

Anchor Carehomes Limited

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lightbowne Hall is a residential care home that provides personal care and accommodation for up to 52 people, some of whom are living with dementia. There were 44 people living there at the time of our inspection.

People's experience of using this service

Staffing arrangements had improved and were regularly reviewed by the registered manager to ensure these continually supported people's safety.

Staff were recruited safely; they received regular support and training. New staff were provided with an induction which provided them with the relevant knowledge and skills for their roles. The registered manager reviewed staffing arrangements on a regular basis, so they could continually improve these when required to effectively meet people's individual needs.

There was a positive and relaxed atmosphere in the home which we found to be homely and well run. People living in the home interacted freely and staff were seen to be caring and supportive.

People were supported to receive their medicines and were happy with the arrangements in place for staff to assist them with their medicines. However, we found some PRN (as required) protocols needed further detail to inform staff when people may need to administer these medicines. We passed this feedback on to the registered manager who ensured they were reviewed during the inspection.

People we spoke with told us staff responded to their health needs. People were supported to eat and drink enough and had a choice as to where to eat their meals. We did however receive a small number of negative comments regarding the quality of food on offer, which the service was already aware of and plans were in place to resolve this.

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

People's needs were assessed, and they had care plans in place. However, we found two of the five care plans we looked at had not been updated to reflect a recent change in equipment used. On the second day of the inspection the care plans had been updated. We made a recommendation about this.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well and understood how to care for them in a personalised way.

The environment was adapted to meet people's needs. Regular monitoring of the home ensured that

quality of care was regularly reviewed, and improvement measures were in place.

At this inspection, we found the managerial oversight of the service had improved and the quality assurance checks in place enabled the registered manager and senior staff to pro-actively respond to identified events.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 August 2018) where three breaches of regulations were identified. The provider completed an action plan and attended a meeting with CQC after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors and one 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 or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we held on the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about.

We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. The information we received from the local authority indicated the service was making positive progress.

During the inspection

We looked at five care plans of people living in the service and three staff recruitment records. Records in relation to the management of the home were looked at. These included quality assurance audits, staff training, safeguarding, complaints, incident information as well as maintenance and safety checks.

During the inspection we spoke with 10 people at the home, three relatives, 12 staff members, the registered manager, the regional support manager, the district manager, the deputy manager and a nurse practitioner.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection in July 2018 we found the service was not staffed safely to meet people's needs. At this inspection we found the provider had reviewed their staffing dependency levels, which meant there had been an increase to the staffing levels on all three floors at the home.
- During the two-day inspection we observed staff attending to people's needs promptly. One person we spoke with told us, "I recently rang the call bell during the night as I was in pain, the staff responded as I wanted to go to A&E they rang the ambulance straight away which I appreciated." Another person told us, "The staff are always available when I need them. I am happy."
- People's relatives and staff told us they felt there were enough staff and there was always someone available if needed. Staff told us, "Yes we are now properly staffed", "We work well as a team, morale has improved and we finally have enough staff on duty" and "I am happy with the overall staff levels. I just hope the home doesn't change the staffing numbers or we will be back to square one again."
- The registered manager told us, and rotas confirmed that the use of agency staff had reduced greatly since our last inspection, with just a small number of agency staff being used during the night. The registered manager confirmed a high number of staff had been recruited and staff were happy to cover unplanned absences from work to avoid the use of agency cover. Staff also understood the importance to people's wellbeing of being supported by people who were familiar to them.
- There were processes in place to make recruitment as safe as possible. This included gathering references and a Disclosure and Barring Service check (DBS).

Using medicines safely

- There were safe systems in place to manage people's medicines. These were stored in locked cupboards so they were only accessible to staff authorised to do so. There was additional security for those medicines that required it.
- 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.
- PRN (as required) protocols were in place for people who only required medications to be administered when needed. We found some required further detail to inform staff when people may require these medicines. We passed this feedback on to the registered manager who ensured these PRN protocols were reviewed.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they received training in safeguarding adults as part of their induction and training profiles confirmed this.

- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern.

Assessing risk, safety monitoring and management

- People were safe because risk was assessed and managed. Staff knew about the risks to people at the service, and how to mitigate them.
- People's care records included risk assessments which guided staff about how risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking and moving and handling.
- People and their families were involved in decisions about how risk should be minimised. Their preferences were acknowledged, and people were not unduly restricted.
- People had access to a call buzzer system in their room to seek assistance; some people used sensor alarms by their bed which activated the call system if triggered. This gave assurances to people at risk of falling that staff would be alerted as they started to move about and so would go to assist them helping to reduce risks to people from falling.
- Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety, moving and handling equipment and the passenger lift. We saw the environment was free from clutter to reduce the risk of trips and falls.

Preventing and controlling infection

- The home was clean and tidy. Staff followed daily and weekly cleaning schedules.
- Staff actively encouraged those living in the home to keep their environment clean.

Learning lessons when things go wrong

- Accidents and incidents were recorded so that any themes or trends could be identified and addressed. The registered manager viewed the recordings of all incidents that took place.
- Risk assessments and care plans were reviewed and updated where necessary following incidents to try to prevent recurrence.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before coming to live at the home. This included for example their social needs, emotional needs, physical and communication needs.
- People's protected characteristics and diversity were considered and acted upon; staff took into account characteristics such as disability and religion when planning care.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. All staff had received induction training prior to commencing employment at the service.
- We viewed staff training records. Each member of staff had an individual training record and had completed the training the provider considered to be mandatory.
- At the last inspection in July 2018 we found staff supervisions were infrequent and did not follow the provider's supervision policy which required staff to have one-to-one meetings every four to six weeks and an annual appraisal. At this inspection we found improvements had been made. Staff received regular one to one supervision and told us they were fully supported.

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

- At the last inspection we found the overall meal time experiences on the first and second floors were not very well co-ordinated. At this inspection we found improvements had been made.
- At the midday meal, we saw that staff were attentive to people and offered support as needed. One person became distracted during their meal and left the table. Staff noticed and encouraged them back to the table and spent time with them so that they ate the rest of their meal.
- During the inspection we received differing opinions on the quality of meals on offer. Comments from people included, "The food on offer is good", "I don't mind the meals, but sometimes the quality is lacking" and "I don't like the meals on offer, sometimes the meal on the noticeboard is different to what is served."
- We provided this feedback to the registered manager and regional support manager who provided assurances that the catering staff were being reviewed at the time of inspection and commented that the permanent chef had been absent, which may have impacted on the quality of meals. We were satisfied the home had contingency plans to ensure people received their meals and plans were in place to review the kitchen staff arrangements.
- During the morning of the first day of our inspection we observed people being offered a cooked breakfast. This was very popular with the people living at Lightbowne Hall and was available daily along with a lighter choice.

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

- People received support from healthcare professionals when required. The service was in partnership with the local authorities' proactive primary care and pharmacy and medicines optimisation support services'. This meant people could receive medical support at the home and had fast track access to referrals if medical treatment was required.
- During our inspection there was a nurse practitioner visiting the home. They told us they had been working with the home and had introduced a triage tool to assess if a person needed an ambulance to attend A&E, if there had been an incident such as a fall. The nurse practitioner spoke positively and told us that the service had engaged well with this service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the MCA and were working within its principles. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- The registered manager was aware of forthcoming changes in how people's deprivation of liberty would be managed. They told us they had attended some training on this.
- If people did not have capacity to make decisions about their own care and support, we saw that a capacity assessment and best interests decision was undertaken. We saw examples of these, for example in relation to storage and use of people's personal information.

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

- The building had been well designed to meet the needs of people with dementia. The layout of the home was simple and easy for people to navigate. There was a large lounge/dining area centrally that was easy for people to locate and navigate towards on each floor. There was also a pleasant and secure garden area that people could access directly from the lounge. The garden area was well used by people, with lots of gardening activities taking place.
- Since our last inspection a cinema room had been installed. This room was completed to a high standard with a number of comfortable chairs available for people to enjoy a cinematic experience. A number of carpets in the communal corridors on the ground floor had been replaced since our last 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People were positive about the care they received and told us staff were caring. One person said, "All the staff are good. They know me very well. They look after me. And I can talk to them all." Another person commented, "The staff make me feel happy." One relative told us, "Couldn't be better, I feel mum is well cared for."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- Staff were fully familiar with people's likes and preferences, including their previous life experiences. Staff aimed to adapt care and support to maintain their interests, creating a person-centred environment.
- Staff knew when to support people and when time and space were needed to process information. We heard staff knocking on doors and working in collaboration with individuals to enable them to remain in control.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis. One person told us, "The staff often call me in for a chat about my care needs, I know I have a care plan that is often reviewed."
- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People were encouraged to maintain friendships and contact with their families. Family members and friends were able to visit whenever they wanted. One relative said, "I still feel included in my relatives care and kept well informed and can visit at any time."
- Staff and the registered manager had built up relationships with family members and we saw positive interactions between them. Relatives told us relevant information was shared and discussed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "I can ask any of them [care workers] to help me and they do help."
- People were encouraged to be as independent as possible. For example, they used adaptations at mealtimes to help people to eat without support.
- We observed people carrying out tasks independently, such as eating and drinking. Staff were on hand to provide assistance and encouragement if required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant aspects of people's needs were not always met.

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

- At the last inspection in July 2018 we found inconsistencies in people's care plans as some care plans failed to represent people's current needs. At this inspection we found a number of improvements had been made to the care planning format, which ensured care plans were much more detailed and person centred. However, we found two people's care plans had not been fully updated to reflect a change in their preferences.
- Although we were assured staff knew people's individual needs well and responded to these, care documentation was not always consistent in providing all the information to guide staff practices. We found one care plan had not been updated to reflect a recent change in mobility equipment. We spoke to the staff on duty who were fully aware of the correct equipment to use and we were informed this was an oversight in the care plan.
- The second care plan detailed a sensor mat was in place during the night, but we found this was no longer the case as bed rails had recently been introduced. We were satisfied staff were aware of these changes, but the care plan had not been updated which potentially could cause confusion for new staff. On the 2nd day of the inspection the care plans had been updated to reflect the correct changes.
- We discussed the care documentation and our findings with the registered manager and regional support manager. The registered manager told us improvements to care plans were still one of their priorities. They had taken steps to improve people's care documentation, by implementing care planning training for team leaders, which was due to take place.

We recommend the registered persons reviews the process of when care plans need to be reviewed following current best practice guidance to ensure people's needs are met and care plans are accurate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us, and we saw, they were able to effectively communicate their needs and wishes to a staff team who had taken the time to get to know them well.
- The provider had procedures in place to enable them to produce information in alternative, accessible formats when required.

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

- Since our last inspection the provider had recruited a district wellness coordinator. We met with them during the inspection and they provided us with a comprehensive activities file, which detailed what had been incorporated since this new role had been introduced.
- We found activities at Lightbowne Hall had moved to a team approach, rather than relying on individual staff. This meant the staff on duty were responsible for delivering activities. We found a number of helpful resources were made available for staff to deliver activities on all three floors.
- During the inspection we could see the progress that had been made at the service. However, we found the level of activities delivered on each floor varied depending on the staff on duty. We provided this feedback to the registered manager and regional support manager, who confirmed activities at the service was still a work in progress and they would be looking to review whether the staff team needed the wellness coordinator to undertake staff activities workshops to ensure staff delivered this role effectively.
- People spoke to us about the range of ways in which they enjoyed spending their time. These included joining in group activities, armchair exercise classes, music and singing, reading and watching favourite television programmes. One person told us, "I enjoy the activities on offer and recently we visited Blackpool, which was a great day out."
- We found the district wellness coordinator had made positive strides at making links with the local community. During the inspection we were informed they had met with a local football club who had links with dementia friends. People were encouraged to visit the football club and participate in a number of activities, which we informed was working well. The service had also made recent links with a sheltered housing scheme, where people from Lightbowne Hall were invited to visit for coffee mornings or events they held.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to ensure all complaints were handled fairly and consistently. We saw complaints received had been recorded and responded to in line with this procedure.

End of life care and support

- Staff received training on how to meet people's needs and wishes as they approached the end of their lives and worked with community healthcare professionals to ensure these were met.
- The home continued to be 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.
- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team at Lightbowne Hall had addressed the areas of concern raised at the last inspection. For example, they told us action was taken when people who lived at the home, relatives and staff raised any concerns. In addition, the registered manager was consistently reviewing staffing arrangements and developing roles, such as recruiting for team leaders and increasing staffing levels.
- The registered manager and provider had quality assurance systems and processes in place to enable them to monitor the quality and safety of people's care. This included a rolling programme of quality checks which focused on key aspects of the service, such as people's care planning, the management of medicines, health and safety arrangements and infection control measures. Since our last inspection, we found the auditing processes had greatly improved, which meant the provider had a better oversight.
- The registered manager understood their duties and responsibilities and was supported in their role by a deputy manager, the provider and their quality team.
- The registered manager notified the Care Quality Commission [CQC] and other agencies of any incidents which took place which affected people who lived at the home.
- The CQC inspection rating from our last inspection was displayed in the home as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw people and their relatives were relaxed in the presence of the registered manager who maintained a visible presence around the home during our inspection.
- People expressed positive views about the culture of management and staff. On this subject a relative told us, "We had trust issues when [person's name] first came to live at Lightbowne Hall. We wouldn't let the staff do anything, change their clothes, shower or shave. We now let the staff do more and more and we are thrilled with their progress."
- Staff spoke with us about shared values which focussed on people's wellbeing. One member of staff said, "[Registered managers name] has done very well since her arrival. She is very approachable, and I work well with her" and "We were recently asked if there was anything we wanted for service users. This was positive as we were encouraged to ask for things we think they may need. This has happened before, which I think is good."

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 registered manager and deputy manager engaged with staff and people using the service to help ensure good communication and high-quality support.
- Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager and provider.
- Relatives and people spoken with felt the manager and staff were open and the home was well-led.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.
- Staff spoke positively about the support they received from the management team. A member of staff told us, "We have been consulted about the hours we work and shift patterns."
- There were systems in place, so people would have the support they needed. These included referrals to external professionals to support people's diverse needs.
- The registered manager and provider talked about making continual improvements to the home environment to meet people's needs such as, creating a conservatory on the ground floor and opening the room to allow access to the garden area. This work had been agreed and new wicker furniture was on order.
- The registered manager took steps to develop and strengthen links within the local community. As part of this, children from a local school spent time with people and BBQs were held during the summer time. These were open to people's families.

Continuous learning and improving care; Working in partnership with others

- The registered manager and regional support manager were receptive to feedback throughout the inspection and were keen to continually drive through further improvements. For example, we spoke about the level of activities delivered on each floor varying depending on the staff on duty. This was readily acknowledged, and we were assured this would be addressed.
- The registered manager and regional support manager also showed they were open and accountable when we provided feedback about the inconsistencies we found with care documentation. Although they had already taken some steps they gave their assurances further improvements would be made to further promote personalised and consistently responsive care.