

Barchester Healthcare Homes Limited

Lynde House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lynde House is a care home providing personal and nursing care for older people. The service can support up to 76 people. There were 67 people using the service during the inspection. The provider is Barchester Healthcare Homes Limited and is situated in the Twickenham area of London.

People's experience of using this service and what we found

People said they enjoyed living at the home, it was a nice experience and staff thought it a good place to work. The people, relatives and staff we spoke with felt the home was a safe place to live and work in. Any risks to people were assessed, enabling them to enjoy their lives and take acceptable risks, whilst living safely. The home reported, investigated and recorded accidents and incidents and safeguarding concerns. There were enough appropriately recruited staff to meet people's needs. Medicine was safely administered.

People's equality and diversity needs were met, and they said they had not experienced any discrimination against them. Well-trained and supervised staff spoke to them in a clear way that they could understand. People were encouraged to discuss their health needs, by staff and they had access to community-based health care professionals, as well as the staff team. Staff protected people from nutrition and hydration risks and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to meet people's needs. Transition between services was based on people's needs and best interests.

The home's atmosphere was warm and welcoming with friendly staff providing care and support in a way people enjoyed. The staff we met were caring and compassionate and positive interactions took place between people, staff and each-other throughout our visit. Staff observed people's privacy, dignity and confidentiality and encouraged and supported them to be independent. People had access to advocates, if required.

People received person-centred care and their needs were assessed and reviewed with them. They did not experience social isolation, had choices, and pursued their interests and hobbies. People were provided with information, to make decisions and end of life wishes were identified. Complaints were investigated and recorded.

The home had an open, positive and honest culture with transparent management and leadership. There was a clear organisational vision and values. Service quality was frequently reviewed and areas of responsibility and accountability established. Records were kept up to date and audits regularly carried out. Good community links and working partnerships were established and registration requirements met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection and update

The last rating for this service was good (published 6 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lynde House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Lynde House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people, six relatives, 18 care staff, and the registered manager. We looked at the personal

care and support plans for ten people and five staff files. We contacted 10 health care professionals to get their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included a training matrix, audits and details of activities. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff employed to flexibly provide care to meet people's needs. During our visit staffing levels matched the rota and enabled people's needs to be met and for them to safely follow activities they enjoyed.
- There was a thorough staff recruitment process and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staff' skills and knowledge of providing care and support. References were taken up, work history confirmed and Disclosure and Barring Service security checks carried out prior to staff starting in post. There was a three-monthly probationary period.

Systems and processes to safeguard people from the risk of abuse

- People's relaxed and positive body language indicated that they felt safe. One person told us, "Comfort, safety and security." A relative told us, "I can walk away everyday knowing she [person using the service] is safe."
- Trained staff safeguarded people. They were aware of how to identify abuse, the action to take if encountered and how to raise a safeguarding alert. There was no current safeguarding activity.
- Staff had access to up to date provider safeguarding and abuse policies and procedures.
- Staff advised people how to keep safe and areas of individual concern were recorded in people's files.
- The home had general risk assessments that were regularly reviewed and updated. This included equipment used to support people which was serviced and maintained. There were clear fire safety plans for staff about what to do in the event of an emergency. Fire drills were held regularly.
- The home hosted scamming seminars run by the police that highlight to people how to protect themselves from this danger.

Assessing risk, safety monitoring and management

- Trained staff appropriately assessed risks to people and measures were in place to minimise risks, with clear directions for staff. This included all aspects of people's health, daily living and social activities that were regularly reviewed and updated as people's needs, and interests changed.
- People who displayed behaviours that challenged at times had clear records of incidents and plans in place to reduce them. Records showed that action was taken, and the advice of specialist professionals sought when these occurred. The staff handover was completed including a person by person break-down.
- Staff checked on people frequently to ensure they were safe, during our visit.

Preventing and controlling infection

- Staff work practices reflected that they had infection control and food hygiene training. The premises were very clean. We observed staff wearing appropriate personal protective equipment (PPE) when supporting people and washing their hands using recognised techniques. These included protective gloves and aprons.
- Regular infection control audits took place.

Learning lessons when things go wrong

- The home maintained accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using. Incidents were analysed to look at ways of preventing them from happening again.
- People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded and the registered manager analysed these to look for patterns and trends.
- The home issued regular written safety bulletins so staff could learn from experiences. These included topics such as falls and health and safety.

Using medicines safely

- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicines records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to self-administer their medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- If there was a commissioning body, it was required to provide the home with assessment information and information was also requested from any previous placements before a new person moved in. The home, person and relatives also carried out a pre-admission needs assessment together. The speed of the pre-admission assessment and transition was at a pace that suited the person, their needs and which they were comfortable with. One person told us, "They [staff] make life easy for residents." A relative said, "We visited before moving in and it was made very easy for us. They are very sensitive to mum's [person using the service] needs."

- People's physical, mental, emotional and social needs were assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.

- People visited the home as many times as they wished, before deciding if they wanted to move in. They were able to meet people and share meals, to help them decide. During these visits' assessment information was added to.

- The home provided easily understandable written information for people and their families.

Staff support: induction, training, skills and experience

- People were supported by staff, in a way that met their needs well. This was enabled by the induction and mandatory training staff received. A staff member told us, "Excellent training and support."

- New team members shadowed more experienced staff, as part of their induction. This improved their knowledge of people living at the home, their routines and preferences.

- The induction and probationary period was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.

- The training matrix identified when mandatory training was required to be refreshed and that this was delivered on time. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included dysphagia and choking, pressure care awareness and falls awareness.

- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the quality, choice and variety of food was excellent. The menus and meals we observed reflected this. One person joked, "It's so good I've put on six kilos."

- Mealtime was looked upon by people as a social event with people conversing and laughing with staff and each other throughout the meal, engaging in a range of subjects, including at one stage wedding food. A wedding had taken place at the home, the previous year.
- Staff were very attentive but not intrusive, with people encouraged to eat at the speed they were comfortable with. Choices were explained and repeated for people who required this support with staff also explaining and revisiting what the dish was. One person had chosen curry but wished for chips rather than rice as an accompaniment. This was provided with no fuss.
- People's care plans contained health, nutrition, diet information and health action plans. There were nutritional assessments and fluid charts that were completed and regularly updated. Nutrition and hydration audits took place.
- Staff observed and recorded the type of meals people received, to encourage a healthy diet and make sure people were eating properly. Meals accommodated people's cultural and religious needs, activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst encouraging healthy eating, staff made sure people had meals they enjoyed. One person told us, "The food is first class." Another person told us, "Couldn't be better."
- Staff frequently went around with drinks to make sure people remained hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- Staff cultivated solid working relationships with external health care professionals such as GPs, speech and language and physio therapists.
- The home provided written information and staff accompanied people on health and hospital visits, as required.
- The home was a member of a number of groups including local hospital discharge, winter planning, care home forums and the Richmond and Hounslow Community Trust.
- The home maintained a weekly record of contact made with health care professionals and organisations that included Age Uk, Embracing Age, a local solicitor who was also a dementia champion, Kingston Hospital discharge co-ordinator and specialist stroke nurse.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted, and equipment provided was regularly checked and serviced to meet people's needs. People could bring items of furniture with them, provided it would fit into their private accommodation.

Supporting people to live healthier lives, access healthcare services and support

- People received regular health checks and referrals were made to relevant health services, when required.
- People were registered with GPs and dentists and had access to community-based health care professionals such as chiropodists, physiotherapists, opticians and had regular check-ups.
- Health care professionals did not raise any concerns about the quality of the service provided.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At this inspection consent to treatment of people or their appointees was obtained.
- Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- 22 people had up to date DoLS authorisations in place and none were awaiting assessment decisions.
- Mental capacity assessments and reviews took place as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they enjoyed and were relaxed in the company of staff and each other. This was reflected in what they said and their positive body language. One person said, "Staff are second to none with an incredible professional ethos that anticipates problems." Another person told us, "They [staff] have a wealth of experience and the different layers of staff are all superb."
- The home conducted a diversity in the work place survey that identified the cultural mix of people. They also introduced an activity day celebrating staffs' cultural and national backgrounds with dressing up in national costumes and providing traditional food for people to try. The home produced a guidebook regarding religions and cultural preferences that staff were able to familiarise themselves with.

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were passionate and committed about the care they provided and the people they provided it too. It was delivered in an empowering and thoughtful way. One person said, "They [staff] really look after people well." Another person told us, "I couldn't be more pleased."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. Staff reflected this in their inclusive care practices with no one being left out. Staff treated people with respect and as adults, not talking down to them.
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly, within an enjoyable environment. Staff were caring, patient and friendly throughout our visit providing support that respected people's privacy.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make their own decisions regarding their care, how it was delivered and the activities they did. Staff checked that people understood what they were saying, the choices available to them and that they understood people's responses. Staff asked what people wanted to do, where they wanted to go, who with and supported them to do the things they wished. One person commented, "Staff are so conscientious." A relative told us, "They know what they are doing. Staff are very good."

Respecting and promoting people's privacy, dignity and independence

- Staff's knowledge of people meant they were able to understand what words and gestures meant and people could understand them. This enabled them to support people appropriately, without compromising their dignity, for example if they required the toilet. They were also aware that this was someone's home and they must act accordingly.

- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy which stated that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs, and wishes were met in a timely fashion and in a way that they liked and were comfortable with.
- There were individualised care plans that recorded people's interests, hobbies, health, and communication and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them.
- People's care and support needs were regularly reviewed, re-assessed with them and their relatives and updated to reflect their changing needs. People were encouraged to take ownership of their care plans and contribute to them, as much or as little as they wished.
- The registered manager and staff made themselves available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. One person told us, "Staff are hyper aware of people and know how to handle situations when they arise." Another person said, "Staff are always watching out for you, trained to observe even the cleaners."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation, home and staff with clear information available to make it easier for people to understand, in their first language. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.
- One person was unable to communicate using speech. With the involvement of the speech and language therapists, local parish priests, a volunteer and a music group, they have been enabled to communicate verbally and by using an iPad. This meant they could fully enjoy the home's activities and visit a music group in the local pub. They no longer displayed behaviours of loneliness, instead to giving a thumbs up when enjoying themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had choices of individual and group activities, at home and in the community and were given weekly, part pictorial activity schedules. One person commented, "I've got friends here. Before I was sitting at home looking at the wall." There was a large range of activities available to people that included a

hospitality hour each Tuesday where people could sample different food and drinks that they might not normally try. There was also a very popular daily 'Tea' group run by the home's maintenance man, that discussed daily news and other topics such as names and their meanings, monarchy, sport, activity suggestions and the NHS. Three people using the service won the organisation cake decorating competition. A very well attended singing guitarist session took place that people thoroughly enjoyed. One person said, "I've seen a few [care homes] but this is the best I've seen."

- Other activities included, board games, the Lynde House residents' choir, bingo, virtual reality sessions, TV supper club, sherry mornings, arts and crafts and cookery. There was also visiting entertainers.
- People went on outings to places of interest. One group regularly took afternoon tea at a hotel and visited the Twickenham rugby stadium museum. There were also trips for afternoon visits at a local pub and to the Musical museum. People were looking forward to a visit to Westminster Abbey the day after our visit using the home's minibus. One person told us, "They have the balance just right for activities."
- There were two house cats and animal visits took place that people said they really liked.
- The activities co-ordinators did one to one sessions with people, in their own rooms, each day if they could not join in with the group sessions.
- All staff were aware of the danger of social isolation for people and made great efforts to prevent this. During lunch staff provided people with lunch in their rooms, if they required or preferred this. When walking down corridors to deliver or collect meals they looked in each room, as they passed to make sure people were alright.
- There was an activities survey carried out to ensure that the activities provided mirrored what people wanted.
- People were encouraged to keep in contact with friends and relatives. People regularly received visits from friends and relatives and were encouraged to keep in contact as much as they wished.

Improving care quality in response to complaints or concerns

- People said they were aware of the complaints procedure and how to use it. One person told us, "Nothing to complain about." The complaints procedure was readily available and easy to understand. There was a robust system for logging, recording and investigating complaints.

End of life care and support

- Nursing and other staff had received end of life training provided by the Princess Alice Hospice, and people were supported to stay in what had become their own home for as long as their needs could be met. This was with assistance from community based palliative care services, as required. End of life wishes were recorded in people's care plans and there were advanced care plans in place.
- The home was a member of the London End of Life Care Network and attended meetings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home's culture was open and positive. This was due to the contribution and attitude of the registered manager, management team and staff who listened to people and acted upon their wishes. Staff also felt listened to by the registered manager and management team. One person said, "Staff are very good, you ask for help and they are happy to oblige."
- The registered manager operated an open-door policy. One person told us, "The [registered] manager is spot on. They listen, take on board what you are saying and if they can do anything, they will." A relative told, "I like the [registered] manager very much, a good lady, in the right place with a lovely personality." A staff member said, "You couldn't wish for a better [registered] manager so supportive. This is the best job ever, I love it here"
- The organisation had a clearly set out vision and values that staff understood and bought into. They were explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties.
- There were clear lines of communication and specific areas of responsibility, regarding record keeping.
- Many senior staff were promoted internally. There was an in-house leadership development programme for team leaders, nurses and care practitioners. An aspect of the programme was recognising how to effect change through others. One staff member told us, "What I like is you are given the chance to improve yourself."
- The home had a 'Rising Stars' programme that recognised staffs' talent and how this can bring about positive change.
- The home demonstrated a track record of industry awards for individual staff members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home and organisation had robust quality assurance systems that contained performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the registered manager, regional manager, staff team and the internal quality team. They were up to date. There was also an audit action plan.
- The in house social activities programme was expanded by one to one sessions and introduced hospitality staff in weekly activities. Two results were winning the 'Easter Cake Decorating' competition and best

activity programme during nutrition week.

- The regional manager visited monthly as part of their audit review.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.
- The registered manager conducted spot checks. There were regular department heads meetings and staff shift handovers where risks, concerns, upcoming events and good practice were shared and then cascaded down to staff.
- The home ran a monthly staff suggestion scheme that encouraged staff to make working practice improvement suggestions arising from their daily observations. A small gift was given to the winning suggestion. Other staff incentives and recognition initiatives included a staff birthday card, buddy scheme and 'Pamper' day.
- There were also annual achievement and employee of the month awards to recognise individual staff contribution.
- Staff received bi-monthly supervision, an annual performance review and there were monthly staff and clinical meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The home built close links with services, such as speech and language therapists, GPs, the Princess Alice Hospice and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere. One healthcare professional said, "A place I would recommend people to use."
- The home actively engaged with the local community including hosting college, school and nursery visits where young people and children had the opportunity to interact with people living at Lynde House.
- There was a very active volunteers' group who gave their time to provide activities for people, at the home and within the community such as visits to Marble Hill House and park.
- Organisations were also invited to visit such as the local bowls and bridge clubs, carers associations, local trader and housing associations and the metropolitan police.
- There were work placements available for university nursing and associate nursing students. Feedback about their experiences and what they had learned was provided so the home could improve its practices.
- The home had worked with an acute teaching trust and university on the use of antibiotics for urinary infections, as part of an accredited study. They also did a presentation for health care professionals, at a conference in 2018, regarding how the home had significantly reduced hospital admissions through advanced care planning with people using the service, health care professionals with focussed use of antibiotics.
- The home held meetings for people and their relatives, a survey was carried out and questionnaires were sent out. These included meeting the chef to discuss menus. Staff also received questionnaires. There were also three people ambassador representatives at the home, who participated in staff interviews.
- There was also a regular newsletter.