healthwatch Norfolk

My Views Matter

Lynfield Care Home, Ditchingham

20th September 2022

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Introduction

Enter and View

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service. 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.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

My Views Matter

From September 2022 – March 2023, our Enter and View visits will be part of a project called 'My Views Matter'. This project is specifically focused on residential and in-patient care for people with learning disabilities and autistic people in Norfolk. We are implementing this project in response to the tragic events at Cawston Park, in which three residents with learning disabilities died between 2018 and 2020. One of the key findings from the Safeguarding Adults Review was that residents and their families were not being listened to.

My Views Matter will involve visiting around 20 residential homes across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential care. It will also investigate whether residents' and their families' views are being taken into account in how care is delivered. The 20 homes have been selected to provide a representative sample of homes in different areas of the county, different CQC ratings, different sizes of home, and different sizes of provider chain. These are all aspects which professionals have told us affect the ability of homes to deliver personalized care effectively.

Alongside the Enter and View visits to homes, we are also interviewing family members and professionals in the sector and organizing focus groups with care home residents outside their homes. The project is being implemented with the assistance of About with Friends, NANSA (Norfolk and Norwich SEND Association) and Opening Doors.

A final report from this project, which will report on data from across the county, will be published in May 2023.

How we gathered people's views on this care home

We visited Lynfield on 20th September 2022, and the visit was announced in advance, in order to minimise disruption to the residents. We spent around two hours talking to residents and staff, and observing life in the home on that morning, and examining the building and its facilities. Since seven of the nine residents were non-verbal we spoke mostly to staff members about how they cared for residents and observed their interactions with residents. Family members were invited to share their views with us, but none chose to do so.

The visit team was:

John Spall – Enter and View Co-ordinator
Judith Sharpe – Deputy CEO
Jessica Hickin – Project Officer

About Lynfield

Lynfield is a residential care home, part of a provider chain called Kingsley Specialist Services, which currently operates five homes across East Anglia. The manager told us that Lynfield has been operating as a home for people with learning disabilities for around 15 years. The home is based in a rural village called Ditchingham, and provides care for nine adults with complex needs, including physical disabilities, learning disabilities and autism. The most recent CQC inspection was conducted in December 2020, and the home was rated as 'Requires Improvement'.

Summary

During this visit we focused on what residents thought about their care, and the degree to which they were being listened to by the home staff. We considered the following themes:

- Voice, choice and personalisation: Most of the residents of Lynfield are non-verbal, which means that having their preferences understood and honoured was dependent on the close and respectful relationships we observed between staff and residents.
- Premises: Lynfield was tidy, clean and well-maintained throughout. It has excellent facilities, including a pool, sensory room and large, pleasant garden. There was a good balance between safety and accessibility for the residents, and personalisation and homeliness.
- Activities: A wide range of activities were on offer for residents, who were quite active. Each resident had an activity plan, although the availability of outings for some residents was limited by the funding they received.
- Relationships and community: Residents seemed to have warm and happy relationships with staff, who knew them well and were responsive to them. Most residents made frequent outings in the community and were able to see their families regularly.
- Health and food: All residents had input into the weekly menu and were encouraged to make healthy choices. Residents also had a range of options to stay physically active. They were all having their annual health checks in-person and on time.
- Interactions with the broader health and social care system: Lynfield has had mostly positive relations with County Councils and the NHS. However, the manager considers some residents' funding packages to be insufficient to provide them the support they need to lead a fully active life. He also deals with five different county councils, which can be complicated.

Overall, the visit team were impressed by how caring staff were for residents, and their efforts to enable residents to make choices about their everyday lives.

Findings

Voice, choice and personalization

More detail on the ways that the home takes residents' views into account in specific areas are given in the sections below. In this section, we give some more general information about how residents were supported to take control of their lives and of how their home is run.

Mechanisms for ensuring residents' voices were heard and responded to

Given that all but two of the residents of Lynfield are non-verbal, there were not weekly residents' meetings to discuss activities or the running of the home. The main mechanism for ensuring residents' preferences were taken into account seems to be through the quality of relationships between staff and residents. Activity schedules and menu preferences are therefore decided through the interaction of care staff with individual residents, rather than through collective meetings.

The manager and the five staff members that we spoke to all emphasised the amount of time that was needed to get to know the residents, their cues and preferences. This has meant constantly updating care plans as staff understand more about the preferences of each resident, and how to communicate with them better.

Some insights about residents have taken some time to arrive at. For instance, one resident's distressed behaviour was being caused by the colour that their room was painted and the type of bed they had been given. Since this resident was non-verbal it was difficult for staff to understand this until they got to know the patient well, and could make the connection between the resident's behaviour around the

home, which seemed to improve in the sensory room, which is painted in a colour that they like.

Understanding how residents are most likely to express themselves is another way that their preferences are taken into account. For example, the sensory room, which is popular with residents, has a fitted doorstop to keep the door always open. This is because staff have found that residents will often not ask to go into the sensory room even when they want to, and are unlikely to knock on the door. They will, however, walk through the open door, and so this door is always kept open.

We observed the quality of the relationships between staff and residents, who were all able to speak knowledgeably about all of the residents, including about their preferences and about any potential triggers for distressed behaviour.

Premises

Lynfield is a modern building, built around 20 years ago. The manager told us that it was originally intended to be a children's home, but opened initially as an old people's home. It changed to being a home for people with disabilities around 15 years ago. The front of the building is clean and well-maintained, with a large security gate to the right, which leads to the main car park. The interior of the building is very clean, bright and tidy. It is spacious and has modern décor throughout. It has two living rooms, a large dining room, communal bathrooms, a sensory room, a room with a small pool and a large garden.

The home is very accessible for residents, with most of the facilities and bedrooms being on the ground floor. The resident who showed us around could easily navigate the corridors in his wheelchair, as the corridors are wide enough and there is smooth laminate flooring. Several of the doors open with pressure pads, and some are locked with keypads for safety reasons. The home seems to be very safe throughout, with no visible hazards or clutter, and hazard signs warning of any potential dangers.

Towards the front of the home is a small lounge with a sofa and a television (inside a cabinet for safety reasons). This lounge is used for the de-escalation of residents when they are becoming overwhelmed or showing distressed behaviours. However, the lounge is also used for other purposes, so that residents do not have solely negative associations with the room.

Further towards the rear of the home is a large dining room. This has three sizeable tables, and seats with a leather-style binding. These have concrete breezeblocks in them so that they do not fall over easily and cannot be thrown. There is an easy-read display on the wall with an activity calendar for each resident. Along one wall is a large serving hatch, leading to a well-equipped, clean and modern kitchen.

The corridor leading from the dining room has most of the residents' bedrooms in. These all have pictures and names of the residents on,

and the name of their keyworker. The rooms have been adjusted to the needs of the residents. For example, one room is padded, and another painted in colours that the resident finds soothing. There are signs of personalisation along the corridor, with rows of photos of the residents on the walls, and these are screwed on to stop them being knocked or taken off and harm any of the residents. In addition, there is a large poster with photos and names of staff members on it. This corridor has doors to a communal toilet and a communal bathroom, though all the bedrooms have ensuite bathrooms.

The main living room is at the end of this corridor, and has a large television at one end, and sofas and armchairs. There is artwork by the residents on the wall. There are French windows which lead to a wooden ramp down to a large garden. The garden is neat and tidy and contains accessible swings, a trampoline, a seesaw, a patio area and a sand pit.

Around the corner from the living room is a piano, and a door to a sensory room. This has one wall painted white, a range of different lights, and a deep carpet on the floor, which had just been fitted. Finally, next to the sensory room is a hydrotherapy room with a small but deep pool in it, with enough space for a resident and a staff member. There is also an accessible shower in there.

Overall, the physical environment of the home is very neat and tidy, very well maintained and accessible, with a good amount of personal material (photos and artwork) on the wall, which offsets the slightly institutional impression given by the way the home has to be arranged for accessibility and safety reasons.

Activities

There were individual activity plans for each resident displayed in the kitchen. These included two activity options each day, one for dry weather and one for wet weather. These plans were laminated, suggesting that they were not changed on a weekly basis, but the manager told us that these were used as prompts to discuss with residents each morning, rather than being "set in stone". Flexibility was also required because family members could often visit unannounced. Equally, family members might have to cancel visits at short notice, which could upset residents, meaning that the staff tend to only tell the resident about the visit on the day.

There was evidence of residents being able to pursue their own interests. For example, one resident who particularly liked cars and transportation was able to go to see cars regularly. They had recently been to a steam trains event and was developing their interests in this direction. However, as noted below (see 'Interactions with the broader health and social care system'), some residents' ability to participate in activities was limited by the funding they received.

Activities on offer included: going for a walk, swimming, cooking, crafting activities, trampolining, outings to: Bungay, Lowestoft, a horse sanctuary, a farm, a garden centre, the cinema, gym club, McDonalds, WHSmith, Whitlingham ski slope. The manager mentioned that some activities, such as horse riding, had become more difficult to insure since the end of lockdown, which has slightly limited the range of options. All residents are able to go on a holiday once a year.

It was not possible to use the home's pool during lockdown, meaning that residents are no longer used to going all the way into the water. Staff are working to gradually desensitise them to getting into the water.

Relationships and community

Between staff and residents

Staff interactions that we witnessed with the residents were cheerful, affectionate and humorous. No resident was ignored or left unattended. They were often very mobile, moving around the home, and their carers would move with them. One non-verbal resident communicated what they wanted through hand gestures, and while he was shy and serious with us, he was smiling and playful with staff members, which suggested that he felt at ease with them.

Some of the residents have some limited communication using Makaton, and two use Picture Exchange Communication Systems to communicate, although one resident has refused to use his since he turned 18.

The manager told us that a few years ago they were having a few incidents of distressed behaviour every day. Now, he said, these incidents happen much more rarely - only a couple of times a month. He thinks that what has made the difference is developing really good and close relationships with residents, so that staff can understand their individual ways of expressing themselves, their individual triggers and how to calm them down when they are becoming overwhelmed. This takes time and requires quality relationships. So, he and his staff have worked hard to develop a relational and personalised approach. He and the staff we spoke to talked about the family atmosphere of the home, and the fact that everyone pulls together and goes beyond the call of duty to look after the residents because they genuinely care for them as people, rather than it just being a job.

The provider chain has a specialist in Positive Behavioural Support, who helps staff to develop individualised plans for each resident, which the manager says has been helpful. One of the carers also said that the care plans for each resident are constantly updated when they understand a little better what each person wants, so that they have a clearly documented picture of how to keep each resident

happy. Sometimes, family members and advocates help the staff understand what residents want.

Part of developing these strong relationships between staff and residents has on two occasions meant dismissing staff who were not performing as they should. At a Care Quality Commission inspection a few years ago, comments were made about the working culture at the home, and the manager decided to let two members of staff go in order to change this culture. This was difficult for all concerned, but has been a central factor in the home's more recent success.

The home is trying to hire more staff, especially to cover nights, and the manager told us that it is difficult to recruit to settings as challenging as Lynfield, where staff have to deal with distressed behaviour which can include physical attacks. It is also particularly difficult to recruit people to a rural setting like Ditchingham. The home is thinking of increasing staff salaries to improve recruitment.

Relations between residents

During our visits, we mainly saw residents interacting with their carers rather than each other. This may be partly due to the complex needs of the residents. There have been some safeguarding incidents relating to conflicts between residents in the past, but these have reduced significantly over the past two years.

Relations between residents and the broader community

The manager told us that there were regular visits from family members, and most residents went on frequent outings in the community (see **Activities**, below).

Food and health

All the residents appeared to be physically well, despite their complex health conditions. We observed a staff member preparing a healthy, balanced lunch. All the residents had input into the week's menu, producing a set of meals for the week. However, if anyone did not like a particular meal, then an alternative would be prepared. Some residents get involved in cooking. We saw one resident snacking on fruit, and another eating a chocolate bar. Staff encouraged residents to be physically active, and a range of physical activities were offered to them. The residents were regularly carrying out their annual health checks in person with the local GP.

Most of the residents had complex health needs, and the staff explained to us that it can be difficult to strike a balance between respecting the wishes of a resident and successfully managing their health conditions. For example, if a resident has difficulty understanding why they must limit consumption of a particular food or drink and become frustrated as a result, strategies must be found to manage this tension.

Interactions with the broader health and social care system

The home seems to have a mixed relationship with Norfolk County Council (NCC). On the one hand, the manager has found NCC's Integrated Quality Service to be useful and to have given constructive advice. On the other hand, he told us that he considers some of NCC's funding packages for residents to be insufficient and his attempts to lobby for more funding have been unsuccessful. This has included an instance where a psychologist from the local multidisciplinary learning disabilities team lobbied on behalf of a resident for increased support, but this request was turned down.

According to the manager, there are residents who, for example, are only given 14 hours of one-to-one support, and these can often be taken up with supporting basic functions like eating and dressing, leaving residents with hardly any funding for going out into the community. Another example he mentioned was that there was a resident who NCC expected to spend three hours in his room with no staff support, and for these three hours to then be used for an outing for the resident. In the home's judgement, there is too much risk of this resident having a seizure while unattended, and so they do not think that this arrangement would be safe. In some cases, the home has to try to supplement funded hours with money from other sources. When they have lobbied for more support for residents who they consider to clearly need it, they have been consistently rejected.

The manager also mentioned that the annual review process with social services has, in his view, deteriorated since the Covid 19 pandemic. Reviews have become less reliable, and often do not happen when they should. They do not currently know the name of any social worker or assistant practitioner who is assigned to deal with any of their residents.

The manager reported that the local GP surgery have been good with annual health checks, coming to do them in-person, and adjusting appointments well for residents. The manager mentioned one patient who went to do his health check and to have some jabs. The surgery

made sure that everything happened in the same room, because the resident would have been confused if he had had to go from one room to another in the surgery. There have been some issues with medication, though, with long delays in issuing prescriptions. In the end they spoke to the surgery so that they understood each other's timings and requirements, and now things are working better.

Lynfield only have three residents funded by NCC, which causes complications for the manager, as he has to deal with five different county councils. He also mentioned that there are problems with applying for Deprivation of Liberty Safeguards every year for residents when, for example, they have to add something new to it, such as the use of a keypad to get into certain rooms, or to put a camera into a resident's room. In particular, it is taking long time for NCC to confirm these changes.

Recommendations

We did not identify any significant issues during this visit through our conversations and observations. The visit team would commend Lynfield on the warm and caring relationships between staff and residents, and the great efforts made to understand and meet residents’ needs.

Service Provider Response

Dear John,

I have read over the report and would like to thank you and the team for visit, I have no concerns or further comment on the report.

Kind regards,

Aaron West
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Kingsley Specialist Services

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