

# Anchor Carehomes Limited

## Lightbowne Hall

### Inspection report

262 Lightbowne Road  
Moston  
Manchester  
Greater Manchester  
M40 5HQ

Date of inspection visit:  
27 June 2017

Date of publication:  
20 July 2017

Website: [www.anchor.org.uk](http://www.anchor.org.uk)

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 27 June 2017. This inspection was unannounced, which meant the service did not know in advance we were coming.

Lightbowne Hall is a large three storey detached property in Manchester. The home provides residential care for up to 52 people. At the time of the inspection there were 47 people living in the home. The home has large communal areas on each floor with separate dining areas. Each floor also has a quiet lounge. The kitchen and laundry facilities are on the ground floor of the building and there is a hairdresser's on the first floor. All floors are accessible by a lift and stairs. The service provider had transferred in 2015 from Ideal Care homes to Anchor Care homes.

Our last inspection took place on 14 and 16 November 2016 when we rated the service as inadequate overall and for safe and well led. We rated the effective, caring and responsive domains as requires improvement. As the previous inspection in November 2016 had rated the service as inadequate overall, we placed the service into 'Special Measures' because it was inadequate in two of the five domains.

Following our last inspection we issued two warning notices in relation to breaches of regulations relating to the provision of safe care and treatment and good governance. This meant we sent a formal notice to the provider and registered manager that they must become compliant with the regulations by 06 February 2017 in relation to safe care and treatment and good governance. The provider sent us an action plan to tell us the improvements they would make in order to become compliant with the regulations. At this inspection we found the provider had made significant improvements and they were meeting the requirements of the regulations.

At this inspection we found there had been improvements which were sufficient for the service to be rated as requires improvement overall and good in caring, with no inadequate domains. This meant the service could come out of special measures.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We noted improvements in medicines management from the last inspection in November 2016 and some examples of good practice. However, temperatures had not been recorded on three consecutive days in May 2017 and two days in June 2017.

People and care staff told us there were enough staff on duty. The registered manager had used a dependency tool to calculate staffing levels. We observed that people's basic needs were met and the staffing levels at the time our inspection were adequate.

Care assessments and plans had improved since the last inspection and were seen to be detailed and person-centred. However, we identified one person who at times displayed behaviours that may challenge others, that did not have a risk management care plan to help guide staff when supporting them. We found one person living with dementia didn't have a dementia care plan in place to guide staff about their specific needs.

The involvement of people and their relatives in care planning had improved since our last inspection. Care workers knew people well as individuals and we saw warm and friendly interactions between people and care workers.

We found accident records at the home were comprehensive and evidence showed people were monitored effectively following an accident.

Some senior care staff at the home had received advanced training in end of life care and people had their future wishes recorded in their care plans.

Activities at the home were much improved since our last inspection in November 2016. The area manager held a dementia awareness workshop with staff to share good practice on social stimulation for people. We saw a range of activities being undertaken on the day of the inspection.

Care workers had supervision with senior staff. The registered manager had reviewed the supervision and appraisal system to ensure care workers received an annual appraisal and regular supervisions. Staff received the training they needed to meet people's needs.

A clear system of safety and quality auditing was now in place at Lightbowne Hall. A range of audits and checks were undertaken by the manager to monitor the quality and safety of the service.

At the last inspection we found the service was not undertaking regular fire drills, to ensure staff were fully prepared in an emergency, such as a fire. At this inspection we found the service was now ensuring staff received fire safety training and conducted regular fire safety drills for both day and night staff.

We found staff were recruited safely. Suitable checks were made to ensure people recruited were of good character and had appropriate experience and qualifications.

We reviewed the information and support available to ensure people received adequate nutrition and hydration. We found records were held as required to support people at risk of not receiving enough nutrition and hydration. We found advice given by specialist teams including GPs and dieticians were followed. Records in relation to monitoring people's intake of food and fluids were completed when required.

The registered manager had followed the home's policies and procedures when responding to complaints. We found complaints had greatly reduced since our last inspection.

We found that the home was properly maintained to ensure people's safety was not compromised. We found a number of refurbishment works had commenced, with new flooring being laid and the installation of a new café on the first floor. The home had made some new adaptations of the environment of the home to assist people living with dementia.

Staff sought consent from people they supported before providing care. Staff were aware of the principles of

the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how to support people effectively, however we found some consent forms had not always been completed in line with the MCA 2005.

Staff maintained people's dignity, and respected their privacy. Care records were kept confidentially.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

The atmosphere and culture at the home was much improved. The managers each knew their own roles and responsibilities. Staff expressed confidence in the management team and in each other. There were regular staff meetings where staff could contribute their views.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines were generally well managed, although we saw some examples where instructions for medicines which should be given at specific times were not always available.

Hazards previously identified at the last inspection such as threaded carpets had now been addressed.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

We found improvements in the home's compliance with and staff knowledge of the Mental Capacity Act 2005. However, we identified two people's consent forms had not been completed in line with the Mental Capacity Act 2005.

Staff received training and support from the provider, to enable them to develop their skills and knowledge.

People we spoke with were positive about the food quality and choice on offer at the home. People had access to a range of healthcare professionals in order to maintain their holistic health.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately.

Staff had developed good relationships with the people living at the home. People told us they were well cared for.

**Good** ●

The registered manager was committed to improving the end of life care provided at the home. Senior care staff had completed end of life care training and we saw 'future decisions' care plans in people's files.

### **Is the service responsive?**

The service was not always responsive.

Care assessments and plans had improved since our last inspection. However, we found one person who at times displayed behaviours that challenged others, lacked care plans for this.

The provision of activities was much improved since the last inspection. People told us they were happy with the activities on offer.

Records showed the registered manager had investigated and responded to complaints appropriately.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The provider had recognised many of the shortcomings at the last inspection and put in place actions plans prior to our visit. These were at various stages of their implementation.

Safety and quality monitoring at the home had much improved and we saw the provider had been involved in this.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

**Requires Improvement** ●

# Lightbowne Hall

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June 2017 and was unannounced. The inspection team included two adult social care inspectors, one pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had personal experience of services for people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester local authority, and Healthwatch (Manchester) to obtain their views about the quality of this service. Manchester local authority did not provide CQC with a response and Healthwatch did not have any intelligence on this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We observed how staff and people living in the home interacted and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed support provided in the communal areas including the dining room and lounges during lunch, during the medication round and when people were in their own room. We looked in the kitchen, laundry and staff office and in all other areas of the home.

During the inspection we spoke with 12 staff, including the area manager, dementia advisor, registered manager and two deputy managers, six care assistants and the chef. We spoke with 16 people who lived in the home and four people's relatives.

We reviewed five people's care files and looked at care monitoring records for personal care, body maps used to monitor injuries and accident records. We reviewed medication records, risk assessments and management information used to monitor and improve service provision. We also looked at meeting minutes and four personnel files.



# Is the service safe?

## Our findings

All the people we spoke with in the home said they felt safe. People told us, "I'm very safe. I have this red button [call buzzer] and I just push it and they come" and "This is a safe home, I feel content." One person's relative also commented, "It's brilliant here, I feel so relaxed knowing they are safe."

At the last inspection in November 2016 we found breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found medicines were not managed safely and the provider had not ensured medicines were available in sufficient quantities to keep people safe. At this inspection we found the provider had made the necessary improvements and was now meeting the requirements of the regulation.

We looked at 16 Medicines Administration Records (MARs), spoke with three senior carers responsible for medicines and the registered manager. Improvements to medicines audits (checks) had been further developed since our last inspection. These now included daily, weekly and monthly checks by staff and managers. Issues that had been identified had been acted upon and improvements made. Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.

Medicines were stored securely in two locked treatment rooms and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

The temperature of the rooms where medicines were stored were recorded daily, and these were within recommended limits. We checked medicines which required cold storage and found gaps in records for the fridge on the upper floor. Temperatures had not been recorded on three consecutive days in May 2017 and two days in June 2017. No action had been taken by staff and the manager had not been informed. This meant we could not be assured that medicines requiring refrigeration were safe for use. Staff told us they routinely checked stock medicines were within expiry date and fit for use. However, we found a box of injections stored in the ground floor fridge which had expired in November 2016. During the inspection the registered manager ensured the expired box of injections was returned to the local pharmacy.

MARs contained photographs of people to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. Documentation was available to support staff to give people their medicines according to their preferences. Administration records had been completed fully to show the medicine people had received.

We found guidance to enable staff to safely administer medicines prescribed to be given only as and when people required them, known as 'when required' or 'PRN'. Some medicines were prescribed with a variable

dose i.e. one or two tablets to be given. We saw the quantity given had been recorded, meaning that records accurately reflected the treatment people had received.

Instructions for medicines which should be given at specific times were not always available. For example, one person was prescribed a medicine to be taken 30 minutes before breakfast when the stomach is empty. Another person was prescribed a medicine which should be taken whilst upright and 30 minutes before eating and drinking. Not administering medicines as directed by the prescriber increases the risk of the service user experiencing adverse effects from the medicine, or the medicine not working as intended. One person was prescribed eye drops to treat an infection, but the MAR did not say which eye(s) should be treated. This meant that there was insufficient information to guide staff how to administer these drops safely. The registered manager contacted us shortly after the inspection to confirm the pharmacy has now provided the home with special instructions to reduce this risk.

We checked the quantities and stocks of medicines supplied outside of the monitored dosage system for 16 people and found the stock balances to be correct. This meant that medicines had been given as signed by staff. We saw the use of patch charts for people who were prescribed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application.

On the day of inspection we arrived at the home at 6.40am. The staffing levels during the night had remained the same since our last inspection with five care assistants working between the three floors from 8pm to 8am. This included at least one team leader who was the designated lead and responsible for the administration of medicines.

Discussions with the night staff on duty confirmed there were sufficient staffing levels during the night to provide support for people. One staff member commented, "I feel the current staffing levels are sufficient right now."

Throughout the course of our inspection we saw that people were attended to within acceptable timescales. The atmosphere on all floors during the inspection was calm and pleasant. We heard no one calling or shouting for help. Call bells, when activated, were attended to promptly and staff did not appear hurried or under pressure when undertaking their duties.

The registered manager provided the inspection team with a staffing dependency tool which was used each month to calculate people's dependency levels. The purpose of a staffing dependency tool is to help calculate the required staffing levels in care homes; the dependency tool combines information on care homes, including care hours and residents. The registered manager informed the inspection team that she felt confident with the current staffing levels and would immediately respond to increase the staffing if she felt people's needs had changed to ensure quality of service provision.

We asked people if they thought there were enough staff to meet their needs. People living at Lightbowne Hall told us there were enough staff and said they were not kept waiting when they needed any assistance. One person commented, "As you can see there is always staff around, I have no worries in that department."

Prior to our inspection CQC had been contacted by a person's family member in relation to the lack of personal care their family member received. During the inspection we viewed the personal care shower and bathing records on all three floors. We found people's personal care was recorded daily. When people refused a shower or bath they were encouraged to have a body wash. Discussions with the registered manager confirmed people were always encouraged to be supported with their personal care needs. If a

person continually refused to take a shower or bath the manager said they would have a discussion further with the person's family (if applicable) to find a way forward. In the case of the person's family member raising concerns, we noted the manager held a meeting to resolve their concerns. The records we viewed showed people had been supported regularly with their personal care needs and people we spoke with during the inspection were satisfied with the personal care they received. Comments from people included, "They [care staff] keep my nails clean", "I can have a wash and they keep it [the bathroom] very clean" and "I can have a shower, but today I just wanted a wash and a shave."

We checked the safeguarding records in place at Lightbowne Hall. We noted that a tracking tool had been developed to provide an overview of safeguarding and care concerns that had been received; we noted these records had been placed in a folder for reference. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

Staff told us that they had completed training on safeguarding adults from abuse. Staff were able to describe different types of abuse, and the action they would take if they became aware of an actual or potential incident of abuse. Staff told us that they would report any concerns to the registered manager or a senior member of staff and were also confident about using the whistle blowing procedure. They were certain they would be listened to and that appropriate action would be taken.

At the last inspection in November 2016 we found breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to a person not receiving medical intervention in a timely manner following an incident /fall. At this inspection we found the provider had ensured all accidents and incidents were managed robustly. For example, we noted one person had sustained an injury due to having a fall at the home. The staff on duty ensured this person was immediately seen by their doctor. The doctor advised the person needed further checks at hospital and this person was supported by the staff team straight away, ensuring the person received medical treatment in a timely manner.

There was a clear system in place to monitor accidents, incidents and safeguarding concerns within the home. The registered or deputy managers carried out a monthly trends analysis on information, such as accidents or incidents, occurring within the home. This meant that the home responded to accidents and incidents and took appropriate action to safeguard the individual and other people, involving relevant professionals where necessary.

Risk assessments had been completed for any areas that were considered to be of concern. We saw risk assessments for malnutrition, skin integrity, medication, mobility and the risk of falls. Staff told us that risk assessments were reviewed every 12 months or following any incidents. The risk assessments we saw in care plans had been evaluated on a regular basis to ensure they remained relevant and up to date.

At the last inspection in November 2016 we found breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the provider not having clear systems and guidance in place to support people in the event of an emergency.

We checked the systems that were in place to protect people in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept by the main door to each unit in a 'fire file'. A contingency plan had also been implemented that provided details of how the home would continue to deliver the service in the event of an emergency. Fire drills had now started to take place more frequently, including fire drills for night staff.

At this inspection we found the service had made a number of improvements in this area. Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. The service held records of weekly and monthly tests completed for the fire alarm, fire extinguishers and the water systems. Monthly checks on all wheelchairs were also completed monthly. This should help to ensure that people were kept safe.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place. During the inspection we looked at the records of four newly recruited staff to check that the recruitment procedure was effective and safe. Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. We found that the personnel files contained application forms detailing their full previous employment histories, with any gaps in employment explained. Appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. All the files contained two references. This meant a system was in place to recruit staff that were suitable to work with vulnerable people.

At the last inspection in November 2016 we found breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found areas of the home were not clean and cleaning schedules were not fit for purpose. At this inspection we found the provider had made the necessary improvements and was now meeting the requirements of the regulation.

There were two housekeeping staff present throughout the day of inspection; we noted at least two housekeepers worked daily. All areas of the service looked clean and tidy. People and relatives told us they thought the home was clean. Comments from people included, "The cleanliness of this home has improved, you can see the cleaners often" and "I believe the home is clean."

We saw infection prevention and control policies and procedures were in place. Staff were seen wearing protective clothing such as disposable gloves and aprons when carrying out personal care duties. Hand-washing sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets. This meant people were protected from the risk of infection and cross contamination when receiving personal care.

At the last inspection in November 2016 we found a number of potential health and safety concerns due to finding some carpets had worn and potentially could cause a tripping hazard. At this inspection we found refurbishment work had been completed. New flooring had been laid to replace the carpets that were worn.

# Is the service effective?

## Our findings

People spoke positively of the staff working at the home. Comments from people included: "If I have any problems I just speak to the manager" and "The staff are good here, I am happy with the care."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager maintained a record of people subject to a DoLS.

Staff had received MCA and DoLS training. Staff understood the importance of the MCA and told us how they supported people to make decisions in their daily lives. We noted the registered manager had appropriately sought authorisation for DoLS for some people living at the service and therefore protecting their human rights. They showed a good understanding of how to support people in a way that did not restrict their freedom.

At the last inspection in November 2016 we found the recording of people's consent for photographs, outings, medication and the sharing of information had not always been done correctly. At this inspection we found some improvements had been made, however, there was still an inconsistent approach being followed by staff.

People's care plans contained consent forms. We found two care plans had been signed by the person's family member. However, it wasn't clear from the care plan whether the person's family member was their Power of Attorney (POA) for health and welfare. A POA is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and / or decisions about finances), on a person's behalf. We discussed this area with the registered manager who confirmed all care plans consent sections were in the process of being reviewed to ensure people's consent was followed correctly. We will review this at our next inspection to check all care plans have been fully updated.

From the training records, we saw staff had attended a number of training courses and they confirmed with us they had received the required training. Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; and health and safety.

Additional training courses such as national vocational qualifications / diploma in health and social care; dementia and nutrition and hydration awareness had also been completed by the majority of staff.

New staff were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff confirmed they had regular supervision and they were given the opportunity to discuss any issues they had or any training they would like to attend. Supervision sessions are one to one meetings that staff have with their line manager. We saw there was a timetable in place so that the management team and staff were aware when the next supervision was due. We saw the records of supervision meetings were comprehensive and covered a number of areas such as work-related issues, training, people needs and philosophy of the service.

The building was a large and purpose built for people living with dementia. Rooms were spacious and furniture and fixtures were all in a good condition. We found appropriate signage was available with people having photos, or other distinctive indicators in place that would help people recognise their bedrooms. The service had pictorial signage in place confirming the day, month and season of the year.

The corridor on the first floor had been decorated in a manner which attempted to represent street scenes including barbershop, a café and a bus stop. A new café called 'Olivia's café' had been created, which was managed by a volunteer three days a week. The café was nicely decorated and provided a menu that people could buy breakfast and lunch items such as paninis. We found a bus stop had been created along the corridor. The registered manager explained the bus stop was installed because they have a person living at the home who in the past loved accessing public transport such as the bus. The implementation of the bus stop had a positive impact on this person, who had been observed on occasion sitting at the bus stop happily waiting for their bus to arrive. This meant the home had been adapted to meet to current and past needs of the people.

A four week rolling menu plan was in operation, which offered people a choice of meals and was reviewed periodically. People were offered a range of options at breakfast, the main meal was served at lunchtime and a lighter meal was served late in the afternoon. One of the inspection team ate lunch with the people using the service. They found there were choices on the menu and said the meal they had was acceptable.

We spoke with the assistant chef about the dietary needs of the people living at Lightbowne Hall, the main chef was off on the day of inspection. We were told a full list of service user`s dietary requirements was provided and updated regularly. The chef was able to tell us those people who were on a `soft diet` and those who had been diagnosed with diabetes and required an appropriate diet which helped ensure their health and welfare. Fridge temperatures had been recorded and we were told a weekly food safety check took place to ensure all stored food was within use by dates. We looked at some random samples of food items and saw the ones we looked at were within the required use by dates. Food that had been opened had been dated with an expiry date for disposal, covered and stored in the fridge. The kitchen had recently undergone a local authority inspection and had continued to be awarded five stars out of a possible five during their most recent inspection.

People and their relatives in the past have not always been positive about the meals on offer at Lightbowne Hall, however at this inspection comments were positive. "I had bacon and egg for breakfast", "I had French bread it was very nice", "The food has improved, I hope it stays this way", "The food is good" and "The food is adequate It's not the Savoy but it's okay."

We observed the lunchtime meal experience on the ground and first floor each floor. We saw that the tables were nicely set for lunch and there was a menu on each table. Menus showed a good choice of meals with a cooked meal at both lunch and evening meal. The atmosphere was relaxed with quiet music on in the background. Staff were present at all times and they interacted well with the people. The food appeared nutritious and people were asked if they wanted any more. We did not observe much wastage of food and one person asked for more soup which they duly received.

We looked at how people were protected from poor nutrition and supported with eating and drinking. Where people were at risk of poor nutrition, they had been referred to a dietician and appropriate food supplements were prescribed and offered. Regular checks were made on people's weight, either monthly or weekly depending on the assessed risk.

Discussion with people and records showed that people had been supported to access health care professionals as needed. There was a strong working relationship with the local GP and other healthcare professionals. We saw from observation and from support plans that the people who used the service had complex health needs which required input from a range of healthcare professionals. In the five support plans we looked at we noted individuals had been seen by a of the relevant health care professionals, including GPs, opticians, dentists, a physiotherapist, chiropodists and other specialist healthcare professionals. Visits were recorded in the daily records for each person and upcoming appointments were recorded in their care files. One person we spoke with said, "The doctor comes to see me every Thursday."



## Is the service caring?

### Our findings

People and relatives told us they were happy with the service and the way staff provided care and support. Comments included: "The girls are very nice", "The staff are very nice and no different at night" and "The care is very good here, I am happy."

At the previous two inspections in October 2015 and November 2016 we found people and their relatives (with the person's permission) were not involved in planning their care. We considered at the time this was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

From care records, we noted people were now being encouraged to be involved in decisions about their care and support. Where people were unable to make decisions about their care, we found when appropriate people's relatives were encouraged to attend care plan review meetings.

During our inspection, we saw people were relaxed around staff and the interaction between them was of a friendly and caring nature. One person became anxious and the staff used their skills to manage the situation and offered reassurance to help the person feel better. Staff knew people well, such as their likes, dislikes and preferences. This helped them to ensure people's individual needs were met. People were encouraged to maintain contact with their family members. Relatives were able to visit at any time.

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted. We saw staff were discreet when discussing people's personal care needs with them and ensured that personal support was provided in private.

Each person had their own single bedroom. Staff gave us examples of how they maintained people's privacy, such as making sure the bedroom doors were closed when providing people with personal care.

We found the home had recently been accredited with the Six Steps end of life care programme. The Six Steps is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death.

We saw that all care files contained a section to record people's final wishes. This allowed the person to express what they wanted to happen in their final days. In the five files we viewed we noted this section had started to be completed. In one person's care plan we noted there had been a meeting with the person and their family member to discuss their future wishes and a funeral plan had also been recorded. Discussions with the registered manager confirmed this area was still being developed, but the home was now ensuring people's 'final wishes record' was discussed sensitively with the person to allow them the opportunity to discuss their future wishes.

We were informed by a relative when the home had gone out of their way to ensure their family member,



who was unwell at the time, could access a video link to say their final goodbyes to their partner. Their relative said; "[Person's name] lost her partner and she was too ill to go to the funeral. They [provider] arranged us to logon to the Wi-Fi system in her room and give her some privacy. We were able to face time the funeral service so she could see it."

None of the people receiving personal care services at the time of our visit had specific needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

## Is the service responsive?

### Our findings

At the last inspection in November 2016 we found inconsistencies with the care planning at Lightbowne Hall. For example, we found no care plans that included personalised details of the support people required for aspects such as living with dementia and epilepsy, this meant people's essential care needs had not been clearly recorded.

At this inspection we saw that updating of the care plans was in progress, but some plans we viewed still did not clearly record people's assessed needs.

At the last inspection we found care plans did not include personalised details of the support people required for aspects such as living with dementia and epilepsy. This meant that the correct level of support required by people was not assessed and documented so that care staff would understand how to meet people's needs. At the last inspection we discussed this area with the provider's care and dementia advisor, who acknowledged this observation and confirmed this would be reviewed to ensure people's assessed needs had been fully captured to guide staff.

During this inspection we found one person had a detailed care plan in relation to living with dementia. However, the care plan for a second person who was living with dementia didn't have a dementia care plan. The registered manager acknowledged this observation and confirmed this person's care plan was due to incorporate the new sections about dementia. We will continue to review this area at our next inspection.

Care plans were easy to navigate and provided information about the full range of people's needs. These included food/fluid intake, mobility, personal care, elimination, moving and handling, medication and health, social contact and communication, skin, sleep, behaviour, safety and end of life care. Care plans were up to date, reviewed as needed and contained information about people and their preferences.

However, in one person's care plan we would have expected a robust positive behaviour support plan in place due to a number of concerns about the person's behaviours. The care plan had a small section on this person's behaviours but a risk management plan had not been established. The care plan did not provide a detailed strategy to help manage this person's behaviour which others may find challenging. There was not a person specific risk management plan to provide staff with step by step guidance on supporting the person to enjoy their life whilst enabling staff to understand when they needed to intervene to prevent an episode of challenging behaviour escalating. We observed this person becoming agitated when they needed personal care and was trying to stand, which is an example of a possible `trigger` contributing to their behaviour. The assessment in place did not include how the behaviour manifests itself and how staff should deal with the behaviour in an appropriate and safe manner. We brought this to the registered manager's attention and shortly after the inspection the registered manager provided CQC with a new risk management plan for this person.

Staff responded to people's changing needs. Daily logs and evaluation records generally provided detailed information about the support people required and the progress they were making. These records identified

any concerns staff had about people and the action staff had taken to address these.

We asked care workers how they would find out how to support a new person moving to the home. They all said that they would receive a handover from the senior member of staff as they came on duty and would then read the person's care plans.

The provider used a floor management file which included the records staff needed to complete for each person in the home. Included in the file were all the extra care monitoring records, the accident reports, topical cream records and daily logs. We found this information was recorded throughout the day by the care staff, ensuring this was a live record of tasks that had been completed

At the previous two inspections in October 2015 and November 2016 we found people social needs were not being met. There were not enough activities in place to stimulate people, staff were engaged in care tasks and had little time to provide activities for people. We considered at the time this was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

The registered manager told us they had been trying to develop the activities programme in the home, to provide people with more stimulation and occupation and this was still 'work in progress.' From the providers PIR it stated the home were looking at raising funds for a cinema room and garden sensory theme for the ground floor of the home, to support the fund raising the manager was going to apply to the Anchor legacy fund. We noted these discussions were in their early stages, we will review this area at our next inspection.

Staff told us the registered manager was helping to make improvements by enabling them to get materials for activities. The home had implemented activity memory boxes that staff on each floor were responsible to keep updated to ensure the boxes were appropriate for each level. These boxes contained a number of resources such as; arts and crafts equipment, jigsaw's and items to prompt people to reminiscence. Rummage and memory boxes help people reminisce and share meaningful conversations.

Noticeboards in the home advertised a comprehensive programme of activities in the home, with morning and evening activities displayed for each floor. The home had music on throughout the home with both radio and CD used. Different eras of music were played through the day and people and staff were observed to be singing together on more than one occasion.

The provider worked closely with staff team to ensure they understood the importance of social stimulation for people. The area manager conducted dementia workshops for staff to ensure the staffing culture at the home understood the importance of providing key stimulation to people living with dementia.

The home had a public house style bar on the second floor called 'The Lightbowne'. The bar allowed people and their visitors to socialise in a pub environment. One person we spoke with confirmed the bar was a good addition to the home and said they had held a family party there.

Staff encouraged people to make choices about their day to day care and how they spent their time. People could spend time in their room or in the communal areas within the service. They were free to access all parts of the premises. People who were able to, could go out in the community whenever they want, although they needed to inform the staff first for safety reasons.

People's spiritual needs were met through a variety of ways. Care plans recorded people's values and beliefs

and people were encouraged to maintain their faith. They also recorded how and when they would like to attend a service. The home had a chaplain who visited weekly.

During this inspection we received positive comments about the activities on offer. People said, "There is plenty going on now, I love the café" and "Plenty going on, the bingo is a good laugh, people take it serious." Comments received from people's visitors included, "The staff appear to be more chirpy and happy recently" and "It's certainly been much better since Anchor took over "and" I used to work here and left in September. There are far more activities now, I think the picture bingo is very good."

We saw complaints posters outlining the procedures to follow when making a complaint were available on notice boards around the home. There was also a copy in the resident information booklet. Audits were undertaken by the registered manager of the complaints received by the home. At the last inspection we found there had been a significant increase of complaints with 23 recorded in 12 months. At this inspection we found the level of complaints had greatly decreased, with four complaints being received since our last inspection (approximately 7 months ago). We found the additional housekeeper added to the daily rota had assisted with these low numbers as many of the complaints had been in relation to the cleanliness of the home.

## Is the service well-led?

### Our findings

The home had a registered manager who was present throughout our inspection. The registered manager was observed to be helpful and responsive to requests for information and support from the inspection team, people using the service, staff and visitors. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in November 2016 we found breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the provider not demonstrating sustained improvements to the service due to the lack of reliable and effective governance systems in place.

At this inspection we saw that a new system of audits was in place and governance systems had improved the quality assurance processes at the home. Care files were in the process of being reviewed by the management team at the time of our inspection. However, we found this process had still not been fully completed with the shortfalls found in care planning.

Other regular audits at the home now included weekly reviews of people's weight and of any pressure ulcers people may have, plus regular reviews of any falls, medicines errors, safeguarding referrals to the local authority, deaths, unplanned hospital admissions, complaints, and accidents and incidents. All of these aspects were reported to the provider via an electronic system with an analysis of trends plus any other relevant information added by the registered manager. We saw medicines were now audited on a daily, weekly and monthly basis; in addition, medicine administration charts were checked by senior care staff from a different floor each day and any omissions or irregularities were recorded and dealt with the same day. However, some of the shortfalls we found in medicines had not been picked up in these audits. The registered manager confirmed she would look at reviewing why this had not been picked up in the audits. This meant the system of quality and safety audit in place at Lightbowne Hall was now fit for purpose.

Since the last inspection the provider had appointed a new area manager who closely supported the registered manager with service provision. The area manager carried out monthly 'compliance visit record checks' and a report was drawn up with the findings, with what action was needed to rectify any issues that had been identified. We looked at the most recent compliance visit, which was in June 2017. The compliance visit check looked at similar key lines of enquiry used by the Care Quality Commission (CQC) and when areas were identified an action plan was devised for the registered manager to follow.

Feedback at the last inspection as to how the home quality assured the service with people and their relatives was mixed. At this inspection we saw the registered manager had initiated monthly residents and relatives meetings and boards detailing 'what you said- what we did' were displayed prominently at the home in the reception area. Minutes showed that aspects such as activities and resident/relative involvement in care planning had also been discussed. This meant that the home sought feedback from the people and their relatives on the quality of the service provided.

We saw a number of surveys and questionnaires were completed by people with an interest in the home. This included care surveys and food and menu surveys. We found the surveys were monitored and action plans were developed from them. Surveys are a tool for improvement and should be used as such. If actions are not identified from the feedback provided then the feedback has not served its purpose.

The provider had signed Lightbowne Hall up to an external survey resource called the 'Your Care Rating'. This is an independent survey of care home residents being conducted by Ipsos MORI on behalf of care home providers in the UK. The survey has been designed in conjunction with providers, care homes and residents, with the first survey conducted in 2012. We viewed Lightbowne Hall results for 2016 and found the results were predominantly positive with people who receive the service, with an overall survey score of out of 1000.

We saw a staff meeting took place monthly and there was another scheduled for July 2017. We saw that the registered manager had encouraged staff to share best practice and their experience of things working well to drive change within the home.

The management team understood their responsibilities with the Care Quality Commission and had reported significant information and events, such as notifications of deaths, serious injuries and any safeguarding issues.