



Enter and View Report

Lyndhurst Park Nursing Home

4th October 2016



Contents

About Healthwatch North Somerset	
Enter & View	4
Key Benefits of Enter & View	5
Purpose of the Visit.....	5
How was the Visit Conducted?.....	6
Observations and Findings.....	6
Personal Care and Dignity of Residents	7
Independence of Residents and Control over Daily Life	8
Staff Behaviour and Attitudes and Relationship between Residents and Staff	8
Activities for Residents	9
Food and Drink and Meal Times	9
Relationship between the Home and Relatives/Carers	10
Staff Satisfaction	10
Other Observations and Comments from Resident, Staff and Relatives	10
Examples of Good Practice Noted	11
Recommendations	11
Acknowledgements.....	11



Visit Overview

Service Name and Address: Lyndhurst Park Nursing Home, 33-35 Severn Road, Weston Super Mare

Registered Provider: Owner: Mr & Mrs G Butcher

Type of Service: Care Home with Nursing - Privately Owned, 27 residents

Specialisms: Registered Care Categories: Dementia • Eating Disorders • Learning Disability • No Medical Intervention • Old Age • Physical Disability • Sensory Impairment

Specialist Care Categories: Alzheimer's • Cancer Care • Cerebral Palsy • Colitis & Crohn's Disease • Epilepsy • Head/Brain Injury • Hearing Impairment • Huntington's Disease • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Orthopaedic • Parkinson's Disease • Prader-Willi Syndrome • Speech Impairment • Stroke • Visual Impairment

Admission Information: Ages 30+.

Single Rooms: 27. Rooms with en suite WC: 20

Registered Manager: Anne Margaret Butcher (Matron)

Date and Time of Visit: Monday 3rd October 2016 9.30am-12 noon

Enter and View Team: Lottie Enser (Lead); Delyth Lloyd-Evans; Manuela Lopez; Karen MacVean

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset are independent, transparent and accountable.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View report is aimed at outlining what Somerset Enter and View Authorised Representatives saw and makes any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or

for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care Homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care Home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. Lyndhurst Nursing Home was selected as part of the programme of visits to Nursing Homes in North Somerset

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all

service users, only those who contributed within the restricted time available, through interviews or other feedback.

How was the Visit Conducted?

The visit was an announced visit, with the Manager given two weeks' notice. We sent letters, posters and leaflets to the Home to inform residents, relatives/carers and staff about our visit and about the role of Healthwatch North Somerset.

We observed the condition of the premises, the interaction between the staff and residents and we talked with four residents, two relatives/family members/ carers who were visiting at the time and four staff who were on duty at the time of the visit. We also spoke with the Owner and Manager at the start of the visit, during and at the end to clarify any questions that had been raised.

Observations and Findings

Lyndhurst Park Nursing Home is a small family run 27 bedded facility. On entering Lyndhurst Park the atmosphere was one of warmth and homeliness. The Enter and View Team felt that a real effort was being made to create an ambience of friendship and care that allowed the residents to feel secure and comfortable.

The Team were told by Mr Butcher the Home Owner and other staff members that Lyndhurst Park's location lent itself to clients and residents being able to visit the sea front, local shops, parks and cafés.

Mr Butcher advised the Team that Lyndhurst Park was one of the smallest Nursing Homes in the county, so resident's bedrooms were never far away from members of staff, bathrooms or the two lounge areas.

Our initial impression of the Home was very good. It appeared clean; there were no unwelcome smells and the Home felt spacious, airy, light and yet cosy.

There appeared to be a calm approach to the way in which care was delivered. This was confirmed by a relative who described the care given to her father as 'they looked after him beautifully'. This relative's father has now passed away, but her mother is still a resident in the Home and has been there for many years.

We noted that we were expected when we arrived and were asked to sign in, however we were not asked to show our Healthwatch ID badges. Initially we were not able to see the complaint procedure; however we later noted it was displayed on the corridor wall to the left of the entrance area.

In later discussions with the owners and Manager they told us they encouraged an 'open door policy' so that any 'grumbles' were dealt with early, this approach was corroborated in our discussion with relatives.

Mr Butcher told us that referrals to the Home came mainly from hospitals and some from residential Homes where the care of the individual has changed to require more nursing care.

Mr Butcher also told us that most residents were funded privately but he and his wife Mrs Anne Butcher had made a social choice to maintain three beds for Local Authority needs.

Mr Butcher told us that many residents are considered to be at end of life and the Home caters for individuals from the age 30 years plus; however he explained that the majority of the current residents are elderly.

There is one resident in their early 50's who has been with them for five years and is in a coma. The Home are supporting the family to act in the best interests of the patient and are dealing with some complex and ongoing issues in a caring and supportive way. The relative of the coma resident told us they felt supported by the Home both with the care their relative received and also in the challenges with the current situation. The relative also told us that they and their family are able to visit their relative whenever they wish. Mr Butcher told us the Home is engaged with the North Somerset Adult Safeguarding team regarding the current issue for the resident in a coma and was readily able to confirm the key contacts name at North Somerset Council.

We had observed that the Homes' website stated, *'staffing ratios are kept high' and all staff are NVQ 2 & 3 trained with 70% of them having been employed at Lyndhurst for 7 years or more and 56% over 10 years'*.

We were informed by Mr Butcher that many of the staff are long serving. We spoke to staff members, residents and relatives who were able to confirm that many of the staff have been at the Home for 12 and 15 years.

We were told by Mr Butcher that there is a low use of agency staff - only one in the last few years and another member of staff told us 'we don't really use agency staff'. The Team felt that continuity of staff was having a positive impact on quality of care that was being delivered and observed the staff showing they knew the residents as individuals.

We observed a certificate from Weston College awarded to Lyndhurst Park for Excellence. We were told by Mr Butcher that this was in relation to the Home currently providing two students with placements for NVQ Level 3 in Care. Mr Butcher told us that his background was in Social Work, while his wife who is the registered person in charge has a background in Nursing. We saw that the resident's rooms have numbers on the doors but not names or any personal indication of who resides in each room.

We noted that some of the rooms were en-suite. One relative told us that though having wash facilities in the room was helpful, an en suite could have potentially taken space away from the main room and may have been difficult for her relative and others who have nursing needs.

We observed the relevant fire regulations on display near the entrance.

Personal Care and Dignity of Residents

We observed that residents in the lounge areas looked clean and well cared for. The residents we saw were dressed appropriately, wore appropriate footwear and there appeared to be an individual approach to what they wished to wear which including jewellery for some residents.

As we walked round, we observed some residents in their rooms, some of whom were dressed and some who were in nightwear and in bed.

We were told by a relative that residents were changed if soiled and this would appear to be supported by the lack of any smells as we went around the Home.

We observed at least one resident being asked to communicate their needs with the support of a carer who listened and supported that individual in a caring and thoughtful way.

We noted that residents sat in a variety of places either in one of the lounges or in their rooms and were able to access drinks. There was a TV on in the lounge areas and the sound was not intrusive to discussion.

We observed two residents being assisted with drinking and we noted that the staff spoke with the residents and made eye contact.

We noted that there were a range of rooms that could be used for private discussions and one relative told us that she felt able to approach the owners on any issue. We were told that a relative raised an issue relating to the cleanliness of a wheelchair with the owner and that the wheelchair was cleaned that same day. We did not observe lunchtime.

Independence of Residents and Control over Daily Life

We observed residents in their own clothes, which included jewellery and slippers or appropriate footwear. We heard from residents that they were encouraged to get up in the morning and there was some choice in when to do so, or whether to do so. A relative told us 'she will invariably get up unless she asks not to'. We heard from residents and relatives that there was flexibility when to either return to their room or go to bed.

We saw a range of toiletries in one resident's room and were informed that cream for that resident was being used to enhance her skin. We observed an aromatherapist who residents can access for a charge and were informed that two aromatherapists are available. We were informed that a hairdresser, chiropodist and physiotherapist (free) are also available.

We observed visitors coming in and leaving during the time that we were there and two relatives told us that they could come at any time that suited them and the resident.

We were told by a relative that the return of laundry for residents was well handled by the Home.

One resident told us 'I feel like I am part of the family'.

Staff Behaviour and Attitudes and Relationship between Residents and Staff

We observed a positive manner overall between staff and between staff and residents and visitors. The owners knew residents and staff by name and we observed one member of staff responding positively to a request from the owners. We observed staff liaising with relatives and showing interest in their relative in a positive and caring way. We were treated with respect and courtesy at all times during the visit.

We observed residents in their rooms and in the lounge areas undertaking different activities and the staff spoke with great knowledge about different residents and their individual

needs and likes. We observed staff with residents on a number of occasions naturally using positive eye contact, touching (appropriate) and smiles.

We observed two members of staff assisting residents and asking them what they would like to do, in relation to an activity, drinking, and where they wanted to go.

Activities for Residents

There was a visible list of activities near the entrance itemising activities on each day and we were additionally informed about other activities such as visits to the pantomime, baking, pottery and painting.

One of the members of staff brings in her dog for residents to engage with on a weekly basis. We were told that there was an activities co-ordinator working three days per week. We observed one resident using his own computer and were informed that Wi-Fi hot spots for use by the residents was being explored.

When speaking with staff they were able to illustrate what residents like to engage with and they gave examples of different residents wanting to do different activities, which appeared to be encouraged. One resident told us about his holidays to Spain and Tunisia, and we were later informed by staff that he is accompanied by two members of staff on these holidays.

We saw evidence of personal TVs and radios in rooms. The Home provides each resident with a reasonable sized TV. We were told that there are trips to the theatre/pantomime and gardening in the outdoor space. We were told that they used community transport and wheelchair friendly taxis. The Home is well situated close to other amenities. Whilst the outdoor space is small the Home appears to make good use of the space they have and particularly the dining area which is light and airy with a featured waterfall, pond with an interesting range of large fish and windows that can pull back during good weather.

Mr Butcher informed us of a regular six weekly residents' meeting where any issues can be discussed and future activities that residents may like to do are shared and discussed.

Mr Butcher gave us a copy of the results of a resident survey from September 2016. This demonstrated a high level of satisfaction above 92% in all areas and 97% in some areas. The lowest (92%) was in relation to making a positive contribution and we observe that this is still a high score and may be due to numbers of residents having high nursing needs and quite poorly.

Food and Drink and Meal Times

The Home use a contractor to provide the main meals and these offer a choice of two per meal. In addition to this, options of omelettes, salads or sandwiches or alternative frozen meals are offered. The Home makes their own cakes for residents and enhances meals with some food, for example chips and roast potatoes. The company providing the meals are able to confirm the nutritional content of each meal. We were provided with the Lyndhurst Park list of menu choices from the Company and this demonstrated good choice over a four week cycle and choices to include, vegetarian, soft foods, and foods with reduced sugar.

Whilst generally there are times for meals, these are flexible to meet the needs of residents. We were told by relatives and residents that they found this approach helpful. We were

told by residents that they enjoyed the food. One resident had said that he did not like some of the food and was able to tell us that the Home had responded to his needs by providing additional seasoning and other meals when this was the case.

We observed staff supporting residents to drink and were told by a relative that staff supported her mother to eat when this was required. We observed a well laid out dining room with napkins, place mats and cutlery. Many of the residents use this space for main meals, however a proportion of residents either use the lounge area or take food in their room. There was flexibility as to how residents took their meals.

We observed the 5* hygiene certificate.

Relationship between the Home and Relatives/Carers

Residents and relatives were greeted confidently and with names in most cases and we observed that staff knew what residents liked, for example, type of food, to wear scarves and to wear earrings and necklaces, holidays and family.

Throughout our visit, we observed staff engaging with residents and relatives and doing so with a smile and a positive approach to care and engagement.

The office was available and central to the Home, and relatives and residents told us they knew who to contact and felt able to do so for any issues they had.

Both Mr and Mrs Butcher spent time with us and we were able to raise any questions with them, which they responded to and provided further information. Two relatives informed us that they knew who to contact for information. Both Mr and Mrs Butcher were visible and available during our visit.

Mr Butcher told us that Relatives are able to stay for meals if required and have access to water machines and tea or coffee.

Staff Satisfaction

We observed two members of staff working together with one resident and we observed a member of staff responding to the needs of a relative. There appeared to be a happy atmosphere throughout the Home and we observed lots of smiling from residents, staff and relatives.

We observed staff getting on with the job they had to perform. From what we observed, they appeared to be confident in what they were doing. The staff chatted appropriately, and kept the resident at the focus of what they were doing.

Other Observations and Comments from Resident, Staff and Relatives

One bathroom was observed to be fairly cluttered with pieces of equipment. However we also observed that the room was clean.

We were informed by a relative that wheelchairs received a regular check to ensure they were safe to use.

We were informed by a relative that the resident receives regular checks for bedsores and we observed one room with a ripple mattress which we were told by a relative is checked regularly.

In response to our request about security, we were informed by a staff member that residents are free to go out from the Home and would inform staff when they were leaving. The Home has residents with primary nursing needs, and they monitor any dementia to ensure that they are able to continue to respond to the needs of the individual. Mr Butcher told us that the exit door has a double lock which would need both good dexterity and mental capacity to be able to operate.

We observed a ramp for access to the Home.

One resident told us 'I feel like I am part of the family'.

Relative who described the care given to her father as 'they looked after him beautifully?'

Examples of Good Practice Noted

There was a philosophy of 'no rules' which allowed residents and staff to engage positively in a homely environment with friendliness, warmth and calmness.

There was a particularly positive ambience in the dining area with a pond feature, fish and flowing water.

There was an obvious attention to high quality of care, cleanliness and individuality with this philosophy being lead and modelled by the owners.

There is an 'open door policy' at all times for residents and or relatives to talk to Mr and Mrs Butcher about any issues, concerns or views they have.

The Home hold a six week meeting for residents and/or relatives.

Recommendations

The Healthwatch North Somerset Authorised Representative provided two recommendations from the visit

- 1 To display the complaints policy in a visible and evident place and to make reference to it in the information pack for residents
- 2 To consider adding names on resident's doors to assist residents, particularly those with dementia. It could also look less 'clinical'

Acknowledgements

Healthwatch North Somerset would like to thank Mr and Mrs Butcher and all the residents and staff of Lyndhurst Nursing Home for their assistance in planning the visit and the preparation of this report as well as the provision of opinion and feedback.



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