

Anchor Hanover Group

Lightbowne Hall

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lightbowne Hall is a residential care home providing personal care to up to 52 people. The service provides support to older people, some of whom are living with dementia. The home has 3 floors, each floor having their own lounge, dining area and adapted facilities. At the time of our inspection there were 47 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and / or who are autistic.

People felt safe living at Lightbowne Hall. Risks were identified and guidance was in place to manage them. Additional details would improve the risk assessments for when people may become agitated. People received their medicines as prescribed. Thickeners used to reduce the risk of choking were not recorded when used. This was rectified during the inspection.

There were enough staff to meet people's needs, although staff were busy on the ground floor due to people's support needs. Staff were safely recruited. Equipment was regularly checked and serviced in line with legal guidelines. Incidents and accidents were reviewed for any learning to reduce further occurrences. The home was clean throughout, and infection control was well managed.

Staff had the training and support to carry out their roles. Staff said the management team were visible in the home and approachable if they needed to speak with them. People's health, nutritional and hydration needs were being met. Referrals were made to medical professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives said the staff were kind, caring and respectful. Staff knew people's needs and preferences. People's cultural needs were met.

Care plans provided guidance for staff in meeting people's needs. People and their relatives were involved in agreeing and reviewing their care plans. Two members of staff took the lead for arranging activities and trips out. Staff organised activities on each floor and had completed training for armchair exercises. People's wishes for their care and support at the end of their lives was recorded.

A quality assurance system was in place. Regular audits were completed, and any actions identified assigned to a named person with agreed timescales for completion. The provider had oversight of the service through provider audits. Relatives said there was good communication with the staff team and any concerns they had were addressed. Staff said they enjoyed working at Lightbowne Hall.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 May 2021, and this is the first inspection. The last rating for the service under the previous provider was good, published on 11 September 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below. □

Good ●

Lightbowne Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors 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.

Service and service type

Lightbowne Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lightbowne Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The deputy manager had stepped up to the manager's role and had been in post for 2 months. They had applied to register with the CQC. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 5 relatives about their experience of the care provided at Lightbowne Hall. We spoke with 15 members of staff including the manager, deputy manager, district manager, team leaders, care assistants and chef. We also spoke with 1 visiting professional.

We reviewed a range of records, including 7 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance and incident reports.

We observed the support provided throughout our inspection and viewed the environment of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. Prescribed medicines were managed and administered safely. Medicine administration records (MARs) were fully completed.
- Thickeners are added to people's food and drinks if they experience difficulty in swallowing and can help prevent choking. Guidance was in place where required, for the consistency of a person's drinks. However, staff did not record when they had added the thickener to a drink. Recording of when thickeners had been added to drinks was put in place during our inspection.
- Guidance was in place for medicines administered 'as required' (PRN), including how the person communicated, either verbally or non-verbally, they required the PRN to be given. An extra recording sheet was used for all PRNs; however, this did not always reflect the MARs. All PRN stock quantities checked corresponded with the number of tablets administered recorded on the MARs.
- Additional information was provided to guide staff in the use of topical creams. Care assistants recorded when they had applied the topical creams.

Staffing and recruitment

- People and their relatives thought there were enough staff on duty. One person said, "There is always staff around day and night, and they come in regularly and check on me."
- Some members of staff said they were very busy on the ground floor and needed an extra member of staff. We observed the staff on the ground floor were busy as a lot of people needed 2 staff to support with personal care and moving and handling. Staff also had to support 7 people with their meals. We discussed this with the manager, who during the inspection implemented care assistants moving from other floors to the ground floor at mealtimes to support people with their meals.
- A dependency tool was used to identify the number of staff needed for each shift. The number of night staff was due to increase to 6 per night to meet people's current needs.
- Staff were safely recruited, with all pre-employment checks completed prior to the new member of staff starting work.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and planned for. More details were needed in a few risk assessments to identify the risks of people becoming agitated and how to support them at these times. Staff knew people and how to use appropriate de-escalation techniques when needed.
- Where necessary referrals were made to external agencies so additional advice and support could be provided.
- Additional monitoring was in place where changes in people's needs had been identified, such as weight

loss or falls. Hoists, call bells and sensors mats were used to help keep people safe and to alert staff if someone needed support.

- Equipment was regularly checked and serviced in line with legal guidelines. The legionella risk assessment was over 2 years old. Water industry standards recommend a new risk assessment is completed by a qualified person every 2 years. This was arranged shortly after our inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. People and relatives thought they were safe living at Lightbowne Hall. One person said, "I am a lot safer here. I had falls at home and I haven't had any since I have lived here" and a relative told us, "I've no concerns over safety. The staff are top notch on everything. They know what they are doing when they hoist from bed to the chair. They are very knowledgeable and skilled at what they do."

- Staff knew how to report and record any concerns, incidents, or accidents. Incidents were reviewed, and risk assessments updated where appropriate. Care staff said they discussed any incidents during the daily handovers and how they could support people to reduce the risk of a reoccurrence.

- Staff had completed training in safeguarding vulnerable adults.

Preventing and controlling infection

- The home was clean throughout.

- We were assured that the provider was admitting people safely to the service. Staff used PPE effectively and safely.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed and the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives were freely able to visit the home and stay for as long as they wished to. A relative said, "It's easy to visit and there's not really any restrictions."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training for their roles. Compliance with the training courses considered mandatory at Lightbowne Hall was high.
- Staff said they were well supported by their colleagues, the manager and deputy manager. They felt able to speak with them if they had any concerns or ideas. Daily handovers were held to ensure care staff knew about any changes in people's support needs and wellbeing. Staff had regular supervision meetings to discuss their work and any training they needed. Staff meetings were also held to discuss plans for the home and provide staff with an opportunity to raise any ideas or issues.
- New staff completed induction training and shadowed experienced staff to get to know people, their needs, and routines before working on the rota. One care assistant said, "I couldn't start until I'd completed all the e-learning and I also did a face-to-face induction, with moving and handling and fire training. I did three days shadowing and the manager asked if I needed longer."
- Members of staff who wanted to progress their career were supported through the providers 'My Future' programme. This provided training and support for staff to move to the next grade, for example care assistant to team leader.
- The provider (Anchor) was arranging staff awareness training for supporting people with a learning disability and autistic people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and well-being. People's health needs were identified in their care and support plans.
- People had access to a range of health care professionals, for example district nurses, speech and language team and podiatry. Weekly visits were made by the local GP surgery and the district nurses regularly reviewed people's skin integrity. This helped to ensure people's changing needs were quickly responded to.
- If people became unwell, the local Reactive health team would visit and were able to prescribe short course medicines. We were told this system worked well and the Reactive team were responsive when called. A relative said, "The staff keep me updated if there any changes to [name's] health and let me know if they have spoken to the GP."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain their nutrition and fluid intake. We observed staff supporting and

prompting people to eat and drink throughout the inspection.

- People's nutritional needs were identified in people's care plans. The chef was made aware of all people who required a modified diet and if there were any changes in people's dietary needs. The chef had a written record of people's dietary needs for reference.
- Where people were at risk of malnutrition, they were offered a fortified diet, supplements and their weight and nutritional intake were monitored. A relative said, "I discuss [name's] nutritional needs with the staff as this can fluctuate. The staff are around and have time to talk me."

Adapting service, design, decoration to meet people's needs

- Lightbowne Hall is a purpose-built care home. The corridors were wide to enable wheelchair access and adapted bathrooms were available on each floor. Bathroom grab rails and toilet seats were dark blue, so they stood out against the wall colour and toilet. Adaptive crockery and cutlery were used to assist people to be as independent as possible.
- People's rooms were personalised with their own belongings and photographs. Each person had a photograph of themselves or something important to them on their bedroom door to support them to orientate themselves within the home.
- An accessible garden enabled people to spend time outside when the weather allowed. Work was due to start shortly to improve the garden area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-admission assessment was completed for everyone moving to Lightbowne Hall. This used the information provided by other professionals, for example the hospital or a social worker.
- People, where possible, and their relatives were encouraged to visit the home before deciding if they wanted to move there.
- The deputy manager would also contact the professionals to clarify the support needed and to ask for additional information. They visited the person to obtain information about their care needs, likes and dislikes. People's relatives were also involved in the initial assessment where appropriate.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity to make particular decisions was assessed. Where people were not able to make decisions for themselves a best interest decision was made involving relevant people.

- Where people's relatives made decisions on their behalf, we saw legal authorisation was in place for them to do so.
- We observed and heard care assistants asking for people's consent before providing support throughout the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed positive, warm interactions between people and all members of staff throughout our inspection. People were relaxed and staff gave people choices and explained what they were doing when supporting them. Staff were seen to be responsive to people's needs.
- People and relatives were positive about the staff team. One person said, "The staff are really good, respectful, polite and attentive." A relative told us, "The staff are very welcoming and friendly. They go the extra mile if I can't visit they offer to do video calls."
- A relative felt all staff 'knew' who their relative was. They said, "The staff know [name] well. They are very respectful and know what they like and dislike. [Name] is particular about their hair and makeup and the staff always go to a lot of effort for them to look nice."
- Care plans detailed what people were able to do for themselves and care assistants described how they prompted people to be involved in their own care where possible. One person said, "Staff respect my privacy. I like to keep as independent as I can. I am a morning person and like to get up early. I have a shower every morning and the night staff knock on my door and ask if I would like my back washing."
- People's cultural needs were identified and respected. The home accessed a weekly church service via Zoom.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care where they were able to do so.
- Staff respected people's choices about their care and support. One person said, "The staff know me well. I prefer to stay in my bedroom, and I choose to eat my meals in their too. The staff respect that and they always make the time to come and talk to me. I am well looked after."
- People told us the staff knew their needs and wishes. One person said, "I prefer a female and its always a female that helps me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection under the previous provider, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the registered manager checked when care plans were reviewed to ensure they reflected people's current needs. Improvements had been made.

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Information was kept under review reflecting people's current and changing needs.
- Some care plans needed additional detail to be added to fully describe people's needs. This had already been identified in the homes own care plan audits. The manager and deputy manager were supporting the team leaders to ensure this was included for all new care plans and across all existing care plans going forward. Staff knew people's current support needs.
- Where appropriate, people's relatives were involved in planning and reviewing people's care and support needs. A relative said, "I feel fully included in the care plan and kept informed of any changes."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives thought there were enough activities arranged at the home if people wanted to be involved. One person said, "I enjoy the trips out and have been to a few places. The staff take me in the wheelchair. I went to Bury market last week; it was a good day out." A relative told us, "There are plenty of activities and the staff encourage [name] to join in."
- Two members of staff took the lead in arranging the trips out and weekly afternoon tea get together. The care assistants were responsible to arrange and promote activities on each floor. Staff had received training on an armchair exercise programme, which used youtube videos to encourage people to take part. We saw crafts and puzzles were available and staff encouraged people to become involved. However, we were told this wasn't always easy as they also had to meet people's support needs.
- The local authority quality team said the home had engaged with them in evidencing the person-centred activities arranged.

Improving care quality in response to complaints or concerns

- Lightbowne Hall had a complaints policy in place. One complaint had been received in the last 12 months and this had been investigated and responded to as per the policy.
- Relatives and people said they knew how to make a complaint if they needed to. Issues would be dealt with informally after speaking with a member of staff and therefore not need to move to a formal complaint.

A relative said, "I raised a concern to the manager, and they addressed it straight away."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known and recorded. We observed staff communicating with people throughout the inspection. We observed staff showing people the meal options on separate plates to assist them making a choice of what they wanted to eat.
- The provider was able to access information in alternative, accessible formats when required.

End of life care and support

- No one was receiving end of life care at the time of our inspection. People's wishes for their end of their live care was discussed with them and their relatives, if they wished to do so, and recorded.
- The home worked with community healthcare professionals to ensure people's end of life wishes were met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- A quality assurance system was in place, with a schedule of audits for care plans, medicines, and health and safety. The district manager completed a monthly visit audit.
- Actions were identified and delegated to a named person where improvements were needed. These were seen to be reviewed by the manager and deputy manager and signed off when completed.
- A new monitoring form for those people assessed as being at high risk, for example due to weight loss or skin integrity issues, was being introduced. This would increase the oversight of managing these risks.
- The manager and deputy manager reviewed all incidents to look for any trends or patterns and ensure appropriate actions were in place to support people and reduce the risk of any reoccurrence.
- The manager and deputy manager attended meetings with their counterparts in the provider's other local homes. This enabled them to learn from each other, for example to problem solve or if there had been an incident in one home, how the lessons learnt could be used in the other homes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives said the communication with the home was good, with staff calling them when needed to update them on how their relative was. One relative said, "The staff are very knowledgeable, they keep me updated of any changes."
- The manager had arranged a series of meetings for relatives so they could gather their views and explain current plans for the home.
- People and relatives knew the manager, deputy manager and the staff team supporting them. They said they could speak to the management team if they needed to do so and any concerns they had would be addressed. One relative said, "I know the manager, they are usually around and very approachable. The staff don't change much."
- The staff team liked working at Lightbowne Hall. They said communication within the home was good and they could speak with the team leaders, manager, or deputy manager if they needed to do so.
- The manager and deputy manager were visible within the home, attending handover meetings and carrying out several 'walk rounds' each floor every day.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staff structure at Lightbowne Hall, and staff knew their own roles and who to speak with

if they needed advice or if there was an issue or incident.

- The management team said they felt well supported by the district manager, who visited regularly and was available by phone if required.
- A regional support manager was available to provide advice and support to the home if required. They would also support the deputy manager when the manager was on leave.

Working in partnership with others

- The home worked well with a range of professionals and made appropriate referrals, for example, to the GP, district nurse, dieticians, speech and language team (SALT) and podiatry. A visiting medical professional said, "Staff know people well and notice any changes. They follow the advice given and have all the relevant information available when I visit."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and deputy manager were aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.