Coverage Care Services Limited

Lightmoor View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 17 and 18 November 2016 and was unannounced. At the last inspection completed in October 2014 we rated the service as good. Lightmoor view is a residential and nursing home that provides personal care and accommodation, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 75 older people some of whom are living with dementia. At the time of the inspection there were 73 people using the service.

There was a registered manager in post at the time of our inspection. 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.

People were not always supported by sufficient staff. They sometimes had to wait to have their care and support needs met. People were supported to manage risks to their safety. People told us they felt safe and staff understood how to safeguard people from potential abuse and how to manage incidents and accidents. People were supported by staff that had been recruited safely. People were supported with their medicines safely and there were systems and processes in place to ensure medicine was administered safely.

People had support from staff that were knowledgeable and had the skills to meet their needs. People had their rights protected by staff that understood and could apply the principles of the MCA. People had a choice of food and drinks and received support to ensure their dietary needs were met. People had support to maintain their health.

People were not always involved in decisions and did not always have their choices observed by staff. People did not always receive support in a way that maintained their privacy and dignity. Staff did not always recognise when their actions and language impacted on people's privacy and dignity. People received support from staff that were caring in their interactions with people.

People had their needs and preferences for care and support met by staff that understood them. Staff could tell us how they responded to people's individual needs. However, people could not always follow their individual interests or take part in social activities. There was no understanding of what people liked to do. People did not always have their complaints managed effectively. Complaints were responded to; however records were not always available to show outcomes were shared with the person who made the complaint.

The system in place to monitor peoples care delivery was not effective. This had not identified the issues with accurate record keeping which meant monitoring care and support was difficult. The registered manager did not always act on people's feedback about the service. People and staff could approach the management team. The registered manager and staff understood their roles and responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received support to manage risks to their safety.

People did not always have support to meet their needs at the time they needed it.

People received support from staff that had been recruited safely.

People were safeguarded from potential abuse.

People had their medicines administered safely.

Is the service effective?

Good

The service was effective.

People were supported by staff with the knowledge and skills to meet their needs.

People's rights were protected by staff.

People's nutrition and hydrations needs were monitored and they had a choice of food and drinks.

People received support to monitor their health.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always involved in making decisions and choices.

People's privacy and dignity was not always maintained.

People were supported by caring staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always follow their interests or access social activities.

People did not always receive a response to their complaints.

People's needs and preferences were understood by staff.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to monitor care delivery were not always effective.

The registered manager and staff understood their roles and responsibilities.

People received support from staff and managers who had an open and transparent culture.

Lightmoor View

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 unannounced inspection took place on 17 and 18 November 2016. The inspection team consisted of two inspectors and a specialist advisor. The specialist advisor was a registered advanced nurse practitioner, non-medical prescriber and a registered nutritionist.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service.

During the inspection, we spoke with two people who used the service and eight visitors. We also spoke with the registered manager, the deputy manager, the administrator, two nurses, two senior care workers, two care workers and two kitchen assistants.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed the care records of seven people and four staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, staff rotas, meeting notes, monthly audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

Visitors felt there was not enough staff to meet people's needs. A visitor told us, "There is not enough staff." They gave an example of when their relative needed changing into dry clothes. They said, "There isn't staff around to do it. They never knowingly leave them." They also told us that their family member had had a few unwitnessed falls. Another visitor said, "Staffing has been an issue, sometimes they have been down to two staff, when they really need three due to the level of needs people have". Staff told us they did not feel there was enough staff. One staff member told us, "Not enough staff but the manager is listening." They went on to say that they did had regular staff on units for consistency and that the manager was supportive. Another staff member told us that staffing levels were challenging at tea time as staff had to wash up. The manager refuted this later and said staff were employed specifically to do this. A nurse told us, "Things are strained. We are literally on the go all the time." They told us that as a result paperwork was not getting completed. They were confident that care was given but said that it was not always documented. They said, "We are not covering ourselves." We found a lot of required information was missing from care records suggesting that this was an accurate reflection of current arrangements. We found there were times when there was not enough staff to meet people's needs in a timely manner. For example, at lunchtime there were limited staff to support people as three people needed support with eating their meals, which meant there were no free staff to offer support to other people. One person was receiving support with their meal and the staff member had to be called away to do something else. This meant the person had to wait to receive support. We saw staff were continually present in the lounge area throughout the inspection, however, where people required support from more than one staff member we saw they had to wait. This meant people sometimes had to wait to receive the care and support they needed. We spoke with the registered manager about the staffing levels. They recognised there was not always enough staff to support people. The registered manager told us, "I think we could do with more staff, I would like to take people out, who can go". This showed us there were not always enough staff to meet people's needs at the time they needed it.

Safely recruited staff were in place to provide support to people. The provider ensured checks had been carried out before new staff started work. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with in a care setting. We saw staff files also contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment.

People were not always supported to manage risks to their safety and wellbeing. Relatives told us risks to people's wellbeing were assessed and reviewed with plans in place for staff to follow. They told us staff understood the plans and followed any advice given by outside professionals. We saw the provider identified and assessed risks to people's safety and wellbeing. These included risks associated with mobility, eating and drinking and transfers. We saw people's care plans contained information, which identified the individual risks and then gave instructions on how to manage risks for staff to follow. For example, we saw one person was at risk of falls, staff could describe the actions they needed to take, and we were able to confirm this was as recorded in the care plan. We saw staff following these actions, for example, monitoring the person's location. In another example, we saw staff supporting one person to transfer safely from their bedroom to the lounge whilst being supported to walk by staff, as outlined in their care plan. However, we

saw one person slide from a chair in the lounge area. We spoke to staff and the deputy who confirmed this person was at risk of sliding from the chair. We looked at the risk assessment and plan for this person. This identified the risk and gave instructions for the person to be seated on a beanbag to avoid sliding from chairs. We asked staff why the person had not been sitting in the beanbag at the time of the incident. Staff told us this was because they had to have their meals in an upright position, records we saw confirmed this. Staff had not yet completed the transfer to the beanbag. The person had finished breakfast over an hour earlier. This showed staff did not consistently follow people's care plans.

People and their relatives told us they felt safe using the service. One visitor told us, "[My relative] is safe. They've had a few falls and they [the staff team] have made adjustments to keep them safe". Another visitor told us, "[My relative] is much safer here than when they lived in the flat on their own, they did not see anyone all day". Another visitor said, "[My relative] is safe here, staff are always in the lounge observing people, this is very important due to the nature of some people's illnesses". Staff had received training in safeguarding adults and could describe the signs of potential abuse. Staff could tell us about the action they would take if they observed an incident or activity they felt was potential abuse and how to contact the local authority safeguarding team if the situation was not investigated. Staff told us that they felt able to approach the registered manager if they had concerns. This meant people were supported by staff who understood how to safeguard them from potential abuse.

Staff understood what action to take in the event of an accident. They told us they would request support from a nurse to check the person for injury and take appropriate action. We saw staff respond appropriately when one person had an accident during the inspection. Accidents and incidents were reported to the registered manager. We saw individual accident forms were included in people's care records and they detailed how the accident happened and what action had been taken. This showed staff understood what action to take when someone had an accident.

People received their medicines as prescribed. We observed staff administering medicines. Staff asked people if they were ready to take their medicines. They followed the instructions which included how people preferred to have their medicine administered and recorded on the medicine administration records (MAR). Staff told us they received training in medicine administration annually and had their competencies checked every three months. The records we saw supported this. The deputy manager said, "If there is an incident regarding medicine administration we have a recorded conversation with the staff member and re train them before checking competencies again".

Some people received their medicines covertly which means they were being given this without their knowledge. We saw advice from a pharmacist was in place to ensure the medicine remained effective. Plans were in place for people that had medicines prescribed to be given when they required them (PRN), for example pain relieving medicines. These described the circumstances in which the medicines may be required and the types of pain the person experienced. Staff understood these plans, for example, they could tell us what they needed to look for to see if someone was in pain. Medicines were stored safely. There was a storage trolley and medicine room for each unit, which provided lockable facilities. Appropriate temperatures were maintained for medicines that required cool storage; these were monitored daily and recorded. Suitable storage was provided for medicines that required additional security. We found the recording and administration of these controlled medicines was completed accurately. This meant people were supported to receive their prescribed medicines safely.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills and knowledge to support them. One relative said, "I don't think they understand things sometimes, when they are new in post". We found staff had the skills to support people. For example we observed staff using safe manual handling techniques when supporting people with transfers and we found staff could recognise when people's behaviours changed identifying that they were becoming unhappy or unsettled. We saw one person was asking about their phone. A staff member heard them telling someone and immediately went over and offered reassurance. Their response settled the person. We saw staff administer medicines safely and in line with the medicines procedure. New staff completed an induction which included shadowing shifts were undertaken ahead of working alone. We saw the training records which showed staff had completed training in areas such as moving and handling, safeguarding, infection prevention, medicines and MCA. Staff told us they felt the training and induction were effective and supported them in their role. We did see one occasion when two staff members were unsure of how to support one person that was becoming anxious. Another staff member was called and they were able to support the person. The registered manager told us they recognised staff needed more training in dementia and had arranged for staff to complete this as a mandatory course, we saw this was arranged for the week after the inspection. This showed us staff had the skills and knowledge to support people effectively.

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 as least restrictive as possible. Staff understood the principles of the MCA, they could tell us about how to seek consent and what action they took to make decisions in people's best interests where they lacked capacity. We saw staff ask for consent before carrying out care and support tasks. For example, we saw one staff member ask a person if it was ok for them to remove protective clothing they had worn whilst eating their meal. We saw staff asking if people were happy to receive their medicines. Where people lacked capacity to consent we saw an assessment of capacity had been carried out about the specific decision to be made. We saw best interest meetings were held and a decision was recorded about what was in the person's best interest. For example, one person was refusing medicines, a MCA assessment had been completed which confirmed the person did not have capacity to understand the impact of the refusal to take medicines. A best interest meeting was held, which included the persons GP and a pharmacist. In another example, we saw some medicines were administered covertly. This meant people did not know they were being given. Best interest decisions had been made for people who were assessed as lacking the capacity to make decisions about taking their medicines. This meant people's rights were protected as staff understood the principles of the MCA.

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). The registered manger and staff understood the MCA and how to support people when their liberty was restricted. For example, they could explain what action to take if people did not give consent and where they may need to make decisions in people's best interests.

We saw where people had been deprived of their liberty in order to protect their health and wellbeing; the registered manager had submitted applications to the Local Authority and DoLS authorisations were in place. We saw the care plans reflected the information contained in the approved DoLS. This showed us where people's liberty was restricted it was done in line with the principles of the MCA.

People and their relatives told us the food was good and they could choose what they wanted to eat. One person said, "I have had bacon and eggs for breakfast, the food is alright and I can choose what I want". A visitor told us, "Overall the quality of the food is good, the cook is excellent and there is always a choice on the menu". The cook told us people could have a choice of food and drinks. We saw menus were in place and the cook told us these were changed to follow the seasons. We saw there were alternatives for people on the menu and the cook told us about how people could request other meals if they did not like what was on offer. We observed people had chosen different meals on the day of the inspection. This showed people had a choice of food and drinks.

People had their nutritional and hydration needs met. Staff told us they were aware of people who had risks around food and fluid. For example, they told us about people who were at risk of choking and how they had to support them to have a purred diet and thickened fluids. They said they followed the advice of Speech and Language Therapy Team (SALT) and this was documented in people's care plans. The records we saw supported this. The SALT team assess when people have risks with eating and drinking and provide advice to keep people safe. We saw staff preparing thickened fluids for people who required them. We saw that one person had a nutritional risk assessment in their care plan. The plan said they should have supplements as they were at risk of losing weight. We spoke with that person's relative. They were aware of the situation. They told us, "Staff are doing what they can to encourage [my relative] and are watching and monitoring them". In another example, we found one person who was at risk of malnutrition, aspiration, dehydration and pneumonia. We saw an assessment by the SALT team which gave instructions on the best approach to manage the risks to this person's health. These instructions had been written into the care plan for staff to follow. Staff could describe how they supported the person, which was in line with the instructions. This showed people were supported with their nutritional and hydration needs.

A visitor told us, "I have always been told about any health concerns, for example when [my relative] was unwell the nurse waited after their shift had finished to talk to me when I arrived about how things had been". Staff told us people could access support from health professionals. For example they told us the GP visited weekly and would come out whenever required or they could access an out of hour's service. Staff told us they had support from the SALT where people needed specialist support with eating and drinking. Staff told us how visits from professionals were recorded and could give examples of the advice they had received. We saw staff followed the advice from the SALT team when supporting people. One visitor shared concerns about their relative with us. We spoke to staff and they told us they were liaising with the GP about this person. We spoke to the GP, as they were visiting on the day of the inspection and they confirmed they would further review the person following the concerns raised by the relative. This showed people had access to health professionals and were supported to maintain their health.

Requires Improvement

Is the service caring?

Our findings

Relatives told us that staff treated their family members with respect and in ways that maintained their dignity. We observed some positive examples from staff of how they observed privacy for example we saw one staff member say, "Would you like me to close your door or leave it open for you". However, we observed some staff used language to speak to people that did not promote dignity and described the care and support they were offering in a ways which was not respectful. For example, one staff member was heard to say, "Here's your dinner mate. Open up sweetheart". We heard another staff member ask, "Does he need feeding?" We heard another member of staff refer to one person as a "lazy chewer". This showed that staff were not always respectful when speaking with or about people and did not always ensure people were treated with dignity. We observed staff did not observe people's privacy when supporting people. For example, we saw staff apply topical creams and eye drops in the dining area while people (including the person they were administering to) were eating their food. In another example, we saw staff did not protect people's privacy when a visiting GP carried out medical procedures in the dining area. We spoke to staff about this and they told us it would have taken too long to take people back to their rooms to receive the procedure. The manager told us that they were aware some staff were not reflecting the values of the service and that they were working to address this via formal processes. This meant staff had not considered people's privacy and dignity when people received care and support.

People were not always supported to make choices and decisions for themselves. Relatives told us that they had been involved and consulted in how their family member's preferred to be supported. Staff told us they gave people choices about their care and support. However, our observations showed staff did not always allow people to make their own decisions. For example, we saw staff give people a drink, without checking what they would like. One person said, "This is not very nice tea, it has no sugar in". A staff member explained to the person it was coffee and the person said, "I like sugar in coffee". The staff member did not respond and did not add sugar to the person's coffee. We did see some examples of staff offering choice. We observed staff offering some people choices, for example, one staff member said, "[A person's name] would you like a cup of tea of coffee". In another example a staff member said, "Do you want to sit here [person name]". The person was seen indicating they would like to take that chair. This meant people were not consistently involved in making decisions and choices.

People were supported by staff that were kind and caring. One person told us, "They're all lovely." Relatives also spoke highly of the staff team. One relative told us, "They [staff] are brilliant. They are so caring. They can't do enough for people. There is a nice atmosphere and staff are friendly." Another relative said, "My [family member] is well cared for. Staff are always polite and courteous. Some of them are really good and I admire them all." A visitor to the home told us, "Staff are caring and courteous. They have a wonderful rapport with people." We saw some positive interactions between people and staff that demonstrated their caring approach. We saw staff offer reassurance and comfort. For example, one staff member offered reassurance to a person who was getting upset. They spoke calmly and reassuringly to them. The person responded positively and calmed down. In another example, we saw one person welcomed seeing a member of staff they had not seen for a while and spent time telling them about an outing they had been on. The staff member listened and showed interest in what the person was saying. The person was seen

smiling and enjoying the conversation. The registered manager told us, "There are some very kind and caring staff." They went on to say this was an important factor when employing staff to work in the service.

Requires Improvement

Is the service responsive?

Our findings

People did not always have opportunities to follow their interests and take part in social activities.
A relative told us that they had seen some activities taking place. They gave examples of painting, drawing and knitting. Another relative told us, "There is a lack of activities." Staff supported this view. One staff member told us, "There's not a lot going on. But we do what we can do." The activities coordinator told us that, "Staffing logistics is an issue." There was an activities calendar, which was followed on both days of our inspection however, the success of the activity depended on staff being available to take people to where it was happening. We saw staff inviting people to attend a coffee morning a number of people responded positively to this, however, two people that wished to attend were still waiting 45 minutes after the event started. We also saw people having tea and biscuits prior to the event, which suggested a lack of joined up working between staff. We saw people enjoying an activity, the area was full of chatter and people were smiling, previously people had sat in silence and not interacted with others. Relatives and staff told us even when people could not interact, they enjoyed the atmosphere of the events. Staff did not know peoples individual likes and hobbies. The activity coordinator said, they wanted to develop their role to look at how they could meet individual needs. Records in care plans were not completed or up to date so did not reflect what people had done each day. The registered manager told us they were trying to develop activities within the home and involve the local community. For example, they were hoping to arrange some ex armed forces people to come in to chat with people who had been in the forces. People were not always able to follow their interests and take part in social activities.

People received support from staff who understood their needs and preferences. Visitors told us staff understood their relatives likes and dislikes and how were responsive to their needs. For example, one visitor told us how staff responded when their relative had a fall, contacting them promptly and taking action to reduce the risks of reoccurrence. Visitors also told us their relatives had their needs assessed before coming into the home. We saw people had an assessment on admission and this informed a care plan, however the care plans did not always reflect the detail staff understood about people and their needs and preferences. Staff knew people's likes and dislikes including those of the person admitted on the day of the inspection. Staff could give examples of how they were working to respond to people's needs. For example they described reducing noise on the unit to support people with dementia. They told us by using plastic scrapers to empty food from plates and swing bins instead of the pedal bins this had reduced some people's levels of agitation. We observed staff accommodated people's needs and preferences. For example, meeting a cultural dietary need by providing halal meat and making adjustments for people with a visual impairment. In another example, staff had supported one person to heal a pressure area. Staff told us that the person had been kept mobile and they used a pressure mattress. This showed us people received personalised care and support which met their needs.

Relatives told us that they would approach staff or the registered manager if they had a concern or a complaint. One relative told us, "I know the manager is there if I need them. I spoke with them about a reassessment and I am confident this will happen. I like the informal approach to sharing concerns." Another visitor said, "I know if I have concerns I can raise them with the seniors or the nurse in charge". We saw two recent complaints had not been substantiated and there was no record of the outcome having

been shared with the people who had complained. Complaint summary records were not sufficiently detailed to demonstrate the process was effective. This suggested people did not always receive an outcome following a complaint.

Requires Improvement

Is the service well-led?

Our findings

The registered manager could not be assured peoples care records were completed robustly. We found there was a system in place to check peoples care records, however the system did not always identify where peoples care records were incomplete. For example, we found daily records for one person did not show sufficient detail about their food and fluid intake to determine if the person's needs had been met and there had been no evaluation by the nursing staff to determine if the care plan was addressing the person's needs. We found there was insufficient monitoring of the care plan to identify where there were gaps in people's records. For example, one person had been unwell and had been admitted to hospital. There were no documented reasons for the admission on the person's care records and staff gave different explanations as to why this person had been admitted. When we spoke to the registered manager about this, they could not establish the cause of the admission. In a further example we found daily care records for one person were not detailed enough to confirm whether staff had followed the advice from health professionals. The deputy manager told us the lack of nursing staff meant records were not always maintained as accurately as they should have been which made monitoring care was difficult. This showed the systems in place to monitor care delivery were not always effective.

The registered manger undertook other management audits to check the quality of the service people received. They told us they had an electronic record of all accidents and incidents in place to enable them to monitor for patterns. The records we saw confirmed this. We also found there were audits in place which checked on the quality of the service people received. These included medicines audits, kitchen audits, infection control and property audits. We could see where issues had been identified action had been taken to address these. This showed the registered manager audited some aspects of the service and issues identified were actioned.

We received mixed views from relatives about how the management team received feedback about the service. One person told us they had told the managers about having to wait sometimes to get up in the morning as staff were busy, however nothing had been done about it. Whilst a relative said, "The registered manager is very approachable, and since they were in post things have improved". Another relative told us they had not been satisfied with how the home was managed. Relatives had mixed views about the leadership within the service. One relative said, "The seniors need to lead the staff group more" Another relative told us, "Staffing has been an issue sometimes". Staff told us they had support from the management team. They said they had supervision to talk about their role and could approach the management team for support. We saw records, which supported what staff had told us about supervision. Staff told us they could access support from the management team. For example, the cook said the management team always responded promptly to requests for additional equipment for the kitchen and made this available. Staff understood the roles of the management team and told us supervision was given by their line manager. This was shared across different roles within the service. The registered manager told us "12 months ago; the service was not in a good place." They told us since taking up post they had worked to make improvements. For example, they have spent time changing the staff culture. They told us they had made staff aware that grievances would be managed through the company policy but staff could come to the management team with issues, which would be discussed. Staff confirmed what we were told. They told

us they had ensured newly appointed staff were kind and caring and understood the values of the service. We found the managers and staff recognised there were issues requiring improvement. For example with staffing levels. This meant there was a shared understanding of how the service needed to develop and where improvements were required.

The registered manager ensured notifications were submitted to CQC in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

People and their relatives had made positive comments about the service staff and managers. For example, one visitor told us, "Staff manage well. When they see difficulties they intervene". They commented about the managers telling us they were a, "Good management group. They listen. It is well run." They told us the service was always clean and tidy and well presented. Another visitor told us they found the nursing staff were approachable, whilst another said, "I would recommend the service to other people, it is a good home. If I had to live here I would love it". Staff told us they felt managers were approachable and they could share ideas and seek support where they needed it. One staff member shared an example. They told us, "We didn't have the understanding to support people with dementia, and now the training has been arranged". The cook told us they worked well with staff to manage risks to people related to their nutrition. We saw staff were able to approach the management team, with the deputy manager and the registered manager available to staff throughout the inspection. The registered manger told us they had been working on developing the values of the home. They said they had made progress since they started but recognised there was more to do. They told us, "Staff morale is better now. Improving the culture has helped". This showed people, staff and relatives felt the management team were approachable and there was evidence of a positive culture within the home.