



Details of visit

Service address:

Lightmoor View, Brick Kiln Bank,
Lightmoor, Telford TF7 5 LH

Service Provider:

Coverage Care, Lightmoor View

Date and Time:

Monday 24th February 2015 14.00pm

Contact details:

Healthwatch Telford and Wrekin, Meeting Point House,
Southwater Square, TELFORD, TF3 4HS

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider Lightmoor View Care Home, service users, relatives/visitors and carers, and staff for their contribution to the 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.

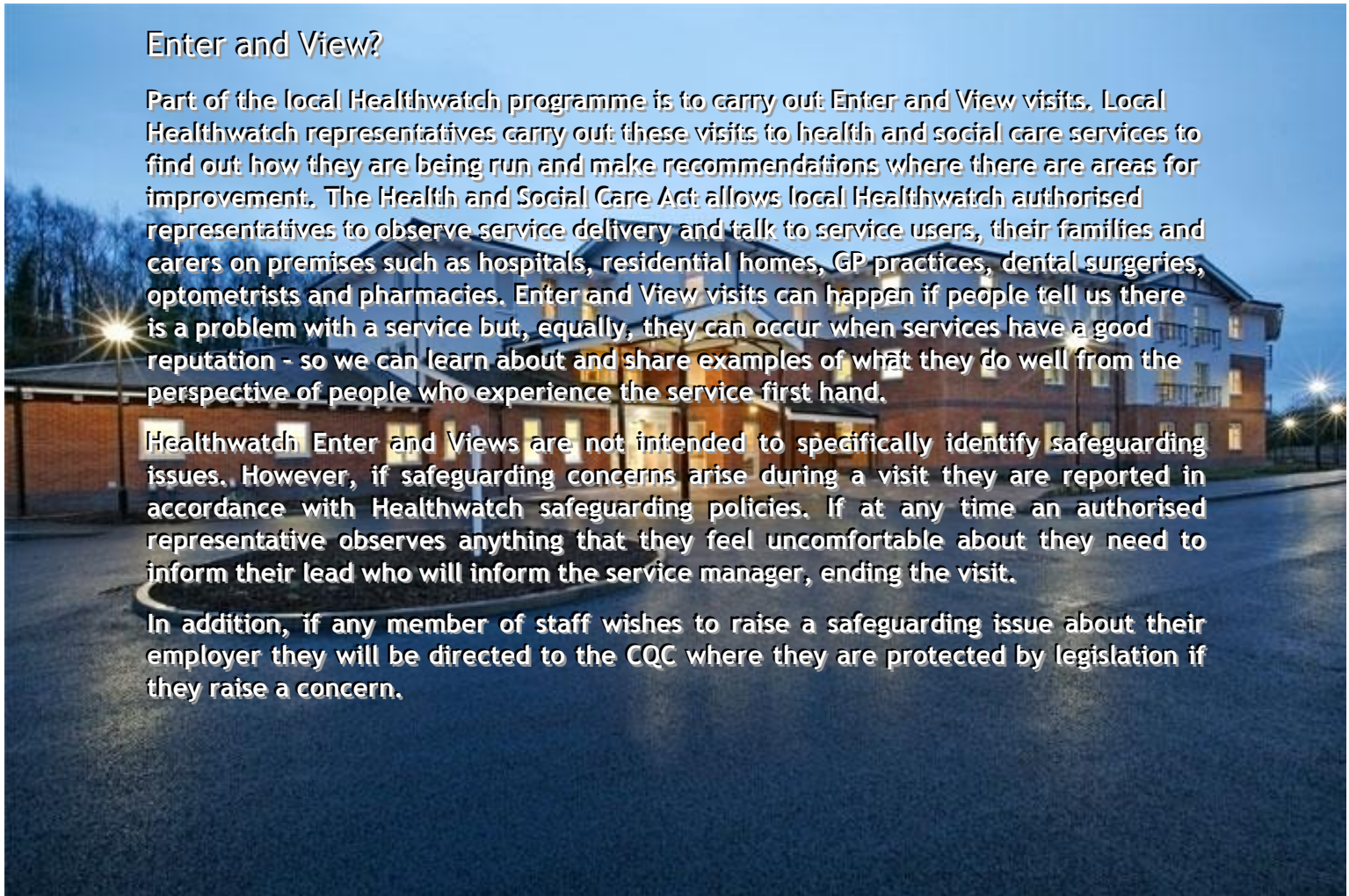


Enter and View?

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 have 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 the Visit

- To engage with residents as service users of Lightmoor View to understand how dignity is being respected in the care home environment.
- To capture their experiences and those of relatives/visitors, and any ideas they may have for change.
- Observe residents and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good working practice.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings.
- The visit is in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons.
- Care homes / hospital wards / GP Surgeries are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.



Methodology

This was an announced Enter and View visit.

Two authorised representatives were assigned to the visit. They met with the acting nurse manager before speaking to anyone in the Lightmoor View care home and took their advice on whether any residents should not be approached due to either their inability to give informed consent, health and safety or for medical reasons.

Representatives explained to everyone why they were there. They spoke with 9 residents and 4 relatives/visitors/carers present with the residents at the time, to ask them about their views and experiences of the Lightmoor View care home services.

Representatives spoke with 6 staff, management and other professionals present to hear about their contributions to service provided - quality of care, safety, dignity and respect. As well as acknowledging residents and families' wishes and during the visit we would also observe the delivery of the service. Observations were gathered while walking around the home (public/communal areas) to gain an understanding of how the Lightmoor View care home actually works and how the residents engaged with staff members and the care home facilities.

When the representatives had finished speaking with the residents/staff/visitors, they then had a brief discussion on what each representative observed. The representatives then spoke again with the acting manager and a resident's relative, and gave a brief overview of the visit and explained the next step of the process. The report relates only to this specific visit (a snap shot of time) and it is not representative of all residents/staff/visitors, only those who contributed within the time available. The representatives then thanked them for their time on the visit.

Summary of findings

At the time of our visit, the evidence is that the Lightmoor View care home was operating to a good standard of care with regards to Dignity and Respect.

- Residents told us they were happy at the home, the food was excellent and that the staff were caring and patient. The care that the staff gave them was very good, and even when they were very busy, the staff took time to talk to them. Residents said they had nothing to complain about and staff went out of their way to make sure the residents were happy.
- Relatives told us they were very happy with their relative's standard of care and they said the home had a good relationship with both the residents and their relatives. Relatives had observed staff interacting with residents in a caring way that respected their dignity. They said if on occasion they did have cause for complaint, they felt at ease to approach staff and talk things over.
- Residents and their relatives told us that the residents enjoyed a variety of activities and outings.
- We observed and heard that residents were able to have their preferences catered for, and make their choices in many things, including their food choices for each meal, personal possessions in their room, taking a nap when they wished, doing small chores like putting things away and cleaning, and we heard of an example of moving to a room on a lower floor to make access easier to go out into the garden.
- Staff told us it was a good place to work. They were well supported by management who encouraged them in their training and qualifications.
- We observed residents were happy chatting to staff and they clearly had a good relationship with staff. We saw no evidence of dignity not being respected.



Results of Visit

Lightmoor View home is a purpose built three storey building, in a semi-rural setting, specifically caring for older people whose needs arose from dementia. The needs of older people who required general nursing could also be provided by Lightmoor View.

The accommodation consists of 75 en-suite bedrooms (currently there were vacancies for 4 residents) arranged within 6 units, with 2 units on each floor. The home mainly had residents with end stage dementia and care was personalised according to each individual's needs documented in a care plan. The care plan was used by staff to help determine the resident's preferences with regards to food, sleeping and waking-times as well as hobbies and interests. Care plans were updated regularly to meet the needs of the residents. We were told that relatives are encouraged to have an input in the resident's care plan and were encouraged to read these. The residents were regularly assessed to ensure that their needs were fully met. We heard that a resident was moved down to a lower floor as she enjoyed going out into the garden, and relocating downstairs gave her much easier access.

We were told that in each unit there was a support worker who did the general cleaning and the laundry for residents. There is a qualified nurse and also a support supervisor who manages the support workers and reports directly to the home manager. The nurse

gives residents their medication in their rooms to protect their dignity and give them respect. The medication is kept in a separate locked cupboard. The night shift consisted of 2 night nurses and 6 carers, with 1 Carer acting as a 'float' to assist other members of staff, if and when it was required. If there were staff shortages on occasions, the home tried to use their own staff or relief staff. These were preferred to the use of agency staff, as the aim was to maintain familiarisation of unit staff with their residents. We were told that staff either took their breaks in the staff room or sat in their unit talking with residents.

The medical practice for the home is in Dawley, and a GP visits the home every Thursday or when needed. Relatives are encouraged and are welcome to be present when the doctor visits the home.

The home's residents, their families, and staff clearly had established a good working rapport. The home seemed happy and friendly, and this was clear to see in the way that they engaged with one another. Representatives observed the home's staff engaging with relatives, and involving them in their individual resident's care as much as possible. We were also informed that through the range of activities, residents were able to keep their interests and hobbies. In the warmer weather some residents enjoyed planting flowers and sitting in the garden.

Environment and Facilities

Car parking space was rather limited, and after parking the representatives went to the entrance. Following intercom communication with a staff member who confirmed who we were, we were able to enter the building. After signing in, we introduced ourselves and were then introduced to the acting nurse manager and a relative of a resident.

The entrance foyer was bright airy and welcoming. We could however smell urine there and in one of the ground floor units. Outside we saw a guinea pig in his hutch, and we were told they also had hens, which the residents loved. There was a caravan which residents were able to enter in warmer weather; a relative told us his relative loved this as the family used to have a caravan. We were told that on the other side of the Home there was a garden with lawn and a seating area and summer house.

Each unit is the same size, although the lounge/dining areas differed and décor and layout varied. In some units residents were observed sitting in a horse-shoe pattern around the Television watching an old film, asleep, or occupying themselves with activities. We observed staff interacting in a caring way with residents, always respecting their dignity and taking time to talk with residents and their families. One of the units had mainly male residents and the other unit mainly female residents. We were told that this was because the Home staff found that it made the residents' life more friendly, homely and generally calmer. We were also told by a member of staff that the resident population in a unit was subject to occasional change, to accommodate variations in level of care needs and to maintain social harmony.

In one unit the lounge was being used as a meeting room and there was no sign of any recent resident occupation. Hairdressers who visit the Home each week were present in a communal area. This unit had a small alcove lounge area within the main communal space which was themed in a 1950's style, with an old typewriter, old-styled furniture, and other accessories of the time. Two laundry baskets were placed in the middle of the room which may discourage residents from sitting in there.* In another lounge, representatives observed a member of staff sorting laundry that had lost their labels.

* It has been confirmed that the laundry baskets were in the Acorns meeting room due to the home having planned a laundry event for families to reclaim unnamed clothing items and residents who visit this room would be supported at all times.

The dining areas differed between units, with some having a large dining table and others have smaller tables. The representatives were told this was because some residents preferred to sit at the table whilst others were more comfortable sitting in their chairs to have their meals, though all residents were encouraged to eat at the table. If a resident didn't want to eat/ drink at the regular meal times, representatives were informed that residents were offered food throughout the day in respect for the resident's choice. Residents who were unable to take nourishment by mouth were 'peg-fed' in their room.

On each floor, corridors were wide and free from obstacles, with 12 rooms on one side and 13 on the other. Representatives were shown 2 residents' rooms and observed that staff knocked on the resident's door and called their name before entering the room; the rooms were unoccupied. On each door there was a photograph of the resident, with their name and preferred name. The rooms were a good size, bright and airy. Large furniture items were provided by the home including the bed - these varied according to the resident's needs. Residents are encouraged to bring in small personal items like pictures and trinkets and most residents had brought their own TV. All rooms had good-sized en-suite wet rooms. Representatives observed that in one unit, the room keys were hung outside the residents' rooms when unoccupied. A staff member assured the representatives (and this was confirmed by a resident's family member) that doors were locked when residents weren't in their room and this was to stop known "wanderers" going in and the possibility of belongings going missing.

Residents were observed exercising their choice of when they wanted to nap, with the bedroom doors open wide when residents were asleep in some of the rooms. The acting nurse manager and a resident's relative, suggested that this might be due to the resident requesting this or to enable staff to be able to keep an eye on them

Nutrition

Residents said that meals were good and that they had a good choice of food. Residents' family members also commented on this and said the food was as good as a hotel and that they would like to move in. Members of staff were also observed offering drinks to residents, who could have drinks or snacks whenever they wished. Staff confirmed that if residents didn't want to eat or drink, they would be asked regularly throughout the day. Representatives were informed that if a resident declined fluid this was noted and this helped staff to encourage the residents to drink and keep their fluid intake up. At meal times a relative stated that the TVs were turned off.

On occasions the family members of residents joined them at a meal. Representatives were told by a family member that when his family resident wasn't eating well, the staff had passed on the observation that the resident did eat in the presence of the relative. Consequently the relative regularly joined the resident for meals to help. This was only for a short time, but he said that it showed that there was a good relationship between staff and families.

Activities

Activities happen every day. The coordinators rotate activities between the units and change the days they are on. Outdoor activities take place during the summer, and at other times they take place inside. The activities vary but include; Arts and Crafts, Music Therapy, Hand Massage and Live Entertainment. These activities take place at least once a month. At the moment the home is in the process of installing a sensory room in the Acorn Unit, and they are also planning to install an old fashioned sweet trolley to go around the units.

Promotion of Residents' Privacy, Dignity and Respect

We were told by residents that they were happy and they could not be cared for any better. One resident said staff work so hard but they always found time to talk to them. A relative told us their family resident loved it there and it was like a hotel. Also that the carers should be praised, as staff were so affectionate to them both and that in turn her family resident had become more affectionate. This family member said she had a problem at present with her dad's duvet going missing, but she knew it would be sorted out as there was such a good relationship between staff/and residents' family members. Another resident said they were happy here and that the staff were so kind and thoughtful.

We observed staff talking with residents, crouching down to their level and addressing them by their name in a kindly manner; we saw that staff had a clear knowledge of each resident and often laughed and joked with them. Staff, who were seen doing paperwork, still found time to speak with residents when they asked questions. Resulting conversations were conducted in a friendly manner and you could see the residents had a good relationship with the staff.

We were told that residents chose when to get up and some got up with help provided to wash and dress if required. Others chose to have breakfast in bed, then got up. Residents had a choice of meals throughout the day. Residents could choose what they wanted to wear on the day. If a resident couldn't say what they wanted to wear, staff told us that they would show them items of clothing so that residents could make their selection. We observed that residents were well dressed and looked comfortable. We noticed that unfortunately residents clothing labels came off over a period of time, but every effort was being made to find out what item was whose.

We were told that residents' medication was administered in their rooms, out of dignity and respect for the individual residents. Peg fed residents also had this procedure carried out in their rooms. We asked residents/family members if they knew the process for making complaints/ compliments, it was evident that they understood the process and that it worked well.

Staff

Staff told us that the day for the residents was quite calm, although sometimes it could be stressful. Staff told us it was a good place to work. Staff also told us that the management encouraged them to take NVQ and other training, they could also request training they thought appropriate to their needs. On one of the units there were TCAT students on work experience engaging with residents.

Recommendations and Service Provider response

| | <u>Our recommendations</u> | <u>Service provider comments:</u> |
|---|--|---|
| 1 | Laundry baskets should be sorted in a corner of the lounge away from the themed alcove area which may be used by a resident. | Laundry events are planned and managed in the home in conjunction with the families and residents and happen on advertised occasions to minimise the disruption to the ongoing use of the room. |
| 2 | Replace the carpet where the small soiled areas are not responsive to special cleaning | Carpets are cleaned regularly and those that do get spoilt are part of an ongoing refurbishment programme to maintain the highest standards possible. |