

Date of visits: 8th November 2016

Enter and View Report: Lynde House Care Home

Meadowbank, 28 Cambridge Park, Twickenham TW1 2JB

Lynde House is a purpose built, fully-equipped nursing home set in gardens in Twickenham, situated close to the River Thames and Orleans Park. It has accommodation for 76 residents.

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Contents

CONTENTS	2
INTRODUCTION	3
RATIONALE	3
THE VISIT	3
METHODOLOGY	4
LIMITATIONS	4
FINDINGS	5
GENERAL	5
ACCOMMODATION AND ACCESS	5
RESIDENTS	5
MANAGEMENT	6
CARE MANAGEMENT	6
<i>Residential and Nursing Care</i>	7
STAFF	8
<i>Staff Training</i>	8
RESIDENTS' AND RELATIVES' INVOLVEMENT AND SATISFACTION	8
<i>Compliments and Complaints</i>	9
ACTIVITIES	9
MEALTIMES	9
<i>Hospital Visits, Admissions & Discharges</i>	10
GOOD PRACTICE	10
OUTCOMES	10

Introduction

Lynde House is an adult residential and nursing home owned by Barchester Healthcare at Meadowbank, 28 Cambridge Park, Twickenham, TW1 2JB. Ms Alison McIntosh is the Manager responsible for the services provided at the home. At the time of the visit Lynde House was registered with the Care Quality Commission (CQC) as a nursing home for up to 76 adults requiring nursing or personal care. It provides service for people needing care for physical disabilities and the treatment of disease, disorders and injury. The home is purpose built and provides accommodation in en-suite rooms.

On the day of the visit the Manager, Ms Alison McIntosh, was present.

The home can be contacted on (020) 8892 4772

Website: [Lynde House Care Home](#)

Healthwatch Richmond is a registered charity that acts as an independent voice for people in the London Borough of Richmond upon Thames. It helps to shape, challenge and improve local health and social care services. Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch powers to request information from health and social care providers and receive a response within 20 days, and to enter and view premises that provide health and or adult social care services.

The reports of Healthwatch Richmond's Enter & View visits can be found on our website: www.healthwatchrichmond.co.uk or are available from the Healthwatch Richmond office. Please contact us on: 020 8099 5335

Rationale

In 2016 Healthwatch Richmond began a new programme of visits to residential homes. In selecting Lynde House we analysed a range of data available to us from the CQC, the Local Authority and community sources including if the home was due to have a CQC inspection or a Local Authority visit or whether these visits had occurred recently. This enabled Healthwatch Richmond to identify which homes to visit aside from those with which there are ongoing concerns.

Lynde House was a home that Healthwatch Richmond had never undertaken an Enter & View Visit to before and it was not scheduled to have visits from the CQC in the near future. The previous CQC report for Lynde House, published 24/03/2015, had given the home an overall rating of 'Good' but the rating for 'Is the service safe?' was deemed 'Requires Improvement'. This was because some residents felt more staff were required at busy times, although others were happy with the staffing levels.

The Visit

An announced visit was arranged with the care home manager, Ms Alison McIntosh, to commence on the 8th of November 2016. The visit was conducted by a team of four volunteers and one member of Healthwatch Richmond staff between 11:30 and 14:00. A description of the visit is given within the Methodology (below) and undertaken using the Residential Care Enter and View tool.

Methodology

Enter and View representatives were authorised via Healthwatch Richmond's Appointment of Authorised Representatives for Enter & View Policy. This includes a written application; satisfactory references; an enhanced Disclosure and Barring Service (DBS) check; training in safeguarding adults; and training in how to undertake Enter and View visits. The visit was planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in the spirit of partnership and openness.

Healthwatch Richmond requested Ms Alison McIntosh to provide the following information:

- Total numbers of staff and residents
- Management Structure
- Registration Details
- Any guidelines that Lynde House has for visitors
- Complaints Policy & Procedures
- Any other information provided for residents and their families

Lynde House supplied Healthwatch Richmond with all the information requested.

Healthwatch Richmond visited the manager to discuss arrangements for the visit and agree a mutually suitable date. Posters and leaflets for the visit were supplied to the home to advertise the visit to residents, staff, families and friends.

All the background information available on Lynde House was drawn together by Healthwatch Richmond and made available to the team undertaking the visit. The team met prior to the visit to plan what areas of interest they would like to focus on during the visit. The aim was to gather the experiences of residents, their families and staff and to observe how Lynde House met the needs of its residents and, if appropriate, to make recommendations about anything that may be improved.

The areas for focus were:

- Residents' views on life at Lynde House
- The views of their families and friends
- Staff views on working at Lynde House
- Management arrangements
- Care Planning
- Staffing Levels
- Activities
- Mealtimes

Limitations

This report relates only to the specific visit by Healthwatch Richmond on the 8th of November 2016 and the report is not representative of all the service users, only those who contributed within the restricted time available.

Findings

During the visit the Healthwatch Richmond volunteers spoke to 22 residents, 4 relatives, 13 members of staff in addition to the Manager and a number of other visiting professionals

General

Lynde House is a fully equipped nursing and residential home. There are currently 62 residents at the home. Six new residents were due to arrive soon and eight rooms were closed for an upgrade, part of a programme of refurbishment.

On arrival we were asked to sign the Visitor Book in the entrance lobby and there was visitor information on display here. There were notices in the reception area advertising the Healthwatch Richmond visit and copies of Healthwatch Richmond's leaflets, together with a range of information on the home plus health and social information for the residents and their families.

We were warmly welcomed by the reception staff and the Manager, Ms McIntosh, and there was a welcoming atmosphere throughout the home. The staff and Manager were generally cheerful, friendly and helpful and most residents we spoke to were positive about their care at Lynde House. The residents and staff we met were interested to talk to us about the home and themselves and their comments are included throughout this report.

Accommodation and Access

Lynde House is a modern, purpose built, two storey care home, set in a residential area of Twickenham, close to the River Thames and Orleans Park. There is parking near the front entrance and level access to the building from outside with automatic doors allowing visitors into a lobby, supervised by reception staff. Access for safeguarding purposes requires all visitors to ring the bell so that the front door is opened under supervision and exit is monitored by the reception staff.

Externally the building has good signage, attractive gardens and a well maintained approach. Internally Lynde House is well laid out and attractive with a high standard of décor, recently refurbished and very clean. The building was light, airy and warm with pleasant furnishings and the lounges and dining rooms overlooked well-kept gardens. Residents were able to move about freely and staff were in evidence in all areas. There was some pictorial signage which was good for residents with dementia.

Residents' rooms were large and well decorated and they could have their own pictures and belongings.

Fire exit signage was good and the upper floor Fire Exit and appropriate equipment were well placed. Following Healthwatch Richmond's visit to Lynde House we consulted the Fire Safety Regulation Team for Richmond to discuss their most recent inspection of Lynde House and we were informed that Lynde House Care Home had been inspected in 2016 and was broadly compliant.

Residents

The residents ranged in age from 76 to 103 years with an average age of 90 years and the average length of stay is 3½ years but some have been there for much more, up to 8 years.

At the time of the visit by Healthwatch Richmond, eleven residents [18%] had DOLS orders in place. Approximately 18% of the residents have a dementia diagnosis but for the others physical needs are predominant.

The residents Healthwatch Richmond spoke to were positive about life at Lynde House and their comments included that:

"this feels like home."

they consider the home "pretty good", "getting what I pay for".

they have been there 2 years and enjoy living there, "happy there"

they said it was "very good" and were "lucky to be there" and it was of a "high standard in terms of facilities

The residents also commented on the attractiveness of the gardens. One said that they "enjoyed walking in the gardens"

Management

A copy of the Management and Staffing Structure was provided for Healthwatch Richmond. The current manager has now been at Lynde House for nearly 5 years. Lynde House is owned by Barchester Homes and the manager informed us that she was very well supported by them. And they also now have a regional training team who are very supportive and helpful.

The manager told us she has an 'Open Door' policy. She undertakes a daily walk around to talk to residents and staff and she is on-call 24/7. A new Deputy Manager was starting in December who will share the on-call duties.

Care Management

The home is on two floors. There is a unit manager for each floor who are experienced nurses. There is no separation of residents requiring nursing care from more able bodied residents. The residents choose their rooms on the whole, depending on availability with more mobile residents on the ground floor. The home does not have a dedicated speciality for dementia care and at times residents may have to move to a more appropriate facility if necessary. However we were told that in 5 years only 3 residents have had to transfer elsewhere because they were unable to meet their needs. They work with the Princess Alice Hospice and Palliative Care Team to manage residents' care needs as part of End of Life Care.

We were told by one relative how well supported the care of her husband had been in the latter stages of his life; how his care needs were monitored and the high standard of care he received.

Prospective residents are assessed before moving to Lynde House and staffing input requirements are then determined. They identify those with a high risk of falling and undertake a falls assessment on arrival. There is a monthly review of care plans plus reviews at other times when necessary and 'Best Interest' meetings are held when necessary for those residents who may lack capacity.

This was illustrated by a relative who said how well her parent's changing health needs were discussed with them both by the manager. A further example of the care taken by the home to meet a resident's complicated health needs was also shared with us by a resident.

Other residents told us that they had great confidence in the Manager and her deputy. One said that 'you couldn't have wanted better care'

The Manager told us that the Deprivation of Liberty Safeguards (DOLS) system works well with the Local Authority social care services and their Safeguarding Team was also very supportive. The training provided by the Local Authority was very good.

A wide range of professionals visit Lynde House to input into the care of the residents including: physiotherapists, the Tissue Viability Nurse, masseurs, opticians, doctors, hairdressers, chiropodists and a manicurist. GP support is provided by the practice in Hampton Wick and we were told they have good daily support from them. The GP was visiting when we arrived and he confirmed that they carry out weekly visits plus other visits when needed. He was impressed by the care at Lynde House and said he had a good rapport with the staff. In his view the good communication between them leads to a lower need for acute admissions to hospital.

Medicines management is carried out by a local pharmacy, with medications for each resident logged in their computer system and the pharmacist carries out regular audits.

One of the physiotherapists we spoke to told us that said they visited three times a week to see residents and that it was 'a nice home to come into'.

The Healthwatch Richmond team divided themselves between the two floors to observe the care and engage with residents, their families and staff.

Residential and Nursing Care

There is no differentiation in the home between nursing and residential care although there are residents with higher nursing needs and others who are more residential. Much attention was given to eliminating an 'institutional effect' and a resident told us that they felt "safe and stimulated". We thought that every effort was made to preserve people's dignity and to be involved in their care. The overall impression given was one of comfort with a resident focused environment and the residents also expressed their confidence in the manager.

The staff appeared friendly, caring and conversant with the needs of the residents, supporting their independence whilst ready to provide assistance when needed. The residents and staff spoken to liked living and working in Lynde House.

Overall the residents' comments with regard to staff indicated positive resident and staff interactions. They told us that:

"I am treated as an individual and staff are very caring"

"I like to be independent with help being there if and when I need it."

The "staff come around regularly to see if help is needed."

"this feels like home."

Staff

On the day of the visit the Manager, Senior Clinical Staff and Activity staff were all available and we were able to speak with them and a wide range of other staff at the home. All were very helpful and informative in engaging with us and in explaining their roles and their experiences of working at Lynde House. There are 13 qualified nurses, 3 of whom are senior nurses and each floor has 2 trained nurses and 7 care staff working on it. The Deputy Manager has a matron type role.

They informed us that the home does not use any agency staff but if additional staff are needed they have Bank Staff to use and they involve residents in the recruitment of staff, which Healthwatch Richmond thought was a very positive process. Staff retention appeared good as evidenced by the number of staff who had been at Lynde House for considerable periods of time. A Senior Nurse who had been there 11 years also told us that that staffing was stable and that there are loyalty awards to encourage and motivate them. They also said that working there:

“feels good, it is like a family, there is not a blaming culture, it is a learning process” and that there is a “nice environment and a supportive manager”

Another Senior Nurse, who had been there 5 years, told us they thought that:

“the care is very good here”. They were “very happy” there, it was “like a family”.

Staff also commented that there was “good teamwork” and said it was a significant factor in job satisfaction.

The Hairdresser who came regularly said she “loves her work” and has a very good rapport with her clients and the residents said that the hairdressing was good.

Staff Training

The staff told us that there were plenty of training opportunities on offer and that the training was very good. There is a mandatory induction process, a 3 months’ probation period and then supervision, followed by extra training. Training courses included: End of Life Care, Tissues Viability, Lifting and Handling. There was a well displayed Training Notice Board for staff detailing training opportunities and what training staff had undertaken. One of the cleaners also confirmed that there was good training for all staff and good communication with the line manager.

Staff meetings are held every 4 to 6 weeks and every day the heads of departments meet with the Manager.

Residents’ and Relatives’ Involvement and Satisfaction

We were informed that there are regular residents meeting. There is a six weekly social meeting event, which is also linked to a talk e.g. there were ones organised by a Funeral Director and one on DOLS. Staff and families were also invited to these meetings. We were told that the meetings are well planned and well attended by the residents.

There is good family involvement at the home and most residents have visitors.

A prospective resident's relative was visiting and told us that they were very pleased with what they had seen at Lynde House.

Compliments and Complaints

Complaints are formally logged and a meeting is held with the residents and or family member and the outcome recorded. There is also a residents' concerns folder for less serious issues but these can be moved to a formal complaint if necessary and a log of actions kept to detail what happens.

Activities

The Activity Agenda looked balanced and interesting and a 'Weekly Activity Sheet' was produced. The Notice Board for the activities would benefit from having larger print notices and from being displayed lower for residents in wheelchairs. There are 2 Activities Co-ordinators and the activities include: a regular Supper Club, Film evenings, the Tuesday "Teapot Club", and outside trips. There is live entertainment, a "Zoo Lab" (which is very popular) and Art sessions with input from Orleans School pupils. They also hold regular themed parties e.g. recently for Bonfire Night.

Two volunteer visitors come weekly from Embracing Age and concentrate their visit to room bound residents. Local school children and local college students on work experience also visit regularly.

The Tuesday Teapot Group was taking place during our visit and one of the HWR volunteers joined them. There was much laughter, eager participation and the residents said they 'much enjoyed it' and that it 'gets the brain stimulated'. The residents were still engaging with the topic of the day (the US Election) after the session had ended.

Another resident commented that they "enjoyed the Teapot meetings and the recent BBQ was very good. My family came along which was lovely".

Other residents praised the activities and said that they appreciated the stimulation afforded by the activities. One resident however said that social events were "patchy" although the home told us that the social programme does run daily all week and is strictly adhered to.

On the first floor, the majority of residents were in beds and the overall impression was that activities for some of these patients could be challenging. One relative did comment that the activities were quite challenging for their relative who had dementia and whose responses were limited.

Televisions were on in the rooms on the nursing floor and at times the noise level from these in the corridor was high. However there is a call bell in each room that sounds outside the room and centrally at the nurse's stations. The TV in one of the smaller lounge areas was on quite loud and could perhaps be reduced to help staff hear residents calling. The home has noted the points we have raised about noise levels and will look at where these can be reduced.

Mealtimes

There are 2 dining rooms, one for independent residents and the other for assisted dining plus a Tray Service if residents want to take their meals in their rooms. Hot drinks are served to

residents first thing in the morning in their rooms and there are also drinks and snacks during the morning and afternoon, which include healthy options. There is also a self-service point for drinks and refreshments that residents and visitors can help themselves to. Catering is all on site and special diets are catered for.

The dining rooms were very pleasant and well set out. There were menus on the tables and a good choice of meals. The ground floor dining room had dedicated serving staff and aids to assist eating were in use where needed e.g. special cutlery. Staff also assisted the residents to move into and out of the dining room.

On the first floor we observed good interaction between the staff and residents in the dining room. Attention was individually focused on each resident; the staff were caring and conversant with the needs and level of assistance required for each resident and engaged them in conversation.

Nearly all the residents spoken to in the dining room (8) found the food satisfactory and a number of residents said it was “good” and another said it was “tasty”

Hospital Visits, Admissions & Discharges

The manager discussed hospital admissions and discharges with us and told us they usually worked well, both at Kingston and West Middlesex Hospitals and the residents’ information is shared electronically with the hospital. There can be occasional be problems with discharges however. The home will visit the resident during their hospital stay and they said they had no complaints about the care in the hospitals.

Good Practice

We observed that Lynde House is a well-run care home with good systems in place to care for the residents and they worked to a very high standard. There was a welcoming atmosphere in the home and we saw evidence of good relationships and good communication between management, residents and staff.

Outcomes

Healthwatch Richmond suggested that:

1. The Activities Agenda on the Notice Board is produced in a larger print and that all notices for residents be placed lower down to aid wheelchair users but not too low for ambulant residents.
2. The use of pictorial signage could be extended to aid people with dementia moving around the home.
3. The availability of suitable activities for people with dementia be reviewed to ensure they have ones they can participate in.
4. Lynde House should look at ways to reduce noise levels where they can.