms, kitchen, corridors and bedrooms) appeared clean, tidy, uncluttered and there were no unpleasant smells.

There were handrails in all the corridors and stairs that were placed at an appropriate height for residents.

We noted that the floors in the corridors were uneven in places and some surfaces were not ideal for walking frames.

Some of the doors to communal spaces were damaged and showing wear at the base where walking frames and wheelchairs impacted on them.

Lounge

The chairs in the lounge all had armrests, soft cushions or pressure relief cushions. The chairs were arranged around the walls with those near the windows being occupied by residents who were chatting together and engaging in active tasks (i.e. knitting, word puzzles). Other residents were quiet and some were sleeping.

There were bright and colourful pictures on the wall. The television in the lounge was tuned to the local radio station. Residents told us that they liked having the radio on.

Dining Room

The dining room was clean with the tables separated to allow space to move between them. The room had a large window with a view of the garden and a bird feeding station. We observed some of the more active residents laying out tablemats and cutlery for the midday meal. There was a chair hoist in the dining room.

We noted that drinks were readily available in the dining room throughout the day. We were told that drinks are supplied on request in the rooms at night but are not left in the residents' room during the day.

The menus on display show pictures of the food and choices residents can make. The residents and relatives choose the food menu and these are changed every four weeks. A relative of one of the residents spoke positively about the picture menus and that these were beneficial to the residents.

Meal times are clearly displayed and food is also made available at residents' requests (i.e. late breakfast, meals in rooms). The residents we spoke to said that there was always an alternative choice at meal times with plenty of tea, coffee and juices available. The staff told us that two of the residents need assistance with eating meals and we observed residents being assisted.

There are two recently appointed cooks and they and the manager are aware of the dietary requirements of residents and they offer a healthy choice (i.e. sugar substitutes) to those who want them.

Some of the residents told us that they thought the food was the best thing about the home.

Bathrooms

There was a chair- to- bath hoist in the bathroom.

In the first floor bathroom there was a 'lip' on the shower, which could be hazardous for residents if they used the shower unaided. When this was raised with the manager, we were told that this shower was never used and residents only used the downstairs shower.

We noted that the bathroom on the ground floor was next to the lounge but did not have a lock on the door.

Bedrooms

Most of the residents' rooms were on the first floor with some on the ground floor. There was a lift to move the residents between floors.

There is an ongoing programme of redecoration and we were invited to view the bedrooms that had already been completed.

All the rooms were well lit and had a washbasin with soap dispensers. We observed hand sanitisers in all the residents' rooms, bathrooms and at the entrances.

Each room had a call bell by the bed and there was an alarmed mat in each room, which was put in place at night to monitor any resident who got out of bed.

Signage

There were two noticeboards in the corridors, one for staff and one for residents. The staff notice board included information on training courses. The noticeboard for residents gave information on activities and forthcoming events. All notices used a large font.

There was ample information displayed in the home including the complaints procedure, mission statement, equal opportunities and smoking policies.

Mandatory Health and Safety Posters were displayed.

Each resident's door displayed their name and had space for a photograph of the resident. Signs were also used to indicate if the resident had any special requirements.

Communal room doors and toilets all had names and pictures to identify them. However, we noted that the signs were higher than the eye line of residents. This was also true of the general noticeboards for residents.

Residents and visitors

We saw staff interacting with residents showing care and respect. Residents and staff seemed cheerful and the residents appeared clean and tidy.

We witnessed quick responses to residents needing assistance in their room.

Resident 1
The resident had been at the home for over two years and told us that she was happy at the home. This resident spoke highly of the food and the choices available. She enjoyed going to the shops and also the visits by the clothes retailers who came to the home.

Resident 2
This resident preferred to stay in his room and had been at the home a long time. He likes to watch films and sing along. He told us that he was 'happy and had no reason not to be happy'.

Visitor 1
We spoke to a family member of one resident. The resident was 94 years old and been at the home for two years. She likes the food and has recently put on weight. The family member told us that they appreciate recent improvements in activity provision and catering.

The family member had observed that the staff took their breaks in the dining room and felt that the staff should have a facility to take their breaks away from the residents.

Visitor 2
We spoke with a gentleman who was downstairs chatting to residents while his wife visited her mother upstairs. He said that whilst some residents were usually asleep, the others seemed very happy with the staff, the food and the accommodation.

General comments from other residents and visitors were:

- The home had addressed the previous lack of activities offered to residents
- The staff were very friendly and helpful
- Visitors told us that they had a good feeling about the home and it felt like a home from home for their relatives
- Residents told us that they were happy with the home; there were no changes that they wanted

Support & Training for Staff

The majority of the residents use walking frames and the staff have to transfer the residents into wheelchairs. We were told that all the staff have received manual handling, dementia, infection control, safeguarding, health & safety, fire and first aid training. Some training is undertaken by outside agencies.

The manager told us that records of all staff training are kept on file.

A senior staff member told us that they had regular training and were taking an NVQ course. She was taking a 'train the trainer' course so she could train other staff.

Staffing

The home has a manager, three carers, a cook and a cleaner on the day shift and three carers, two night staff and a senior member of staff on the night shift. We were told that a senior carer is always on call.

The staff were all dressed in a uniform and each had a name badge.

The manager told us that there were no current vacancies and that staff turnover was low. All the staff are female.

There are three voluntary workers and there are also work placements from the local schools. Staff are undergoing continuous development training.

We spoke with some of the staff and they told us that they use the lounge or the dining room for breaks and could possibly benefit from an area for themselves.

We spoke with one staff member who has been working at the home for three years. She confirmed that a lot of recent changes have been made.

Care Records & Responsibility

The manager told us that there is both a verbal shift handover and also a written hand over relating to each resident. We were shown the records and these were detailed and up to date.

Staff duty rosters were clearly displayed on a white board.

All residents are registered with the local Ashby Health Centre. The manager told us that she is in discussion with the Health Centre about having a weekly GP clinic at the home.

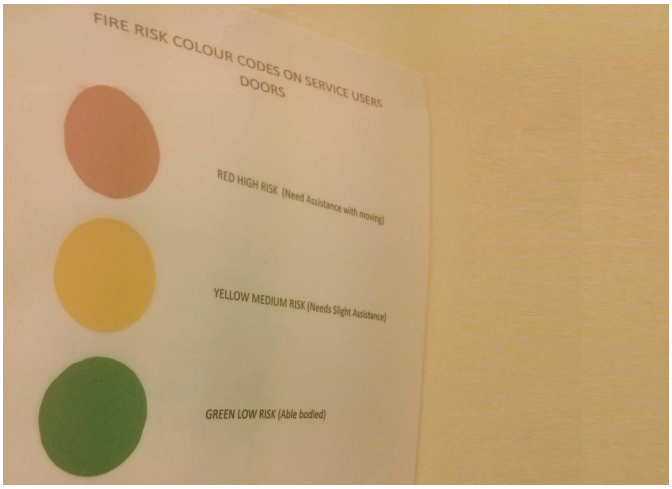
A senior staff member dispenses all medications and the home uses a local pharmacy for filling prescriptions. The home has a system in place with the pharmacy and sends an email with residents' medication. The pharmacy then delivers monthly.

Each resident has an individual care plan and there is a record of food and fluid intakes along with a record of any variations in weight.

Safeguarding

All the access doors have key code locks.
There is a weekly fire alarm test and we were told that all staff have been trained on how to use fire extinguishers and the fire panel.

A 'traffic light' colour code is used to indicate mobility and the level of assistance for each resident. The colour code is shown on the door of each resident's room.



The residents did not wear personal alarms but were protected by the provision of alarms in their rooms; pull cords in showers and toilets and by the presence of the staff in the communal rooms. There were safety cords on the windows.

Infection control and hygiene

The manager told us that they were the lead person for safeguarding and infection control. We saw an infection control poster displayed in the bathroom on the ground floor.

There were hand sanitisers in the corridors and signs advising visitors to use the sanitisers.

Recreational activities

An activity worker has recently been appointed to cover 10 hours per week and the activity programme is displayed on the residents' notice board.

Most days there were activities or visitors scheduled including a singer, a hairdresser, church service and there are visits by some shops (e.g. Edinburgh Wool Mill and Bon Marche).

We were told that the majority of residents are reluctant to go out but they are encouraged to do so when possible. There is a small general shop and newsagents within walking distance of the home.

Each resident has their own account held by the manager and this is used for residents to make purchases.

Recommendations

1. There are certain flooring areas in the lounge, dining room and corridors that could be resurfaced in the interest of the residents' safety.

2. The seating in the lounge could be reviewed so that the layout encourages more interaction between residents.
3. The wall and the doorframe at the entrance into the lounge area is badly scored. We suggest that this is repaired and the widening of the entrance is considered to improve ease of access by residents.
4. Consider having a lock on the bathroom door on the ground floor or have 'in use' notices to show when the room is occupied.
5. Consider the provision of a separate rest area for the staff as part of expansion plans to maintain residents' space and communal areas.
6. Continue with the redecoration and refurbishment programme.

Service Provider Response

This report was agreed with the Care Home as factually accurate. They have provided the following response:

We can confirm that the following recommendations have been completed.

1. Bathroom door now has a lock on it.
2. Notices have been lowered to eye level.
3. Refurbishments have started in the lounge. New flooring to be ordered and replace the old one in the New Year.
4. Refurbishments and improvements continue in the building. These are planned for the New Year.

Distribution

The report has been distributed to the following:

- **Lyndhurst Lodge Residential Home**
- **Care Quality Commission (CQC)**
- **Leicestershire County Council (LCC)**
- **LCC Health & Wellbeing Board**
- **Overview & Scrutiny Committee (OSC)**
- **NHS England (Leicestershire and Lincolnshire) Local Area Team**
- **Healthwatch England and the local Healthwatch Network**

Published on www.healthwatchleicestershire.co.uk

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