

Enter & View Report:

healthwatch
Trafford

Lynwood Lodge Residential Care Home

20 -22 Broad Road
Sale
Cheshire
M41 9EJ

Tel: 0161 973 7210

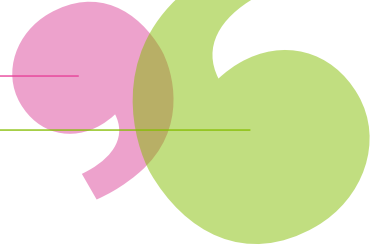
Owner: Trinity Merchants Limited

Manager: Mrs Kimberley Lyons

Date of visit: 13th July 2017

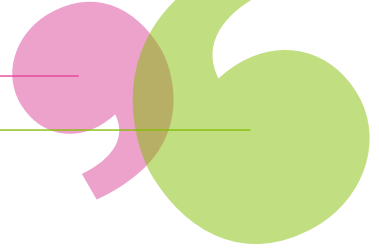
Date of publication: September 2017





Contents

What is Enter & View?	3
Acknowledgements.....	3
Disclaimer	3
Executive Summary and Recommendations	4
Purpose of the Visit	5
Strategic Drivers.....	5
Methodology.....	6
Introduction	7
Profile of Lynwood Lodge	7
Management of the Home.....	9
Examples of best practice.....	11
Summary of Relatives’ responses to questionnaire (appendix 2).....	11
APPENDIX 1 - Management questionnaire and responses	12
Pre-visit questionnaire for management of the provider organisation	12
APPENDIX 2 - Relatives’ questionnaire	19
Distribution.....	21
Contact details.....	Error! Bookmark not defined.



What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are 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 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.

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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and residents of Lynwood Lodge Residential Care Home for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.



Executive Summary and Recommendations

Findings

- Lynwood Lodge Residential Care Home provides personal care and accommodation for up to 24 older people.
- 95% of residents at the Home live with various degrees of dementia.
- All residents we listened to spoke of their satisfaction at living at the Home.
- Relatives we spoke to on the day of the visit complimented the care delivered by staff at the Home.
- The Home is welcoming and well-staffed.
- Staff are clearly happy at Lynwood Lodge and this permeates the atmosphere providing very good responsive interactions with the residents.
- We found the Home to be very well managed.
- The Home has an open-door policy and visitors were present during our morning session. There is a signing-in book for visitors on arrival at the Home.

Recommendations

- We feel that the creation of a 'passport' for each resident's eyesight requirements and a photograph of the spectacles the individual has purchased is good practice.
- Adoption of the following best practice initiatives:

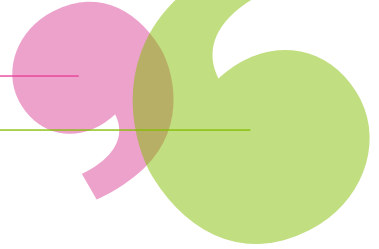
<http://www.bbc.co.uk/rd/blog/2017-02-bbc-rem-arc-dementia-memories-archive>
- a programme to encourage reminiscence in people with dementia.

<https://www.carehome.co.uk/news/article.cfm/id/1574414/paper-armband-care-workers-malnutrition>.

-this is a paper armband, which can be routinely used to identify changes in nutrition or hydration.

<https://www.nice.org.uk/guidance/ng48>

- a link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'



Purpose of the Visit

The visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

This Enter and View visit is taking place as part of a three-year programme of visits to every nursing and residential home in Trafford which has publicly funded residents. This visit is undertaken by lay people who are trained and authorised representatives of Healthwatch who will report on the quality of care they perceive is provided on the day of the visit. This is not an inspection.

Strategic Drivers

We are using any/all the following criteria for the timing of our visit.

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Length of time since the last CQC visit so that we are not placing an unfair burden on care home management and staff by having two visits in close proximity.
- Where any issues of concern are raised with Healthwatch either by a resident or their carer. Resident’s family carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch [as an independent body] will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning.
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy: [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]
- Changes in management of the home.

These visits are simply a snapshot in time but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.



Methodology

This was an announced Enter and View visit.

Contact was made with the Manager of Lynwood Lodge Residential Care Home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

We sent a questionnaire to the management of the home and received responses prior to the visit (Appendix 1).

We sent a questionnaire to residents' family and carers for them to respond anonymously (see Appendix 2).

We looked at local intelligence including CQC reports.

We were guided by staff on the residents we could approach to answer our questions. We had discussions with residents, two relatives and two members of staff.

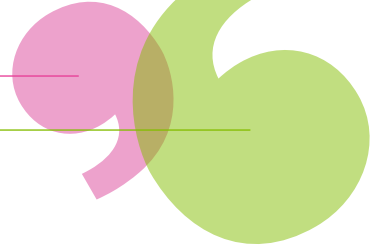
**Permission to speak to residents was received from the Manager prior to any conversation taking place.*

Healthwatch Trafford Authorised Representatives

Catherine Barber

Georgina Jameson

Marilyn Murray



The visit

Introduction

Healthwatch Trafford visited Lynwood Lodge Residential Care Home on Thursday 13th July 2017. The authorised representatives undertaking this visit were Catherine Barber, Georgina Jameson and Marilyn Murray.

Healthwatch Trafford undertake Enter and View visits of any care home, GP surgery, hospital or other health or social care facility which is publicly funded either in part or in whole. These visits aim to paint a picture of residents and patients' experience and we hope that our reports will be used to inform the public and potential users of service on what they can expect.

These visits are not inspections; they are a snapshot of what we observed on the day of the visit. As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer. We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards that the public should expect.

Before our visit, we sent questionnaires out to the management of Lynwood Lodge and to the residents' families/carers who were asked to anonymously provide their views. The questionnaire for management and the Manager's response is provided at Appendix 1 and the questionnaire for residents can be found at Appendix 2. The responses to Appendix 2 are summarised on page 4.

Profile of Lynwood Lodge Residential Care Home

Lynwood Lodge is registered to provide personal care and accommodation without nursing for up to 24 older people. There are 20 single and two shared rooms, most rooms have en-suite facilities, all rooms have access to toilet and washbasin facilities. The Home has a lift access to the main floors and chair lift access to other areas of the Home.

Lynwood Lodge fees are £650 per week.

General Observations

The Home was odour free, bright, fresh, clean and welcoming. The Home is an older Victorian house and décor throughout the home is in good order, all rooms including the bedrooms that we observed are well decorated, clean and uncluttered. We observed that toilet doors on the ground floor had been painted with a specific dementia friendly colour for easy identification and that residents have their photograph and names on their bedroom doors for easy recognition. The Home is set in its own grounds within the town centre of Sale, close to all amenities. There is an enclosed paved outdoor space with seating for residents to use. The residents have the choice of two sitting rooms which are light, airy and open. The two sitting rooms incorporate a number of dining tables and chairs for



residents to use at meal times. We were informed by management that this living arrangement works very well for the residents and staff at Lynwood Lodge.

The Home has two hoists available, the hoist is not in use currently as all the Lynwood residents can move around with the aid of walking frames.

We spoke to six of the 22 residents in the Home. Everyone was happy with and complimentary about the quality of the food. There was easy access to drinks (hot or cold). During the visit, we observed a staff member listing the drinks that people requested and monitoring each resident's liquid intake. A large menu board clearly displaying the choice of meals for that day is situated on the wall close to the kitchen. The kitchen area is an enclosed area where catering staff can be observed preparing meals through a glass window. There were two or three choices at lunchtimes. One resident commented;

"We have a good cook who caters for everyone"

We were informed by staff that breakfast time was an individual choice and determined by when a resident wished to get up. Residents can breakfast in their rooms if they wish. Residents can choose when they get up and when they go to bed.

Residents commented that they felt safe and secure and that they were treated with dignity and respect. All the residents we talked to on the day told us that the staff at the Home were very kind and that they were comfortable living at the Home. One resident told us that if she had a problem with the Home she would speak to her son first. She added that she was very happy at the Home.

Residents at Lynwood Lodge looked well attired and well groomed. Residents told us that all their clothes are washed, ironed and returned to their rooms on hangers and hung up in their wardrobes and that this worked well and they were very happy with this.

On the day of the visit we observed many of the residents sitting in the larger sitting room listening or singing along to a medley of songs performed by an external entertainer that the Home had arranged. This activity appeared to be appreciated by many of the residents. Those residents not wishing to join in went through to the quieter sitting room. During the visit, we observed residents talking to visitors, to staff and speaking to each other.

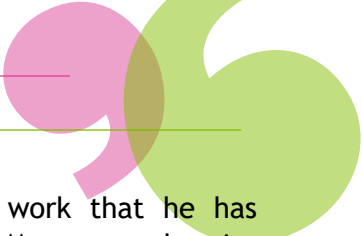
We observed a trolley in the sitting room area that held an array of activity items, such as daily papers, dominoes, colouring books, cards and fidget mats¹. We observed a TV suspended on the wall of the one of the sitting rooms being watched by two residents at the time of our visit.

During the visit, we observed residents 'memory books' and staff showed us picture displays of the child evacuees from the Second World War, a time that many of the residents might remember.

We observed staff working and talking with the residents and staff appeared to have a good understanding of residents likes and dislikes.

On the day of the visit, one of the relatives approached the Enter and View team and explained that he had come to the Home today as he felt it was important to provide face-

¹ Fidget mats and other aids are used to help persons with dementia, traumatic brain injury or other related cognitive impairments. For more information please go to: <http://www.nancynotions.com/text/pdf/alzheimers-activity-mat.pdf>



to-face feedback on the Home. He informed us of the excellent work that he has encountered from all the staff at Lynwood with specific reference to the Manager and senior care worker [named] for the way they work with everyone to create the most natural interaction between staff and residents that is possible. He added that his mother has been at the Home for two years and he is extremely happy with the care his mother receives.

Profile of residents

Many of the residents are elderly with several residents over the age of 90 years of age. 95% of residents are living with various degrees of dementia. The residents we saw on the day of the visit could move around with support of their walking aids and appeared comfortable and alert to their surroundings.

Management of the Home

The following comments should be read in conjunction with Appendix 1 which was completed by the Manager of the home prior to the visit. On the day of the visit the Manager provided us with the information we requested quite readily.

The Home provides End of Life Care and residents wishes are discussed on admission with the resident and their relatives. There were notice boards displaying activities residents could access and examples of standards and best practice achieved at the Home. The majority of the staff have been at the Home for many years, as has the senior management team, and this appeared to Healthwatch Trafford to be one of the reasons for the quality of care provided. Any staff absences are covered by the Home's existing staff members.

If a resident is in bed a lot they are closely monitored by staff. If residents have pressure sores, then pressure relief mattresses and air mattresses are provided.

Residents have a choice of GP, currently there are five GP surgeries responsible for the medical needs of residents at the Home. One GP practice has begun to carry out a weekly enquiry of their patient's needs. The Manager informed us that District Nurses based at Chapel Road Clinic in Sale are fantastic in responding to any enquiry the Home asks regarding residents.

Support is available from a range of practitioners - for example podiatrists, dietician and optician. The optician that visits the Home regularly creates a "passport" of each resident's requirements and a photograph of the spectacles the individual has purchased, this has proven very successful with residents and staff members. The most difficult problem encountered is dentistry as arrangements need to be made to visit dental surgeries as dentists will not come out to the Home to carry out routine oral health checks. Staff monitor for signs of oral problems by observing residents eating or if they have any weight loss.



In relation to falls body maps² are used to monitor residents and if a resident fell twice in one week the GP would be called in. All information relating to residents is included as part of the staff handover procedure that takes place each morning and evening.

All staff training is undertaken in-house via the Home's head office as well as supervision much of which is provided by the Manager. The Manager has an open-door policy for both staff and relatives. People can call into the office with any concerns.

Medication is administered by senior care staff; all tablets are counted and recorded, all medication to be signed-in and signed-out by senior care staff and is monitored closely. An independent medication audit is undertaken by Boots the Chemist. Boots also provides staff training on medication storage.

The Manager informed us that Deprivation of Liberty [DOLs] assessments are undertaken quickly by the Local Authority; however, action notifications is an issue as the Local Authority are slow to respond, this is resulting in the Manager of the Home contacting the Local Authority to obtain the necessary confirmation to action the changes required.

We observed fire extinguishers and fire exit notifications during the visit and the Manager told us that fire checks are done regularly and the procedure for evacuation is known by all staff. The Manager informed us there is an agreement with the Leisure Centre adjacent to the Home that their premises can be used for Lynwood Lodge residents in the event of an evacuation.

Residents weights are taken regularly to ensure good nutrition/hydration.

² A body map is for a nurse to mark on paper when new bruises or cuts appear. It is the responsibility of the nurse to complete the body map. Processing of body maps could identify common areas of bed sores and therefore changes made in the habits of turning residents. Please see for more information: <http://www.documentcapture.co.uk/2014/05/care-home/>



Examples of best practice

We felt that the personalised care provided to residents was of a high standard.

- Having personalised names and their photograph on bedroom doors for easy recognition.
- The Home provides a ‘Sickness pack’ that is kept in all residents’ rooms. The pack contain information for members of staff on what medication has been administered, drinks and food given and other information personal to the individual.
- The Suggestion box placed in the entrance of the Home for relatives/visitors to use.

Summary of relatives’ responses to questionnaire (appendix 2)

We had 13 responses from relatives, the majority were extremely complimentary. Comments such as:

“Excellent and hardworking staff. Amazing people.”

“We are extremely happy with all aspects of the care that mum is receiving. Unfortunately, mum is a worrier and may not always appreciate the kindness she is shown. Although a variety of activities are provided and she is encouraged to take part, mum has never been one to join in. Mum is always clean and well dressed. She enjoys the meals”

“More activities for residents to join in with or just observe” and “residents being able to go outside in the garden for some fresh air when the weather is fine”.

All 13 responses rated the Home with the majority giving a nine or ten on a scale of one to ten.



APPENDIX 1 - Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for management of the provider organisation

Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

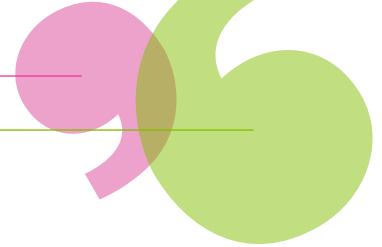
Focus Groups, open door policy, complaints procedure on display

Q2. Do volunteers come into the in the home? If so what type of activities do, they do?

N/A

Q3. Do other organisations come into the home? If so who are they and what do, they offer?

Contempo, armchair Zumba classes. A hairdresser comes in once a week
A representative from the Holy Family church comes ever Sunday and a Vicar comes in once a month.
Plus visiting professionals i.e. opticians, dieticians, chiropodist etc.



Q4. Do residents have fresh fruit and vegetables daily`?

Yes, as evidenced on menu choices, food invoices etc.

Q5. Are drinks available and within easy reach? Are drinking levels monitored and recorded in care plans where there are concerns?

Yes, food and fluid charts are used for each individual, drinking levels are monitored on an individual sheet when the need arises. If there are any concerns the GP would be contacted and a referral to the Speech and Language Therapy [SaLT] Team would be made.

Q6. Do you seek advice from nutritionists where there are concerns (residents losing weight or experiencing any level of pain)?

Yes. We monitor each individual's MUST complete a Nutritional risk assessment. Service Users will be weighed in accordance to their MUST score and BMI; any concerns in loss in weight will be reported to the GP who will make a referral to the Dieticians. Anybody who seems to be experiencing any level of pain would be seen by their GP.

The 'Malnutrition Universal Screening Tool' ('MUST') has been designed to help identify adults who are underweight and at risk of malnutrition, as well as those who are obese. It has not been designed to detect deficiencies in or excessive intakes of vitamins and minerals.

Q7. How do you gauge that residents enjoy their food and drink?

Verbally, we know our residents like/dislikes. Also focus groups. You can see if the Service Users are enjoying the food by what is left on their plates and what they say.



Q8. Does a single GP practice cover the medical needs of the home or do residents retain their own family doctor?

We have quite a few GP practices, Washway Road Medical Centre, Boundary House Medical Centre, Conway Road Medical Centre, also some of the Service Users have retained their own family doctors, for example Derbyshire Road and Bodmin Health Centre.

Q9. Which healthcare professionals visit the home at your request e.g. chiropody/podiatry, physiotherapy, district nurse, dentist or social worker?

All of the above, also Dieticians and Dementia Crisis Team, Doctors, District Nurses and GPs.

Q10. If professionals do not come into the home, how do you access their services?

If I needed a professional who did not come into the home we would make an appointment and either the Service User's family would take the person or a member of staff would escort the Service User.

Q11. Are residents likes and dislikes recorded in care plans?

We have individual likes and dislikes also allergies and cultural beliefs, and what assistance the individual needs or adapted cutlery they require in a separate file rather than their Care Plan.



Q12. Are residents encouraged to talk about their past lives and how do you encourage this? Examples might include local history books, old photographs or films.

Alzheimer's Society's "this is Me" document is a starting point. Further background is gained from families/friends. Also via activities.

Q13. Do residents have choice over what they wear each day?

Yes, each individual is asked what they would like to wear daily.

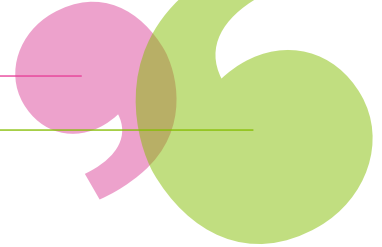
Q14. How do you cope with making reasonable adjustments in relation to residents with dementia, learning disability or other special needs such as autism or challenging behaviour?

ABC charts, triggers sheets, referral to Dementia in Reach Team, GP advice. Medication reviews.

ABC charts - are used to note when incidents are occurring and what happened before and after the event to enable you to recognise a pattern in the behaviour that will help you to reduce the number of incidents and manage them more effectively.

Q15. How do you address the needs of people from minority ethnic groups or of different cultures and faiths?

Talk to families, source cultural needs, foods, faith etc.



Q16. Do you have visiting faith leaders in the home?

Yes, as mentioned above.

Q17. Do you think about encouraging family and friends to think about having advance directives?

Yes, An End of Life wishes checklist is issued on admission to the home and built on in discussion with relatives.

Q18. Do you invite the community to bring in pets?

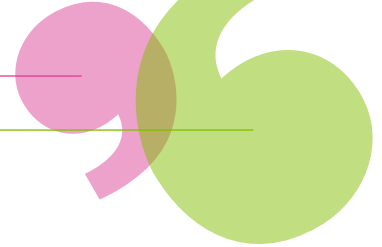
Not really because of health and safety and infection control issues, trip hazards etc, but one of the Service User's family dogs brings in his dog because his mother is very attached to it, but it is kept on a leash at all times and they go to a quiet corner of the home or in the garden to visit. The dog is up to date with all vaccinations.

Q19. Do you have regular meetings with residents' families?

Focus groups. Talking to relatives when they come into the home. Manager's office on the floor of the home with an 'open door' policy.

Q20. Do you take residents out into the community?

If the Service Users express a wish to do something particular we would arrange a staff escort, transport etc.



Q21. If a resident falls, what measures do you follow? Do you call a GP, the ambulance service or utilise other measures? Do you record falls in every care plan, however minor or major?

If a Service User falls it would depend on the injury, but we would do a visual check for any injuries and if an injury was apparent then 999 would be called. An accident report would be filled in and a body map and 48 hour monitoring would proceed.

Yes we record all falls in each person's individual care plan.

-

Q22. What preventative action do you utilise to prevent falls? Have you access to a falls advisor?

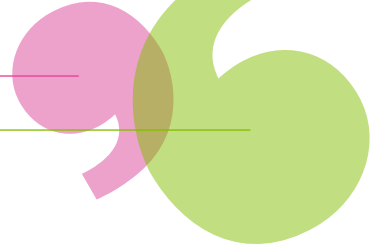
We have floor sensors in bedrooms to alert staff in the night for high risk Service Users also the lounges are monitored during the day by staff and hourly checks would be in place. Also we would ask the individual's GP for a referral to the Falls Team if this was reoccurring.

Q23. What feedback have you had from residents in the last three months which have resulted in change?

In the past when we have had focus groups, the menu has been changed to incorporate an individual's choice in food. Activities also reflect the request of Service Users.

Q24. How do you keep abreast of good practice? Examples might include e-learning packages, formal training, mentoring, staff appraisal?

Training is managed via Head Office. Discussion of needs is included during Supervisions and team meetings.

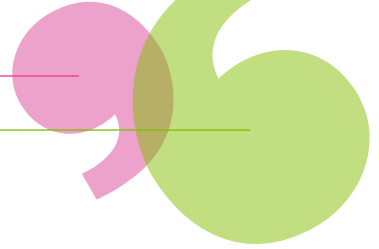


Q25. How do you prevent residents' feelings of loneliness or isolation?

By engaging, talking, suggesting activities, GP and family consultation.

Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe?

Listening and engaging, great staff, a pleasant environment.



APPENDIX 2 - Relatives' questionnaire

1. Do staff talk to you regularly about your loved one's:-

General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

2. Do you think that your loved one;-

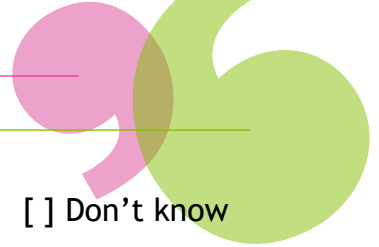
Is happy with the care received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has plenty to occupy them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys their meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys the company of other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

3. Do you know whether:-

Staff know about the work or family interests of your loved one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Take them out into the community (shops/libraries, local events etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are they treated with kindness and compassion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

4. Are you:-

Consulted on changes needed to care plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
--	------------------------------	-----------------------------	-------------------------------------



Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?

Yes

No

Don't know

Please add in any other comments or observations you would like to make in the box below.

Would you recommend this home to anyone else?

Yes

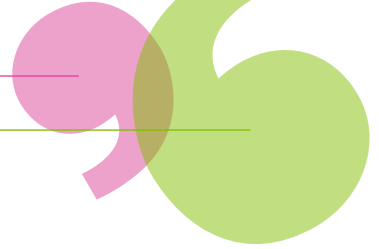
No

Maybe

Overall, on a scale of 1 to 10, how would you rate this home?

[with 1 being very poor and 10 being excellent]

out of 10



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

- Trafford Health and Overview Scrutiny Committee
- All Age Commissioning Team

Trafford Clinical Commissioning Group

Healthwatch England

Chief Nurse / Associate Director of Nursing for Trafford CCG

The provider visited

It will also be published online on the Healthwatch Trafford website (www.healthwatchtrafford.co.uk)



Text & Whatsapp
07480 615 47



Find out more at
healthwatchtrafford.co.uk



Email us at
info@healthwatchtrafford.co.uk



Tweet and follow us at
@healthwatchtraf



Like and follow us on
Facebook



Like and follow our Instagram
@healthwatchtraf

healthwatch
0300 999 0303 Trafford



Companies House Reg.No. 08466421.
Registered in England and Wales