

Coverage Care Services Limited

Lightmoor View

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: Lightmoor View is a residential care home registered to accommodate up to 75 people. Accommodation is set out in six self-contained units. At the time of this inspection the service was providing personal and nursing care to 57 older people who were living with dementia. One of the six units was closed for refurbishment.

People's experience of using this service:

- People were positive about the care and support they received. One person said, "The staff are kind and friendly." A relative told us, "The staff have been wonderful, they all seem so very caring."
- The provider had made improvements to the service since our last inspection.
- Governance of the service had improved. Effective checks and audits were carried out to determine the quality of the care. The provider had acted promptly to address areas identified for improvement.
- Risks to people were monitored and procedures were in place to help keep people safe.
- There were safe systems for the management and administration of people's prescribed medicines.
- People were supported by adequate numbers of staff who were safe and competent to work with them.
- People were protected from the risks associated with the control and spread of infection.
- Staff understood the importance of ensuring people's rights were understood and protected.
- 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 health care and nutritional needs were monitored and understood by staff.
- People told us staff understood their needs and were kind, caring and compassionate.
- People had opportunities for social stimulation and were able to maintain links with the local community.

Rating at last inspection: The service was rated Requires Improvement at the last inspection in February 2018.

Why we inspected: This was a scheduled inspection based on the previous rating.

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

More information is in Detailed Findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Lightmoor View

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by three adult social care inspectors, a medicines inspector, a specialist registered nurse advisor to look at nursing practices 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:

Lightmoor View is a care home which provides nursing care to older people who are living with dementia. People in care homes receive accommodation and nursing or personal care. 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:

The inspection site visit was unannounced. It started and ended on 26 February 2019.

What we did:

The provider submitted a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority, commissioners and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted.

During the inspection we spoke with 14 people who lived at the home, seven relatives and two healthcare professionals to ask about their experiences of the care provided. 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. The registered manager was available throughout our inspection. We spoke with 12 members of staff which included nurses, care staff, domestic and administrative staff. We looked at 12 people's care and medication records, staff training records and records relating to the management 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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

At our previous inspection we found that care was not always safe and we had rated this area as requires improvement. At this inspection we found that improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "I'm safe. The staff look after me well." A healthcare professional told us, "I'd say things are safe and [people] are well looked after."
- Staff had been trained to recognise and report any signs of abuse. A member of staff said, "I've never seen anything concerning here. I wouldn't tolerate anything and would report it straight away."
- Where concerns had been brought to the attention of the registered manager they had informed the local authority safeguarding team and worked closely with them to investigate concerns to ensure people were safe.

Staffing and recruitment

- At our last inspection, we observed staff did not have time to spend quality time with people which meant they became bored and unsettled.
- At this inspection improvements were found. A member of staff said, "We always have time to sit and chat to people." We observed staff talking to people and engaging them in activities such as looking at magazines and singing.
- Staff told us there were enough staff on duty to meet people's needs and help keep them safe.
- Staff responded to any requests for assistance in a timely manner and they recognised when people needed support.
- The atmosphere in the home was relaxed and staff interacted and supported people in an unhurried manner.
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working at the home.

Assessing risk, safety monitoring and management

- There were effective procedures to assess and manage risks which staff understood and followed. These included, risks associated with pressure damage to the skin, mobility, eating and drinking and risks associated with behaviours which may challenge. Risk assessments had been regularly reviewed to ensure they remained appropriate.
- Regular checks were carried out on the environment and equipment used by people to ensure they remained safe to use.
- Maintenance staff were employed and any repairs were dealt with in a timely manner.
- External contractors ensured equipment, such as moving and handling equipment and the shaft lift were

regularly serviced and maintained.

- Staff were trained in fire safety and each person had an emergency fire evacuation plan (PEEP) which detailed how to support them to evacuate the building safely in the event of an emergency.

Using medicines safely

- At our previous inspection there were no clear protocols for the administration of 'as required' medicines.
- Improvements were found at this inspection. There were clear instructions for staff about when 'as required' medicines should be administered.
- People's medicines were managed and administered by staff who were trained and competent to carry out the task.
- Medicines were securely stored. People's medicine administration records had been fully completed and there was an audit trail of all medicines held at the home.

Preventing and controlling infection

- The provider's infection control procedures were understood and followed by staff. We observed staff following good hand hygiene and using single use personal protective equipment (PPE) appropriately when assisting people.
- Domestic staff ensured the home was kept clean and fresh smelling.
- A relative told us, "The rooms are all so very clean."

Learning lessons when things go wrong

- The registered manager maintained a record of any accidents or incidents. This helped to identify any trends. We saw measures were put in place to reduce the risk of the incident happening again and to reduce the risk of injury. For example, falls were closely monitored and the registered manager had reviewed the deployment of staff which had reduced the number of falls.
- When an accident or incident occurred, the registered manager informed the person's relative detailing the action they had taken.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection we found that care was not always effective and we had rated this area as requires improvement. At this inspection we found that improvements had been made.

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

- People's rights were respected. We observed staff asking people for their consent before assisting them. We also heard staff asking people if they were happy where they were and what they were doing.
- Staff were clear about how to promote people's rights. A member of staff said, "It's up to [people] when they get up and go to bed. Everything is their choice."
- Staff had been trained and understood the principles of the Mental Capacity Act 2005 (MCA).
- The 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate DoLS applications and had systems in place to renew and meet any recommendations of authorised applications.
- Best interest discussions had taken place where a person was unable to consent to a particular aspect of their care and treatment. An example included the administration of medicines covertly.

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

- People were assessed before they moved to the home to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to admission. These included religion and sexuality.
- Assessments were used to formulate a plan of care.
- At our last inspection care plans did not always reflect people's current needs.
- Improvements were found at this inspection. We found care plans provided staff with up to date information they needed to meet the person's needs and preferences.

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

- People saw doctors and other professionals to meet their specific needs when they needed. These included

GP's, dentists, opticians, speech and language therapists, physiotherapists and mental health professionals.

- People's health and well-being was monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified.
- A healthcare professional said, "We have very good and effective communication with the home. They inform us of any concerns straight away. The [people] are definitely at the centre of everything and staff always follow any advice we give." Another healthcare professional told us, "I have no concerns about people's health here. Staff get tissue viability nurses, speech and language therapists and others when needed."
- People were provided with specialist equipment to meet their needs. This included pressure relieving equipment, mobility aids and specialist chairs.

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

- People told us and we observed, they received enough to eat and drink and that their preferences were understood and respected. One person said, "The food is very nice."
- We observed a member of staff offering a person several meal options at lunch time as they had declined the options available. When the person said they wanted egg and chips, this was immediately provided.
- We observed people were offered a selection of drinks and snacks throughout the day.
- People's needs were assessed and understood by staff. Staff told us about people who required fortified meals, thickened fluids and those people who required their meals to be prepared at different consistencies. We observed people were provided with food and drink which met their assessed needs. A relative told us, "My [relative] has never been very sociable so sometimes sits in the small lounge area for lunch. Staff also give them finger foods and supplements because they haven't been eating well."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and competent to support them.
- Before staff began working with people, they completed an induction programme which gave them the basic skills and training they needed. A member of staff said, "I had an induction and shadowing for 2 weeks. I had to wait until everything was completed before I could start."
- The registered manager monitored staff skills and training to ensure they remained competent and that they received refresher training when needed.
- A member of staff said, "I've had all the training I need. It's really good."

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

- People lived in a comfortable and well-maintained environment.
- One unit was closed for major refurbishment. The plans were to create a more dementia friendly and accessible environment for people. There were plans for this refurbishment to take place throughout the home.
- Décor and furnishings helped to promote a homely feel and there were communal areas where people could choose to spend their time.
- People and their relatives had personalised their bedrooms.
- There were plans for students from a local school to visit and help people choose art work for communal areas.
- Grab rails and ramps helped people to maintain a level of independence when mobilising around the home.
- People had access to well-maintained gardens and on the first and second floors there were outside patio/balcony areas.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring and that they respected their wishes. One person said, "The staff are kind and friendly." A relative told us, "The staff have been wonderful, they all seem so very caring."
- We observed staff interacting with people in a warm and caring manner. They took time to listen to what people wanted and responded to their requests.
- The atmosphere was relaxed and people looked comfortable in their surroundings. People's facial expressions and responses indicated they were at ease with the staff who supported them.
- People's protected characteristics such as sexuality and religious preferences were discussed with them and recorded in their plan of care.
- Staff understood and respected people's diverse needs. For example, one person's faith meant they did not eat certain foods. A member of staff told us, "The kitchen order in [special] meat for them."
- People were supported to maintain contact with the people who were important to them.

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

- Care plans detailed people's preferred daily routines and people told us their preferences were respected by staff. One person told us, "I like to stay in my room and that's fine with the staff."
- Care plans contained information for staff about how to support people with a sensory impairment. For example, a care plan for a person who was unable to communicate verbally informed staff how to recognise if the person was in pain for example through facial expressions. The care plan also stated the person was reassured if staff gently held their hand when talking to them. We observed these interactions during our visit.

Respecting and promoting people's privacy, dignity and independence

- We heard staff offering people assistance with their personal care needs in a discreet and dignified manner.
- People living at the home had their own bedrooms which they could spend time in whenever they chose. One person told us, "Staff knock on my bedroom door before coming in."
- People were supported to maintain a level of independence. A member of staff told us, "We try and help people to be independent like getting dressed and doing as much for themselves as possible."
- We observed staff ensured people had access to their mobility aids so that they could move around their environment.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

At our previous inspection we found that care was not always responsive and we had rated this area as requires improvement. At this inspection we found that improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we found that although people's preferences and social history were recorded, they were not always considered when delivering care.

- At this inspection, improvements were found. A relative said, "The staff respect my [relative's] wishes. They make sure they have their tie on. They have always worn a tie."

- We observed staff engaging people in their preferred activity and we heard staff chatting to people about the important people in their lives.

- Staff knew people well. They could tell us about the people they supported and what was important to them such as family members and past hobbies. A relative told us, "Even the cleaner knows my [relative] and they chat with them while cleaning the room which is lovely."

- Various activities were delivered by activity and care staff. Activities included trips out, visiting entertainers and animals.

- People and those close to them were involved in planning and reviewing the care they received. A relative said, "[Staff] ring me if there are any issues, they have been marvellous."

- People had signed their care plans where they were able. Where appropriate, people's relatives had been involved in reviewing a person's plan of care. A relative told us, "We are involved in everything."

Improving care quality in response to complaints or concerns

- People and their relatives felt confident in raising concerns. One person said, "I have no complaints but could speak to staff." A relative told us, "If we had any concerns we would speak to [name of registered manager]. They would do something. They are very positive."

- Any concerns brought to the attention of the registered manager were taken seriously. They were investigated and responded to in accordance with the provider's procedures.

- People were provided with a copy of the provider's complaints procedure when they moved to the home. The complaints procedure was also displayed in the home.

- The complaints procedure could be produced in accessible formats where required.

End of life care and support

- No one was receiving end of life care at the time of the inspection, however we found people's care records contained information about their religious preferences and their preferences during their final days and following death.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection we found that the service was not well led and we had rated this area as requires improvement. At this inspection we found that improvements had been made.

Continuous learning and improving care

- At our last inspection we found the provider's systems for monitoring the quality of service people received had not been effective in identifying areas which required improvement.
- At this inspection we found regular audits and checks were carried out by the registered manager. Findings were reviewed and action was taken to address any shortfalls. Quality visits were also carried out by the provider's auditors. A detailed report from a recent visit showed that action had been taken, or was in the process of being addressed.

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

- There was a registered manager in post who had been employed since our last inspection.
- The registered manager was very visible in the home and had a good understanding of people's needs.
- People looked comfortable in the presence of the registered manager and staff and relatives spoke highly of them. A relative said, "There have been different managers but this manager is very approachable. I wouldn't want them to go anywhere else"
- There was a supportive culture of openness and transparency. Staff felt valued and motivated to do their work. Staff considered that the team work in the home was good. A member of staff said, "I love it here. We have great team work and [name of registered manager] is so supportive. Their door is always open."
- There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities.
- There were effective systems to monitor staff skills, knowledge and competence.
- Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had informed professionals such as the local authority safeguarding team when concerns had been raised. They had also informed people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and

treatment. A relative said, "None of the staff are secretive or defensive."

- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred in the home within required timescales. These included deaths, injury, safeguarding and Deprivation of Liberty Authorisations.
- The home's last inspection report and rating was clearly displayed in the home and on the provider's website.

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

- People's views were encouraged and respected. For example, following suggestions from people and their relatives, planters and bird feeders were purchased for the balcony areas on the first and second floors of the home.
- There were meetings where people were informed of any changes, forthcoming events and their views were sought regarding the menu and activities. Annual surveys were sent to people to seek their views on the quality of the service provided.
- There were good links with the local community which benefitted the people who lived at the home. These included local churches and schools. There were photographs of people celebrating events such as Christmas and Halloween with local school children.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's, district nurses and local hospice nurses.