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Premises visited: Lindum House, 1 Deer Park Way, Beverley, HU17 8RN	Date of Visit: 04/08/2015	HW Reference: 20150804
	Duration of visit: 10am to 11.45am	
	HWERY Representatives: Denise Lester and Peter Horrocks	Staff met during visit: Pauline Hodgson (home manager)

PURPOSE OF VISIT

The visit was part of a HWERY programme to review the provision of residential care in East Yorkshire. The visit was prearranged.

INTRODUCTION

Lindum House is a purpose built residential and nursing home, now 20 years old, set in the midst of a large private housing estate about 1.5 miles from the centre of Beverley. It is owned by Barchester Healthcare which has about 200 homes in the UK. There are gardens and ample parking.

We had a very useful discussion with the home manager Pauline Hodgson and also met members of staff and eight or nine residents. The home is on two levels connected by a lift. The first floor is principally for people with major nursing needs, the ground floor provides residential care; in practice there are considerable overlaps between the two. Most rooms are en-suite; there are four rooms which can be shared. Two beds are available for respite care though demand seems to be lessening.

There are currently 56 residents of whom 21 are receiving nursing support. Many of these remain in bed for the whole day and 16 residents, mainly the nursing home patients, require considerable assistance with eating. At least 25% of residents were said to be mentally impaired. The management of the home changed in April 2015; the current manager is undertaking a programme of change in staffing and practice designed to improve the care provided.

FIRST IMPRESSIONS

The home is welcoming from the start with a helpful receptionist, bright and informative displays and an absence of unpleasant odours. Many people were alert and interested in talking to us. They all said they felt to be well and safely looked after and praised the food they received. Several referred to the way in which they could exercise choice.

CQC AREAS

“Safe”

We did not identify any obvious hazards. Lounge areas are carpeted to a high standard.

The call system is rather outdated in appearance but was said to function well.

Drinks were freely available and residents encouraged to take them.

“Caring”

All residents have a named carer.

Individual care plans are regularly reviewed and adjusted as events demand. There is no routine establishment of end-of-life wishes, plans only being constructed when death is imminent.

Staff speak sensitively to the people they help and seem to know them well.

A daily menu is issued with copies on the dining room tables, kitchen staff take orders on the same day. There are choices at each meal and snacks are available during the night.

Most residents do not hold any money - payments for hairdressing etc. are made by the home and charged to the relevant account.

Clothing is washed in-house and there are the usual hiccoughs from time to time if items are unlabelled.

One wheelchair- bound resident complained to us that she had been left in a place she did not like and couldn't get help to move somewhere else. She was quickly placated.

“Effective”

We noted that assessments regarding financial responsibility for residents' care are conducted jointly between health and the local authority but some concerns were raised about the criteria for health funding becoming increasingly strict.

Input from most health services operates well. About nine GP's visit and no particular practice liaises specially with the home.

District nurses attend the “care home” residents.

There are the recurrent problems seen in many homes in storing the massive deliveries of continence supplies and in returning unwanted aids, appliances and beds. The supply of specialist beds takes place smoothly.

All residents are weighed at least monthly.

“Responsive”

There is a limited activities programme in place currently with input on 2.5 days from a member of staff who is also the home's hairdresser. Activities will be extended to a possible six days/week with the recent appointment of a full-time trained activities organiser.

There is no Memory Lane provision at this stage.

A few residents are able to leave the home for short walks.

A regular meeting, soon to be quarterly, occurs between the home and relatives of residents and includes residents themselves.

Policies on complaints and whistle blowing are in place and are made known to residents, their visitors and staff.

“Well Led”

A minimum of two qualified nurses are on duty during the day. Staff numbers are eight in the mornings, seven in the afternoons and five at night. Mealtimes are the point of highest pressure on staff with so many residents requiring feeding assistance.

Staff training is a major input, each staff member having a personal training programme supervised by an in-house trainer. Much training occurs in the home or online using Barchester programmes. Topics include infection control, medication, falls and handling, dementia management.

The current manager has very wide experience of residential and nursing home care and is seeking to develop Lindum House towards more personalised care.

CONCLUSION

Providing genuinely individualised care is inevitably challenging in a care home with 60 residents. Nevertheless, Lindum House is largely overcoming those challenges and the care we observed is of high quality. Change is being achieved by the new manager who acknowledges that there is more to do. The test of her success will be in the degree to which genuinely individualised management can be delivered to each of the people being cared for at Lindum House.

Disclaimer: This report relates to the service viewed on the date of the visit and is representative of the views of the people we spoke to who contributed to the report on that day.

Signed on behalf of Healthwatch East Riding	<i>T.Smith</i>	Date: 02/09/15
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