



Enter and View visit report

Lyndon Hall Care Home, West Bromwich

Date of Visit: Monday 20th April 2015

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Acknowledgments

Healthwatch Sandwell would like to thank the management of Lyndon Hall Care Home, staff, residents and visitors for their contribution to our Enter and View visit.

Disclaimer

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

Visiting Team

The team of authorised representatives carrying out this visit were Brenda Jones and Bill Hodgetts. They were accompanied by our staff support officer Ian McGarry.

Purpose of the visit

- Part of a program to examine the delivery and quality of care provided at Residential and Nursing homes in Sandwell
- To engage with service users of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings. Capture the experience of residents and relatives and any ideas they may have for change.

Methodology

The visit was announced to the home one hour prior to our arrival.

We approached the manager of the home before we began our visit and gave a brief explanation of our role, the Enter and View process and the reason for our visit; and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. The manager confirmed that there were 62 residents at the home at the time of our visit, residing in either the nursing or dementia wards. The manager gave our team full access to the home.

Our authorised representatives conducted short interviews with three members of staff at the care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes and staff training were explored.

Authorised representatives spoke to five residents at the care home to informally ask them about their experiences of the home. In advance, we had submitted to the home questionnaires to be completed by family members/carers etc together with stamped addressed envelopes for their return to our offices, three of these were received. One relative present at the time of our visit was interviewed. We explained to everyone we spoke to why we were there and took minimal notes.

A large proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

Summary of findings

At the time of our visit, the evidence is that the home was operating to a very good standard of care.

- Residents looked well cared for, tidy and clean, we saw no evidence that dignity was not being respected.
- We saw evidence of staff interacting with patients positively and regularly, including ensuring they were comfortable, had sufficient water and checking they were okay if they had been sat for a while.
- Residents told us that they were happy with the food menu, and that special menu requirements were provided for.
- Staff told us that they received regular training (in-house, online and externally provided).
- We saw evidence of a variety of social activities provided for residents.
- One staff member did tell us that she thought staff should have more time to spend with residents on a one-to-one basis.

Results of Visit

Residents

Our representatives spoke to several residents, one also had a family member with them. We spoke to them in the day rooms. The residents told us that they were very happy at the home, that they were happy with the care that they received and that they were treated with respect by the staff. One relative we spoke to felt that, on occasions, help for toileting needs could be given more speedily.

Staff

All the staff we saw were smartly dressed in uniform. They interacted with residents in a helpful and friendly manner.

Staff felt that there were sufficient numbers of staff available to provide for the residents present at the home.

Staff confirmed that they received regular training which is provided in house, online or provided externally

Staff reported that medication was well controlled with signing in/out of all medication. Medicines only handled by nursing staff or senior care assistants.

Staff were responsible for weight checks either weekly (for most severe cases) or monthly on other residents.

Residents were able to choose any GP within the catchment area of the home.

New residents were assessed before arrival to ensure the home is able to meet their needs. If admitted to the home, they are assessed daily for 7 days to make sure the staff are meeting all their needs

The staff we met were very positive about the service provided at the home.

Staff members confirmed that care plans are available to all staff including temporary staff and are updated daily.

Staff confirmed that fluid levels are monitored for residents who are thought to be at risk of dehydration.

Visitor and Relatives

Three relative questionnaires were received by us. The feedback received was positive with resident being happy with the standard of care delivered.

'My hubby has always been cared for, he seems really happy; and the nice thing is I never have to worry about him while I'm absent.'

One relative was present when we talked with a resident, and they said that they were happy with the home.

There was evidence that the home was popular with relatives and carers as witnessed by the large number of thank you cards on the first floor notice board.

Environment

There was a light airy feel about the place with plenty of natural light. Our observations suggest that a high standard of hygiene is being maintained. The home was clean and free from any unpleasant smell.

The building is arranged so that there are areas of garden where the residents can sit out in warmer weather. The overall impression of the building is one of being full of life and fit for purpose. The corridors were free of obstructions and there were lots of pictures mounted on the walls along the corridors.

Toilets and bathrooms were clean and tidy.

Interaction between Residents and Staff

We saw evidence of staff interacting with residents in a friendly and positive way. Residents sat in TV rooms were spoken to regularly to check whether they needed any help.

It was confirmed that staff and residents hold regular monthly meetings.

Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed.

In the dementia wing, memory boards containing photographs and mementoes are displayed outside of residents' rooms.

It was clear from our observations that staff treated residents with dignity and respect. Residents were addressed by their preferred name. Staff were on hand to offer help and support to residents.

Involvement in Key Decisions

Meetings with invitations to all residents are held monthly to discuss resident's wishes. This was confirmed by the staff, residents and relatives we spoke to.

Interaction between Residents and Staff

We saw evidence of staff interacting with residents in a friendly and positive way. Residents sat in TV rooms were spoken to regularly to check whether they needed anything. Regular monthly meetings are held for staff and residents to attend

Concerns/Complaint Procedure

The home confirmed that they have a complaints procedure, although no resident mentioned having used it.

Food

The daily menu is displayed in the reception area. Residents said they were offered a choice and that they receive the meal they had chosen, and that they enjoy the food. Regular hot drinks are available during the day and we saw that water was available to all the residents. Residents said they were given assistance where needed.

Just after lunch time we looked into the dining rooms. One was being cleaned, both were clean, tidy and very well presented.

Activities

It was clear that activities were provided at the home for the benefit of the residents as all notice boards displaying Entertainment Programs and Activity Schedules. Additionally a Unisex hair salon, Shoe Shop and Chiropractor services were advertised.

Additional findings

The overall impression of our representatives is that this home is well run and provides a good level of services for its resident.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and support provided.

Service Provider response

At Lyndon Hall we focus on the individual, striving to provide highest quality, kind and compassionate care to make a difference to the one that matters, the Resident.

In order to do this, we carefully select our individual colleagues based on their skills, attitude and approach towards the care they provide.

HC-One is an award winning learning and development provider; this means that the nursing and care teams at Lyndon Hall are able to access a wide range of up to date best practice learning and development programmes that meet the needs of Residents.

Home Manager

What is Enter and 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 CQC where they are protected by legislation if they raise a concern.



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