Barchester Healthcare Homes Limited

Lynde House

Inspection report

Meadowbank
28, Cambridge Park
Twickenham
TW1 2JB
Tel: 020 8892 4772
Website: www.barchester.com

Date of inspection visit: 11 November 2014
Date of publication: 24/03/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection over four days and took place on 11, 12, 13 and 14 November 2014.

Lynde House is a care home registered to provide accommodation and nursing and personal care for up to 76 people who require personal care and may also have dementia. The service is located in the Twickenham area.

During the visit, we spoke with 14 people using the service, nine relatives, 12 care and nursing staff and the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In March 2014, our inspection found that the service did not meet the regulations in two areas we inspected, involving people in decision-making and records. At this inspection the home met these regulations.

Some people using the service, relatives and staff told us that they didn't think there were enough staff at times during the day, they were struggled to meet people's

Summary of findings

needs and sometimes it was difficult to find staff. They were concerned that there were not always enough staff to meet people's needs in a timely way. Other people using the service, relatives and staff thought there were enough staff to meet needs.

We recommend that the home reviews its staffing numbers and the method used to calculate the number of staff required.

People said they were happy living at Lynde House, with the service they received, the staff who delivered it and way it was delivered. They told us staff cared, responded to their needs and the home was well managed. This matched most of our observations during the inspection visit. Some relatives felt the service provided was good, although others thought people spent too much time in bed and in their rooms unnecessarily.

People using the service told us they held the staff in high regard and that they met people's needs in a caring and understanding way. Most relatives said the staffs was compassionate, caring and carried out their duties well, although some were more so than others.

The staff we saw and spoke with had appropriate skills and training, were familiar with people using the service, generally understood people's needs and care and support was given in a professional, supportive and compassionate way.

There were a number of group activities that took place during the inspection, although we didn't see many individual activities in the communal areas. Some people told us there was plenty to do whilst others said there weren't enough activities.

We saw that the home provided a safe environment for people to live and work in. It was clean, well-maintained and furnished.

We looked at nine care plans from different areas of the home that were clearly recorded, fully completed, regularly reviewed and underpinned by risk assessments. The staff at all levels of seniority were well trained, knowledgeable, professional and generally accessible to people using the service and their relatives.

Fourteen people told us, we saw and records showed that the management team and organisation were approachable, responsive, encouraged feedback from people who use the service and their relatives. They consistently monitored and assessed the quality of the service provided. Staff said they felt well supported by the management team and organisation. Some relatives said the manager was not always approachable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

We checked the medicine records for all people using the service and found the records were complete and up to date. Medicine was regularly audited, safely stored and disposed of.

People and their relatives felt safe living at the home and had not seen any mistreatment of people.

There were robust safeguarding procedures that staff understood and followed. The home had access to systems that enabled them to learn from any previous incidents of poor practice. This reduced the risks to people's safety and helped service improvement.

Some relatives and people using the service felt more staff were required at busy times, others were happy with the staffing levels.

The home was safe, clean and hygienic with well-maintained equipment. This meant people were not put at unnecessary risk.

Staff rotas were flexible and took into account people's needs.

Is the service effective?

Good

The service was effective.

The home assessed people's needs and agreed care plans with them and their relatives.

Staff skills and competencies were matched to people's needs and preferences. Specialist input required from community based health services was identified and these services were liaised with. People contributed to their care plans as much or as little as they wished.

People were able to see their visitors in private and visiting times were flexible.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards policies and procedures. Training was provided for relevant staff which they understood and followed. People underwent mental capacity assessments and 'Best interest' meetings were arranged as required.

Some people said the effectiveness of the home was reduced because they did not think there was always enough staff on duty.

Is the service caring?

Good

The service was caring.

Staff mainly supported people in a kind, professional, caring and attentive way. The staff were patient and gave encouragement when supporting people.

Summary of findings

People's needs were recorded and care and support was provided accordingly, except in one instance.

People were had their dignity and privacy respected.

Is the service responsive?

Good

The service was responsive.

People chose and joined in activities at the home and within the local community if they wished.

People's care plans identified how they were enabled to be involved in their chosen activities and daily notes confirmed they had taken part.

People and their relatives told us that any concerns raised during home meetings or at other times, were discussed and generally addressed.

Is the service well-led?

Good

The service was well-led.

People were familiar with whom the manager was and the rest of the management and staff team. Most said they liked the way they were responded to and speed with which action was taken. Some relatives said they found the manager sometimes less approachable.

The management team were responsive to people's needs and this was also reflected in the attitudes of the staff team.

People and relatives attended home and care review meetings where concerns could be raised. They completed an annual satisfaction surveys and the management team operated an open door policy.

Staff felt well supported and there was an approachable management style. There was good training provided and advancement opportunities were available, although one staff member said they could be improved.

The recording systems and all aspects of the service were quality reviewed.

Lynde House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection over four days and took place on 11, 12, 13 and 14 November 2014.

This inspection was carried out by an inspector.

There were 69 people living at the home. We spoke with 14 people using the service, nine relatives, 12 care and nursing staff and the registered manager and organisation's area manager.

During our visit we observed care, support, walked around the premises and checked records, policies and procedures. We also looked at the personal care and support plans for nine people using the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered 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. This included notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and comments made by people about the home on our website.

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.

We checked records, policies and procedures about the management of the service. These included the staff training, supervision and appraisal systems, maintenance and quality assurance.

We contacted local authority commissioners of services to get their views.

Requires Improvement

Is the service safe?

Our findings

Some people told us that they thought there were enough staff to meet their needs. Other people and their relatives said they thought the home required more staff at busy periods during the day. They also said permanent staff provided the type of care and support they needed, when they needed it and in a way they liked. One person told us, "I feel safe and enjoy living here." Another person said, "The staff are very nice, I'm in a good place." A relative said, "sometimes it is hard to find a carer." Another relative asked, "Why can't they spend more money on extra staff rather than new furniture? I don't think the manager has overriding decision-making."

There was a staffing matrix based upon occupancy and need levels. The manager said staffing levels were adjusted accordingly and there was access to bank staff should extra staff be required. The staff rota reflected that extra staffing was supplied as required, although we saw staff were very busy at certain times of the day. They also had responsibility for other roles outside their caring duties, such as laundry.

There were policies, procedures and mandatory training that included abuse identification, safeguarding and whistle-blowing. Staff confirmed they had received this training and read, understood and followed the policies and procedures. The care practices we saw reflected this.

People using the service and relatives said they had never witnessed bullying or harassment at the home.

There was no current safeguarding activity and we saw previous safeguarding issues had been suitably reported, investigated and recorded.

The care plans we looked at were underpinned by risk assessments so that people could receive care, support and enjoy their lives safely. They were reviewed monthly by people using the service and nursing staff and six monthly by the management team and relatives.

Staff told us that any risks they had identified to individual people were discussed during handover at the end of each shift.

There were equipment and maintenance risk assessments that were regularly reviewed and updated for equipment such as hoists, wheelchairs, lifts and call points. There was a maintenance man on site daily who carried out daily room checks and weekly general area checks. Any areas of concerns were documented with action plans and timescales. Other checks included legionella, portable electrical goods, fridge and freezer and hot water temperatures. The organisation's property services manager visited monthly to check the premises and maintenance.

The quality assurance system had specific identified areas for safeguarding, concerns raised, accidents and incidents and pressure ulcers. Accident and incident reports completed on units went to the unit heads and registered manager with action plans as required. Unit heads and the lead for learning and development who is also the deputy manager also reviewed tissue viability risk assessments. The home submits clinical governance information these areas to the organisation monthly and local authority quality assurance team quarterly.

We checked the medicine records for all people using the service and found that all the records were fully complete and up to date. They were checked at the start of each shift. The controlled and other drugs were appropriately stored and the controlled drug register was up to date and correctly completed. Regular pharmacy audits took place. There was homely medicines guidance in place. Staff had also received training in medicine administration that was refreshed annually.

We recommend that the home reviews its staffing numbers and the method used to calculate the number of staff required.

Good

Is the service effective?

Our findings

At the last inspection in March 2014 we found that there was a breach regarding Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010, Records. Some important records about people's care, including end of life care decisions were incomplete and not accurately maintained. This meant they may receive inappropriate care. At this inspection we found that the nine care plans we looked at, contained the required information, were complete and up to date. People said they were able to be involved in making decisions about their care and treatment if they wished. They said staff provided the type of care and support they needed, when they needed it and in a way they liked, although sometimes this took time as they were busy with other people.

We saw that staff delivered care effectively, were aware of people's needs and worked hard to meet them. In one instance we saw one person become agitated because they thought an imitation gas fire was real. A carer tried to re-assure the person and put them at their ease. Unfortunately the method chosen heightened agitation as they encouraged the person to touch the fire saying, "It is only a light, do you want to touch it?"

The home carried out pre-admission 'Total care' assessments that formed the initial basis for care plans.

The care plans we looked at included sections for health, nutrition and diet. A full nutritional assessment was carried out and updated monthly. Where appropriate monthly weight charts were kept and staff monitored how much people had to eat. Staff said any concerns were raised and discussed with the person's GP. Nutritional advice and guidance was provided by staff for people and there was access to community based nutritional specialists. The care plans also contained risk assessments that covered specific areas such as tissue viability, pressure sores, falls, mental health cognition and best interest check lists.

The records we looked at also demonstrated that consent to treatment including end of life wishes were sought, referrals were made to relevant health services as required and they were regularly liaised with.

The home had active volunteers who had been criminal record checked. One volunteer visited on Mondays and went shopping for people. Staff confirmed they supported volunteers as required.

People told us that they were happy to discuss their health and personal care needs with staff and personal care was provided based on their gender preferences. They said they had access to community based health care services as required and any changes to their health were discussed with the GP, district nurses and other health care professionals. If preferred people could retain their own GP.

People told us that they chose the meals they wanted each day from the menus provided by the home's hospitality team, including choice of wine. There was a good variety of choice and the meals were of good quality. One person said, "The soup here is superb, they make their own". Someone else said, "The food is very good, although sometimes too much." Another person told us, "I have my meals in my room by choice."

Staff received induction training in line with the 'Skills for Care' induction standards and undertook mandatory annual refresher training. The training included safeguarding, infection control, dementia, first aid, manual handling, end of life difficult conversations, equality and diversity and the person centred approach. Staff confirmed they had received training in assessing risk.

Appropriate mandatory training was provided for staff regarding The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The provider followed the requirements of the DoLS. People were referred to a 'Supervisory body for authority to be assessed to identify if they had capacity to make decisions. Best interest meetings were arranged as required should people be assessed as not having capacity. The capacity assessments were carried out by the manager and nurses. In more complex cases the assessments would be carried out as a team as required.

Good

Is the service caring?

Our findings

At the last inspection in March 2014 we found that there was a breach regarding Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services. Some people not being included or involved in discussions about their care and treatment. The regulation was met at this inspection. People said they were able to express their views, generally felt listened to and were involved in making decisions about their care and treatment if they wanted to.

People using the service told us that they felt treated with compassion and respect by staff that cares about them. This was particularly permanent staff, although some people said that some staff were more caring than others. Staff made the effort to meet their needs, listened to what they said, valued their opinion and were friendly and helpful. One person we spoke to told us, "I am happy and well looked after." Another person said, "Staff are very kind, I'm always looked after. Not many staff and sometimes difficult to find". Someone else said, "Staff are very good, all helpful but too busy to stay and chat for a while. It is nice when they do have the time. The nursing care is second to none and I'm getting the best care as far as bodily needs." A relative said, "A very good atmosphere, each time I come, I'm impressed. Staff are on the right wavelength, well-motivated and I've never seen a sign of impatience."

We looked at the staff training programme and this showed us they had received training about respecting people's rights, dignity and treating them with respect. The care we saw reflected that staff provided support in a caring, compassionate and respectful way. There was a comfortable atmosphere that people said they enjoyed and this was because of the caring attitude of the staff.

We saw and people told us that they were consulted about how they wanted their care provided and staff understood their different needs and the way in which they preferred to be treated. They were also asked about the type of activities they wanted to do and meals they liked. These were discussed with staff and during communal meetings. Some people said they liked to go to the meetings whilst others preferred to speak directly with staff and the management team.

People joined in with activities. A person using the service said, "We have lots to do, we have a nice quiz now, exercise this afternoon and a film tonight. We get an activity chart each week, it's good fun." Another person told us, "I've been on outings to Richmond Park and for afternoon tea, they have a small bus."

People went on trips to Westminster Abbey, Marble Hill Park and a trip to London to see the Christmas lights was being planned. One relative said, "There was a gentleman playing the piano it jogs people's memories. At the end of the week there is someone coming from Richmond library to talk about women heroines in the first world war, they come about every six weeks." The activities we saw were advertised on a weekly basis around the home and tended to be group based, although there were some individual activities taking place. One person said they preferred to do things on their own such as reading the newspapers and organising their day for themselves. Another person told us, "It's nice we have people from all sorts of countries working here and it's interesting to hear snippets of their lives." We saw people participating in individual activities.

People could access facilities in the local community such as shops, the pub and restaurants. During the inspection a visit took place by children and young people from a local school. This was a regular occurrence. There was one activities co-ordinator and one assistant who were helped by staff.

The care plans we looked at recorded people's interests, hobbies and the support required for them to participate. They were focussed on the individual and contained people's 'Social and life histories'. These were live documents that were added to by people using the service and staff when new information became available. The information enabled the home, staff and people using the service the opportunity to identify activities they may wish to do.

People confirmed that they were aware there was an advocacy service available through the local authority.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook.

There was a policy regarding people's privacy that we saw staff following throughout our visit, with staff knocking on doors and awaiting a response before entering. They were very courteous and respectful even when unaware that we were present.

Good

Is the service caring?

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Most relatives we spoke with confirmed they visited whenever they wished and were always made welcome.

During the inspection one person was in their room receiving personal care and we could hear they were becoming agitated. The deputy manager entered the room to find out if there was a problem. The person did not explain what the problem was. We checked the person's care plan and it stated that the person preferred to receive personal care from staff of the same gender. The staff member providing personal care was not of the same gender.

Good

Is the service responsive?

Our findings

People said that they were asked for their views formally and informally by the management team and staff. They made their own decisions, were listened to most of the time and their views were acted upon. They said they had no concerns about talking to the manager or staff about any problem they might have. Most people said that it was generally dealt with promptly. One person said, “I think very highly of it, staff have endless patience.” Another said, “The manager is out on the floor a lot talking to people and asking if they are getting what they need.” A relative told us “This is a pretty good home and the manager does try. Staff are so busy but still manage to fit things in and the care is brilliant.”

We saw records demonstrating that people and their relatives were surveyed and encouraged to attend meetings. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The surveys were compared with those of the previous year to identify any changes in performance positively or negatively.

Once referrals to the home were received any available assessment information was gathered so that the home could identify if the needs of the person could be met. Prospective people wishing to use the service and their relatives were invited to visit to see if they wished to move in. They made as many visits as they wished and it was during the course of these visits that the manager and staff added to the assessment information. Staff also visited them to make an assessment. People were provided with written information about the home, a welcome pack and there was a short term review to check that the placement was working. A relative said, “The moving in process from hospital was very good”.

The nine care plan records we saw showed us that people's needs were appropriately assessed, they and their families and other representatives were fully consulted and involved in the decision-making process before moving in. Staff confirmed the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual.

The care plans recorded that people’s needs were regularly reviewed, re-assessed with them and re-structured to meet their changing needs. This included end of life wishes. They were individualised, person focused and developed by identified lead staff as more information became available and they became more familiar with the person and their likes, dislikes, needs and wishes. They were formalised and structured but also added to during conversations, other activities and people were encouraged to contribute to them as much or as little as they wished. People agreed goals with their lead staff that were reviewed monthly and daily notes also fed into the care plans. Six monthly reviews also took place that people using the service and their relatives were invited to attend.

People using the service and their relatives told us they were aware of the complaints procedure and how to use it. We saw that the procedure was included in the information provided for them. We also saw that there was a robust system for logging, recording and investigating

complaints. We saw evidence that complaints made had been acted upon and learnt from with care and support being adjusted accordingly.

Staff said they had been made aware of the complaints procedure and there was also a whistle-blowing procedure.

There were dependency reviews for each person monthly that enabled the home to re-focus the way care was provided for the individual.

Good

Is the service well-led?

Our findings

Eighteen people and their relatives told us there was an open door policy in place that made them feel comfortable in approaching the management team. One person told us, “The manager is very warm.” A relative said that the manager did not always, “Feel approachable.” During our visit there was an open, listening culture that people said made them feel confident that their views would be listened to and acted upon. One person told us, “The manager is very amenable, anything you want is done." Another person said, “If I have an issue, I take it up with the manager.”

We saw that the manager operated an open door policy. One person using the service came into the office to have a chat with the manager about a medicine review they were having with their GP. They said they often came into the manager’s office for a chat and were always made welcome.

The policies and procedures we looked at were separated into the Care Quality Commission headings of safe, effective, caring, responsive and well-led to make them or accessible and useable for the management team and staff.

There were regular minuted home and staff meetings that included night staff and enabled everyone to voice an opinion if they wished. Staff said the registered manager was approachable, supportive and they would feel comfortable using the whistle-blowing procedure if they had concerns. They told us they enjoyed working at Lynde House. A staff member said, “Nice place, been here ten years and had lots of training. There are good opportunities development”. Another member of staff told us, “Nice atmosphere, we get enough support and the basic training is good, but we could have more specialist training.”

There was a monthly staff recognition scheme where staff could be nominated by people using the service; five years’ service was recognised by the home and ten years by the organisation with gifts.

The organisation’s vision and values were clearly set out, staff we spoke with understood them; they said they were explained during induction training, regularly revisited and the management and staff practices we saw reflected them. Staff said they felt comfortable approaching the management team and the organisation if they had things to suggest or discuss. During the inspection we saw people and their relatives being actively encouraged to make suggestions about the service and any improvements that could be made.

The records we saw demonstrated that regular staff supervision and annual appraisals took place.

During our visit we saw that the management team were available as required and provided supportive, clear, honest and enabling leadership.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. The records we saw showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The home used a range of methods to identify service quality. These included heads of department meetings that took place a minimum of twice weekly. They were minuted and included areas such as clinical governance feedback, occupancy levels that fed into required staffing levels, care plans and any issues regarding falls levels and moving and handling. New guidance had been issued by the provider regarding needles alerts on the previous Friday and was discussed at the meeting the following Tuesday during the inspection. There were regular management night spot checks with the last taking place three weeks before the inspection. The timings varied and areas checked included if people were dressed early in the morning why this was so.

There were senior leads for areas such as tissue viability that kept the rest of the management team updated. audits, house meetings, review meetings that people and their relatives attended, pharmacy reviews, regular health and safety checks and operational business plans.

There was a robust quality assurance system in place that identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled required improvements to be made. There was a visit by two members of the organisation’s management team on the first day of the inspection that had been scheduled prior to our arrival and staff confirmed that organisational management staff frequently visit.