

Enter and View Report April 2014 – Visit to Lyle House, run by Richmond Churches Housing Association, a subsidiary of Paragon Housing Group

About the home

Address: 207 Arabella Drive London SW15 5LH

Residents: 45 on three floors, frailer older people living on the ground floor, older people with dementia living on first and second floors. 40 residents (32 women; 8 men), 5 vacancies at the time of our visit. There is a Dignity Champion.

Layout: 15 single rooms with ensuite showers on each floor with a communal lounge and dining room on each where meals are taken. There is also a quiet room and a seating space at the end of a corridor overlooking the street.

Meals: Cooked in the home and taken to each floor’s dining room by hot trolley. Choice on the previous day. Lunch served at 1230h, Supper at 1730h. Meals can be eaten in a resident’s own room if wanted.

Activities: Currently recruiting a coordinator - no formal programme of activities but it was stated that activities are arranged flexibly according to resident requests.

Quality of care – information collected by the home

The home conducts an annual satisfaction survey of residents. The results from the survey carried out in the middle of 2013, when 17 residents responded, were as follows:

Percentage saying they were satisfied or very satisfied with...

Inclusion in choices affecting their future	88%
Food and drink	88%
Home is clean, fresh and odour free	82%

Choice of when to get up and go to bed	82%
Access to hairdresser, GP, healthworker, dentist etc.	76%
Outside appearance including gardens	76%
The home overall taking everything into account	76%
Personal care tasks undertaken with privacy and dignity – all staff	71%
Sufficient activities to meet needs	71%
Confident in making a complaint	65%
Inclusion in development and review of care plan	59%
Ability to speak on regular basis to Keyworker	59%

35% said they knew who their Keyworker was and 71% said they would recommend the home to other people.

Other views of the quality of care at the home

Care Quality Commission (CQC):

Lyle House received an unannounced CQC inspection in May 2013. All 5 key standards were found to have been met:

- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Staffing

This was an improvement from a previous inspection in January 2013.

About our visit

Five members of the Healthwatch Wandsworth Enter and View Team visited the home on 25th March 2014. This was a planned visit and two members of the Team had met with Tracey Mundell, Care Services Manager two weeks earlier.

The visit involved interviewing residents and relatives/friends on all three floors of the home and two periods of observation: mid-morning and lunchtime.

Interviews were informal in style and tailored to the residents' capacity to respond. Some residents with cognitive impairment were not able to give accurate responses about their daily lives. However a flavour of how they felt about the home was obtained both from conversation and observation. In all 9 residents, 5 relatives and a visitor were spoken to.

Findings from our visit focusing on the quality of individual care and the responsiveness of services to individual residents' needs

Personal Care:

+ve:

Some residents, who were more independent, said that they knew that help was available if they needed it.

Staff were observed at lunchtime giving a couple of individuals a lot of attention, patiently helping them to eat.

Regular visits by a hairdresser and by a GP were widely known about and appreciated.

No resident that we spoke to reported ever feeling embarrassed or uncomfortable.

Some residents expressed confidence that they would have no hesitation in complaining if they had any concerns.

The home was clean and bright and we did not smell urine.

-ve:

Very few residents we spoke to seemed aware of having a keyworker.

Many residents' room doors had one photo of the person on them but only a few had additional photos which might serve as additional orientation clues or memory prompts for residents to find their own rooms. (A good practice measure especially in the care of people with dementia)

Food and drink:

+ve:

Food was generally liked by residents and they were given choice.

Lunchtime was relaxed and involved good interaction between staff and residents, including support to those needing it.

Staff showed flexibility to meet individual resident preferences – to have a starter or not, to eat in their own room or in the lounge area (on suitable individual tables), to change their minds about what they wanted.

Food served was generally eaten but a few said they were not hungry and were observed to have had snacks served to them within an hour of lunchtime.

A resident was able to have an alcoholic drink which she had asked for.

A survey of how residents had enjoyed their meal was carried out – but only on the ground floor.

-ve:

Special meals for two residents of black and ethnic minority background were usually available but not on the day of our visit because the chef was from an agency.

Staff on the first floor were very stretched in responding to a group of residents who moved around and were restless.

Activities:

+ve:

Many residents seemed content with a low level of involvement in organised activity which meant they kept themselves busy – knitting,

listening to the radio, reading etc.

Staff were observed engaging with groups of residents in the lounge area – playing ball, singing. Planned activities for that day were posted up on noticeboards in each lounge.

On the first floor staff were providing manicures.

-ve:

A few residents reported being bored or noted that there was little interaction between residents.

Staff attitudes:

+ve:

Nearly all residents expressed praise for the care they got from staff, saying they were checked on regularly and asked if they were OK.

Staff were observed at lunchtime giving kindly support to residents, talking them through what they were helping them with.

-ve:

The relatives of one profoundly deaf resident used written questions and memory prompts to stimulate conversation, a practice that the home's staff did not appear to follow.

Views of relatives, friends and a visitor

+ve:

Relatives were positive about the care that staff gave to their loved ones.

One set of friends were very impressed with the kindness and patience of staff with their friend who they said could be extremely challenging. They thought that care in the home had improved in the past few months and linked this to a change in management.

Food was on offer all the time.

They said that they were kept well informed about any changes in their relative's health including falls.

-ve:

One relative thought standards had fallen over the last couple of years in that some residents presented with challenging behaviour that was upsetting for others.

A recent visitor and her sister, looking at Lyle House as a potential home for their mother, left without going round as no one came to help them. They also thought that there was a strong smell of urine.

A planned regular meeting for relatives was postponed twice and we were not able to attend to add to our findings.

Our conclusions

We found the care provided at Lyle House was generally of a good standard with largely positive feedback from both residents and relatives and from our observations.

The approach of staff to caring for residents was particularly good with some exceptional examples of good practice.

Where required, personal care was nearly always being provided with dignity and respect

The food was also of a good standard with reasonable choice and served in a relaxed friendly environment.

Residents were less happy with how they spent their time.

Activities were limited and a few residents reported being bored and not able to follow their interests.

Residents said they were unaware of having a Keyworker

More could be done to help resident/carer interaction by having visible memory prompt information and introducing practical ways of improving communication with people with sensory impairment.

Our recommendations

The timing and amount of morning snacks should be reviewed to avoid residents turning food away at lunchtime.

The new activity co-ordinator should review each resident's capabilities and interests and what they might like to do with their time as well as organising group activities and should think through how all residents' lives might be enriched individually or in groups

The key worker system should be reviewed and perhaps given a higher profile.

Opportunities for working with residents and relatives about displaying more memory prompt information should be considered.

Ways of improving communication with residents with sensory impairment should be investigated.