

Enter & View Visit Report

Lyncroft House Care Home, 11th December 2018



Joyce Osei
Frances Martineau
Althea Bart
Jade Brown

“Residents and some of their family members told us they felt listened to and included in the decision making about their care.”

Observation by Authorised Rep

Visit Details

Service Provider	Lyncroft Care Home, 11 Bushwood, Leyton-stone, London E11 3AY
Service description	Lyncroft is a residential care home for adults with mental health needs. It is a large house situated in a quiet residential street and is registered for a maximum of 12 people. Individuals living there have their own bedroom with shared communal dining, cooking, living and bathroom space. It is privately owned by Forest Residential Care Homes Ltd Languages Spoken by Staff (other than English): French, Sinhala, Sinhalese, Tamil, Urdu and Hindi.
<i>Date and Time</i>	Tuesday 11th December 2018, 11:10am -14:15pm
<i>Status of visit</i>	Announced
<i>Date of visit</i>	Tuesday 24 October 2017
<i>Authorised Reps</i>	Joyce Osei - Lead Authorised Representative (LAR) - Healthwatch Waltham Forest (HWWF) Frances Martineau - LAR - HWWF Althea Bart - LAR - HWWF Jade Brown - AR - HWWF
<i>Declarations of interest</i>	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Enter & View representative (E&V rep) who assisted us in conducting this visit and putting together this report. We welcome all contributions to this 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 and staff, only an account of what was observed and contributed at the time.

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 has 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.

Purpose of Visit

Healthwatch Waltham Forest (HWWF) conducts Enter & View visits as part of a wider programme of visits to Health and Social Care Services in Waltham Forest with the aim of hearing and seeing how consumer services are delivered.

The aim of our Enter & View visit was:

- a) To capture the experiences of residents of the care home and those involved in their care at the point of service delivery.
- b) To observe residents and relatives engaging with the staff within surroundings of the care home.
- c) To share this information with the service provider to help shape service improvement.
- d) To identify examples of good working practice.

Methodology

Part of programme; this was one of a series of visits to people living in care homes in Waltham Forest. The purpose of our visit was to capture the experiences of people using the service by talking directly to residents, families and staff about their experiences; observe services in action and advise the service provider about how to improve and highlight any good practice. We created questionnaires for residents and staff to measure quality and delivery of care.

This was an announced visit. The Registered manager of the care home was informed in writing 13 days in advance by means of email and letter; a proposed visit date was confirmed. In addition, a telephone conversation took place to agree the terms of visit best for the home according to the needs of the residents of the home on the day of our visit as not to cause any disruption to the service. Residents were informed prior to the visit by means of verbal communication, posters and information booklets, which were sent seven days prior to the visit.

We asked service users to give feedback on the above, as well as suggestions for service improvements. This was used by means of a questionnaire. We also sought feedback from staff of the care home by using a questionnaire.

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 and staff, only an account of what was observed and contributed at the time.

The visit was conducted on Tuesday 11th December 2018, between 11:10am-14:15pm. Our visit was themed around the following aspects of care provision;

- Dietary needs
- Complaints
- Staff responsiveness
- Provision of care for people living with dementia
- Complaints

To inform service users of the visit, posters and information booklets were displayed with support of the provider within building the prior to the visit. Staff information booklets were also provided.

In order to capture as many views as possible on our visit, we provided a resident question-naire. This consisted of several questions and an additional monitoring form which related to our visit and the above-mentioned themed aspects of care provision. Provider question-naires were used to interview staff. This captured information relating to the care provided to residents.

At the end of our visit we spoke with the registered manager and an opportunity was given to add context to what was observed at the time.

Summary of Findings

We carried out our Enter & View visit to Lyncroft House Care Home and looked at themed aspects of care provision to observe delivery of care; capture the views of patients, family members and carers; identify any areas for improvement, also to identify good practice which other providers could learn and benefit from.

The home provides care for up to 12 adults people with mental health needs. We found the service to be supportive and caring to the people living there. A strong visible management presence was observed at the time of our visit. Residents and felt safe and supported.

Overall, the provider was responsive to the needs of those that were cared for. Residents and their families were involved with decisions made about the care received. Staff had good knowledge of residents and their needs. Staff assisted residents to appointments and external activities. Residents benefited from a varied activity programme designed co-productively with residents and their relatives. Activities included Day Centre visits, daily walks, restaurants, celebrations including birthdays within the home and holidays abroad. One person went on holiday to Israel and another to Italy.

The service was responsive to peoples needs. Residents and some of their family members told us they felt listened to and included in the decision making about their care. There was regular access to health professionals including GPs, Dentists, Opticians and Social workers. All residents had annual health checks and had their care plans are reviewed regularly. The service had a structured complaints procedure in place and held regular residents meetings. At the time of our visits there had been no complaints reported for over the past year.

The service had a flexible and supportive approach to people's dietary needs and mealtimes. We observed good practice where residents cultural and religious needs were respected, and the provider had designed a recipe book based on the needs of those using the service and were culturally specific. Residents also had a choice to take part in supervised cooking sessions each week.

Background

Lyncroft House is a residential care home situated in a quiet residential area. The home is a double fronted house converted into a 10 single bedroomed and 1 double room, home for residents with mental health support needs. The home is registered for 12 people. At the time of our visit there were nine people living there using the service. Residents have their own room with a wash basin, they share the home's bathrooms, toilets dining and living facilities. Some residents are able to help to prepare and cook in the kitchen with some staff support.

The home is accessible by both bus and London underground both being a short distance away.

There is ample parking space outside the home (in the road) and parking space is also available in the forecourt of the home.

The front area of the home contained a grassed area. There was no visible signage for the care home, however, it was noted that the provider expressed the importance for the care home to be seen as a 'family home' and had thus avoided any signage which may give any other impression.

Most of the residents have lived in the home for up to 20 years and the most recent for 5 years. We were told that residents had low to medium care needs. Many are independent and mobile, some semi-independent. Residents are able to verbalise their wishes and choices. At the time of our visit, the majority of people living in the home were able to self-care and make informed choices in how they wished to live.

Observations

It was noted that Healthwatch Enter & View posters were prominently displayed throughout the home. This informed residents, families and carers of our visit. Our team experienced the staff team to be welcoming, accommodating and responsive to our Enter & View visit.

The kitchen was located off the hallway area. We observed a member of staff preparing a lunch for the residents lunch. Fresh fruit and a tin of biscuits together with fresh juice was also available in the dining area so residents were able to help themselves.

We observed a notice board displayed in the kitchen the with resident's weekly menu plan, their preferred food choice, plus their individual nutrition and dietary needs. Other statutory notices were also displayed.

Residents had a single bedroom with a vanity unit. Bathroom, showers and toilet facilities are all shared. Residents were encouraged to personalise their rooms, for example with small items of furniture, photographs, posters, electrical items etc. All electrical items receive PAT testing (Portable Appliance Testing). At the time of our visit. We did not visit any of the residents bedrooms.

Dietary Needs

Staff told us that most residents tend to eat in the dining area, and some prefer to eat in their rooms. Not all residents chose to eat at the same time. The Manager informed us that 'as this is their home they can chose to eat when and where they like'. She also told us that residents where involved in the menu planning on a weekly basis. Food choices were always on offer also. Nutrition and dietary information for some individual resident's needs were on display on the dining area and kitchen walls. We were informed that this would be updated as and when residents leave or arrive or if their needs change.

Dietary Needs (continued)

We observed the kitchen area to be clean, hazard free and clearly labelled. The registered manager told us that all staff members were responsible for preparing meals for residents and had learnt as a team to cook and cater for the different cultural needs of residents. The service had designed a recipe book based on the needs of those using the service. Residents also had the opportunity to undertake supervised cooking sessions each week. One relative told us that staff took their relative's cultural and religious needs into consideration, for example, a relative of a resident told us that Kosher food was provided for those who required it, including their relative.

The residents we were able to speak to told us that they were happy with the food and drink. They were satisfied that they had enough to eat and drink. One resident's relative told us they were happy with the improvement their relative had made with eating since coming to the home; they had stopped eating regularly at their last care home and staff had worked co-productively with the resident and their family, resulting in an improvement in their appetite and motivation to start eating regularly again.

Complaints

The service had a structured complaints policy and procedure in place. All complaints were investigated thoroughly within a specific timeframe and if someone was unsatisfied with a response they were referred onto the Ombudsman.

We were informed that at the time of our visit no complaints had been made either formally or informally within the past year from residents, their families or externally. (i.e. neighbours).

The registered manager and deputy manager told us that the home runs an 'open door' policy in which any resident, staff member or relative can approach them at any time should they have a concern or issue.

We were informed that residents have a quarterly house meeting in which minutes are taken and records of meetings kept.

When residents and relatives were asked the question, 'would you feel comfortable to share your views or make a complaint if you had one', one person told us that they felt confident to raise concerns, had done so in the past and felt their concerns had been taken on board.

Surveys and Audits:

We were informed that an annual survey, also regular questionnaires were undertaken, and feedback was sought from residents and their families in order to capture information regarding staff members, their experience living in the home, food, and the activities offered. We were told that residents regularly reported that they loved the food and were happy with the portion sizes.

Complaints (continued)

We were informed of a number of audits carried out on a regular basis, including care plans, Health & Safety, PAT testing, medication, risk assessments, food hygiene, and staff training.

Whilst we noted that home had not received any complaints over the past year and have in place an open-door policy, there did not appear to be a method in place to capture any emerging trends which may be occurring within the home - no matter how small.

Activities

Residents had access to a range of activities inside and outside the home. We observed the residents activities room which was a large self-contained building situated within the garden and accessible via the dining area. On the day of our visit, the activities room was being used by a number of residents for activities, which included a person using an exercise bike, someone playing a game of pool and another person using the computer. Residents art work and holiday photos were on display on the wall. There were enough chairs for residents to use and the room appeared free of clutter.

A new member of staff was on duty in the activities room as part of their Induction programme.

We were informed by the manager that every resident's birthday was celebrated with a personalised cake and party. We were shown photos of these events on the managers mobile phone device. Residents were also encouraged to choose their holiday destinations. We were informed that one resident had been to Switzerland, another spent 3 weeks in Bangladesh, also one person had been to Italy.

The Manager informed us that the residents loved using the activities room and the home had received requests from external groups asking if they could use the facilities. Residents were consulted about this request and as a result management declined to let outside agencies use the activities room.

In addition to the activities room residents had the option to engage in a daily afternoon walk accompanied by a staff member and some residents joined the gym. This was primarily designed to help those residents who may have been advised by medical professionals to improve their overall health, including losing weight. We were told that residents were also encouraged to go to the cinema where they have free cinema passes. Most residents belong to a local library and film club.

Staff supported residents to attend a place of worship i.e. the synagogue, mosque, the temple and local church if suitable for them. Some residents participated in external activities at the church.

Staff Responsiveness

At the time of our visit, we observed staff engaging with residents and family members in a caring and respectful manner. For example, a resident and a member of staff returned from an activity at a local day centre. On their return, the staff member sat at a table with the resident and engaged in a meaningful conversation regarding the resident's artwork they had produced that day. The resident seemed happy and engaged in the conversation and also showed us their artwork.

Family members of whom we spoke with told us that staff listened when they expressed their wishes or needs. One person told us, 'staff are always at hand to answer any questions. Another person told us 'we're treated well, like family'. We were informed that an annual survey and questionnaires were undertaken in order to gather feedback from residents and their families regarding the overall service, staff, living in the home, food, and activities offered.

We asked residents and their relatives if they had any suggestions on what they would like to improve in the home; one person told us that they would like to see their relatives bedroom painted as the last time was three year ago. Another person told us they would like to see staff speak with their relative more often and also do more things outside the home.

During our visit we observed a resident with reduced mobility using a zimmer frame mobility aid. They appeared to be struggling to comfortably manoeuvre the aid at a specific area of the building and we did not observe any supportive equipment, such as a ramp to support the person's possible need. In making further enquiries and speaking with the registered manager, she told us that although the resident was fairly mobile and did not always need to use the aid but rather used it as preference, a ramp had been purchased and put in place to support them. However, the resident was not happy to use it and communicated with staff to take it away. The resident was also placed in a room on the ground floor of the home in order to support their mobility needs.

We were told that residents needs are discussed at the initial assessment stage together with their family and staff to ensure their wishes, beliefs, religion, gender, and sexual orientation are reflected in their care plan and management of care whilst staying at the home. All residents are allocated a named key worker and a care plan which centers on their physical and mental health needs, living accommodation, activities, aims and goals. All residents also receive an annual health check which comprises of physical health, dental and optician checks, ECG and screening blood tests. We were told that care plans were reviewed regularly in order to monitor any changing needs. Also, all appointments, including medical ones were always recorded in an appointments folder and documented in the back of a residents care plan. The service also had an oral hygiene programme in place too. Staff told us that residents were also encouraged to personalise their rooms with items such as furniture, small electrical items and photos.

Staff Responsiveness (continued)

The service had a flexible approach to bedtime and residents were able to sleep and get up when they chose to. There was a laundry programme in place and residents were encouraged to independently bring their personal laundry down to the washing area. The rest of the laundry would then be managed by a domestic member of staff. Residents who were more independent were encouraged and supported to go out by themselves, for example, shopping and visiting residents in the next building - carmen lodge, which is the provider's sister care home. We were told that residents always told staff when they were going out and would need to ring the doorbell of the home to gain entry when they returned home.

Provision of Care for People living with Dementia

The provider does not offer a service to people living with Dementia and is not registered to do so.

Conclusion and Recommendations

Our report and recommendations are based upon our observations, information gathered from service users, their relatives and staff via interviews and questionnaires on the day of our visit.

Recommendations

Recommendation 1

We are aware that the provider had not received any complaints over the past year and have in place an open door policy; in order to capture any emerging trends that may be occurring within the care home, we recommend that the provider put in place a method to capture such information.

Recommendation 2

Our team observed a strong visible management presence between the registered manager and deputy manager. We would suggest that an area for improvement is for the managers to seek best practice guidelines in supervision, appraisal and target setting for senior managers from a third party i.e. an external consultant in order to provide a more transparent process and approach to the management and running of the home. This also may be useful to provide an opportunity to review the home's overall strategy, as well as highlight any gaps in training and development needs of staff and serve as a focus in the setting of yearly targets if appropriate.

Recommendations (continued)

Recommendation 3

While the service has a structured system in place for policies and procedures, at the time of our visit, we observed photos that had been taken of a resident's birthday celebration on a mobile phone device and stored via Cloud storage; It was not clear whether this data was adequately secured. Therefore, we would recommend that the provider put in place a review of their data processes to ensure that all personal data held is secure and all staff are trained and aware of the importance of data protection in line with GDPR regulations. We also recommend the service includes the review of consent methods for storing personal data.

Service Provider Response

Recommendation 1

As we have an open door policy, there have been no trends - ie no reoccurring themes, however as we always strive for improvement we have introduced a suggestion box providing another new flexible approach. Since the inspection we have held residents & staff meetings to inform them of this introduction and contacted relatives so that everyone is free to comment.

Recommendation 2

Managers always strive to deliver best practice, by keeping up to date with new developments, subscriptions to various health & social care forums and magazines, as well as best practice recommendations - N.I.C.E, SCIE, CQC etc. A third-party manager from outside the home will now be involved in supervision process.

The Home has been awarded Investors in People and two Staff Training and Development awards (on display in the home) highlighting our commitment and investment to continuing professional development of our staff team.

Recommendation 3

The Home has a strict confidentiality, privacy & GDPR policy and all staff regularly undertake refresher training (as well as completing the new GDPR training last year.). Consent is always sort from residents and staff and the Home has consent forms signed & in place covering everything from health care to photos. All files and PCs in office are password protected and encrypted and only accessible by the managers.

The photos you refer to are only on the registered managers phone and once printed they are removed and deleted. No photos are kept or stored on iCloud.

Jennifer Khan - Registered Manager

Distribution and Comment

This report is available to the general public, and is shared with our statutory partners - London Borough of Waltham Forest, Waltham Forest Clinical Commissioning Group, Healthwatch England and the Care Quality Commission.

If you have any comments on this report or wish to share your views and experiences of this or any other care home in the borough, please contact us.

About Us

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