

Details of visit

Service address:

Service Provider:

Date and Time:

Contact details:

Publication Date:

Lightmoor View

Nightingale Walk,
Lightmoor Telford TF7 5FN

Coverage Care Services

1 April 2017, 14:00

Healthwatch Telford and Wrekin, Meeting Point House,
Southwater Square, TELFORD, TF3 4HS

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - Coverage Care Services, service users, relatives/visitors and carers, and staff for their contribution to this Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?



Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised

representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To engage with Residents as service users of Lightmoor View to understand how dignity is being respected in the care environment.
- To capture their experiences and those of relatives/visitors, and any ideas they may have for change.
- Observe Residents and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good working practice.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dementia in health and care settings, and dignity and respect in care.
- The visit is also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons and requests.
- Care homes are a strategic focus of regional and national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.



Methodology

This was an announced Enter and View visit.

Three authorised representatives and one Representative in training were assigned to the visit. They met with members of management before, and on the day of, the visit before speaking to anyone in the home and sought advice about any residents who should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

The representatives explained to everyone they spoke to why they were there.

Two representatives were assigned to each of the first and second floors at Lightmoor View, to observe interaction between staff and residents and their families.

Management were asked questions about specific topics, details are given below. When representatives spoke to residents and their visitors, the conversation was open and guided by the resident themselves and their family.

When the representatives had finished speaking to staff, the residents who received the services, family members and visitors/carers, they left them with explanatory leaflets, where this was appropriate. Healthwatch Telford and Wrekin leaflets are available in the entrance of the home and family members are invited to leave feedback about the services they offer.

Summary of findings

At the time of our visit, the home appeared to be operating to a good standard and residents and their families were very positive about the service provided.

- Residents appeared clean, appropriately dressed and comfortable, we saw no evidence of dignity not being respected.
- Staff were kind and friendly, addressed residents by name and appeared to have a good knowledge of the individuals in their care.
- Relatives told us that the home feels like a family. “I’m not a visitor when I come in, I’m just part of it”
- Staff told us that it was a great team to be part of
- We observed a member of staff ask a resident if they would like to help with the washing up in one of the lounges and the offer was enthusiastically taken up! This act demonstrates a clear understanding of how much impact small things can have to people’s lives.
- Some concerns were raised that staffing levels at the time of the visit were not typical.



The Visit - Observations and factual feedback gather

Lightmoor View is a 75-bed purpose built care home for elderly people whose care needs arise from dementia. The rooms are arranged across 3 floors, with 25 bedrooms on each floor in 2 wings which are named after birds - Nightingale, Woodpecker etc.

At the time of our visit, a sunny Saturday afternoon, parking at the home was busy. There are several designated visitor spaces and additional parking is available along the road.

We had a conversation with the home manager and one of the nursing staff who showed our team around the first floor before the team split into 2 pairs of representatives to speak to residents and their visitors on the first and second floors of the home.





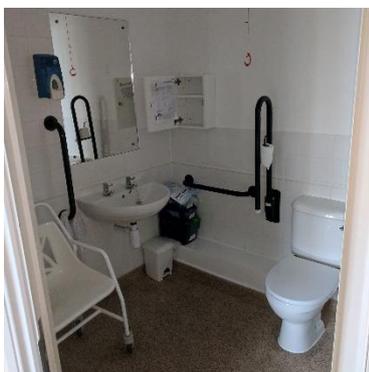
On entering Lightmoor View, we were taken through to the rear of the reception area, where a trolley for visitors is available. This was a lovely surprise and with the light, airy seating area the home felt very welcoming. On previous visits, there had been quite a strong aroma in this area, but on this occasion, there was no evidence of this.

Both the external and internal doors at Lightmoor View are secured to prevent residents being able to wander outside (appropriate safeguarding procedures are followed). At the time of our visit, the outside door was left open for a period of time before being shut and secured. This door has both a keypad and a physical key which can be left in the open position, as it had on this occasion. All doors are fitted with appropriate fire safety devices.

The rooms are of a comfortable size, each with a window allowing natural light. Residents are encouraged to bring their own possessions to make their room more homely. All are en-suite and have wet room facilities. *(Photos shown are of an empty room)*. Names of the resident, and in some cases a photograph, are displayed on room doors and a key is stored at a high level by the door.



Call bell points are situated by the bed head in each room, and residents are individually risk assessed before a buzzer device is attached to the wall. The home also has use of a movement sensor alarm through the call bell system where this is more appropriate.



At the time of our visit, the home had just invested £10 000 in new bedding (we were shown brand new duvets and pillows which were of good quality, but did not see any sheets). We asked if residents were able to bring their own bedding and/or furniture and this is allowed, but must be sprayed with fire retardant to ensure safety. A further sum has been allocated to replace carpets throughout the home.

We asked about dental care, and were advised that older people see dental care as less of a priority than the general population. There is a visiting dentist available but the procedure for arranging this has changed recently, and has to come through the GP. It can take up to 2 weeks to arrange a visit. The dentist does not visit Lightmoor View regularly, rather coming on an “as and when required” basis.

Medical care is provided by Dawley Medical Practice and a GP visits the home every Thursday and as required.

We asked about bathing and were advised that residents have at least 2 showers/week, and more if required. The bathroom was spacious but there was some staining to the floor around the toilet pedestal.

We asked about Lost Property, and were told that this is taken round the home twice a week to try and reunite items with their owners. Relatives are asked to

mark clothing with name buttons that can be bought off the internet at ~£17/100. If there is no family, then the home may supply the buttons through their 'comfort fund'.

We asked about glasses and hearing aids, and were advised that glasses are inscribed with the wearer's name. The staff we spoke to were unaware of the pink boxes used by SaTH to store hearing aids but were keen to see if this was something they could adopt.

We asked about Chiropody, and were advised that this has to be self-funded unless there is a clear clinical need. Residents with diabetes have their feet checked regularly.

We asked about monitoring of residents' weight and were told that this is done on a minimum of a monthly basis, and more frequently if there are any concerns about weight. Staff are vigilant about weight issues and the Chef is very good at making high protein or high fat smoothies to help maintain weight.

The home operates protected mealtimes; professionals are requested to leave but relatives can stay and help with meals if they wish.

A noticeboard in the entrance hall gives details of activities at Lightmoor View, and is updated regularly. At the time of our visit, residents were being encouraged to decorate cupcakes, and we observed several residents taking part in this.

Forthcoming activities include a bus trip to 'Blists Hill', a vintage car being brought to the home and residents able to clean it. Regular activities include music therapy and events suitable for the season such as an Easter Egg hunt and flag making for St George's Day.



Staff were asked if residents were able to go outside; on Floor 1 we were told that the weather hadn't been good enough and because of staffing numbers, it would be awkward. On Floor 2, the lounge doors were open and residents were able to go out onto the balcony and move between the lounges at will. Staff were present on the balcony when residents came out and one resident was observed walking through to the opposite side of the building and engaging in conversation with a visitor there.

A staff member was observed reminiscing with a resident. The staff member was actively encouraging the resident to talk about her memories, e.g. old Silver Cross prams and how mums used to walk everywhere before the advent of 'buggies and cars'. Also about changes in dress style, bobby socks and hair ribbons!

We met with management at the end of our visit, and some of our Authorised Representatives noticed that the calendar on the wall of the office was from a Funeral Director which made them feel uncomfortable.

Conversation

We spoke to residents and their carers/relatives to find out what they thought of living at Lightmoor View and were told about the care shown to residents in the home.

- One relative told us that their loved one had only moved into the home in January this year, and had settled in quickly and was quite content there. Staff had made a cake for their birthday and made an event of it which they were really happy about.
- *“My wife has been in three nursing homes and this is the best - the care on the Woodpecker unit is magnificent!”*
- One relative told us that their loved one had only been in the home for a short time, but that the staffing on the day of our visit was not typical. The previous day there had been an incident with a distressed resident and there were concerns for staff safety.

We discussed this with management at the time of the visit and were assured that the resident observed had only just been admitted to the home having previously refused to take their medication. Staff were monitoring the situation closely and taking care to ensure that the resident was receiving appropriate medication. Residents may find moving to a new environment distressing and act aggressively. The care staff are skilled in managing these behaviours and are supported by senior carers and nursing staff to minimise risk.

- A resident was celebrating their golden wedding anniversary at the time of our visit. The resident's wife told us that she had been concerned about her husband moving into a care home after caring for him at home for such a long time, but that after a period of adjustment, she felt that she was able to be his wife again and not just his carer. She described the home as *“one big happy family”* and told us that she was *“not just a visitor when I come, I'm just part of it!”*



- Several residents told us that the food was marvellous, *“5 star!!”* - they had just had chicken pie for their lunch. A variety of menu choices were available and displayed in the lounge area.
- Relatives spoken to were concerned that there seemed to be not enough staff on occasion, although they described some staff as *“gems”* even when they were extremely busy.
- One female resident told us that she thought she would feel uncomfortable with male care staff, but that she was alright with it. *Note: she did comment that staff don't always knock before entering the room or toilet.*

Recommendations

- Reminders about closing the outside door be posted in appropriate places and regular checks be made.
- The calendar in the manager’s office be replaced with a more appropriate one.
- A variety of activities be arranged to accommodate resident’s personal capabilities; this should pay particular attention to inclusion of residents who are less mobile and communicative.
- Publicise the details of planned activities and encourage family members to support residents for these where possible.
- A deep clean around toilet pedestals be undertaken
- Explore using “Pink Boxes” for residents - to indicate use of, and to store hearing aids.

Service Provider response

From the Manager and Clinical Lead.

Thank you for your response following your visit to Lightmoor View on 01 April 2017, we appreciate the time you take on these occasions.

Thank you again for taking the times to visit our home and should you wish to discuss any of my comments please feel free to contact me.

Some concerns were raised that the staffing level was not typical. I (*the manager*) was in myself that weekend. We try our utmost to maintain optimum staffing levels but at times usually due to sickness this may fall slightly.

<p><i>Recommendation 1. Reminders about closing the outside door be posted in appropriate places and regular checks be made.</i></p>	<p><i>Response:</i> There is a door key pad and a key to enable access. We have since discovered that a relative had used the key and left it open, instead of using the keypad. The key has now been re-located to prevent this in the future</p>
<p><i>Recommendation 2. The calendar in the manager’s office be replaced with a more appropriate one.</i></p>	<p><i>Response:</i> While I appreciate your view, end of life is part of the service that we provide and we see no problem with this.</p>
<p><i>Recommendation 3. A variety of activities be arranged to accommodate resident’s personal capabilities; this should pay particular attention to inclusion of residents who are less mobile and communicative.</i></p> <p><i>Recommendation 4. Publicise the details of planned activities and encourage family members to support residents for these where possible.</i></p>	<p><i>Response:</i> We have recently increased the number of our activities organisers. The team provide two “levels” of events:</p> <ol style="list-style-type: none"> a) Lightmoor community events for any or all residents and relatives to join with if they so wish. b) Individualised activities depending on particular resident wishes. c) We also encourage community participation coming into the

	<p>home e.g. Age Concern, Brownies, Football Team, WW2 eventors.</p> <p>d) We also appropriately support some residents into the community.</p>
<p>Recommendation 5. A deep clean around toilet pedestals be undertaken.</p>	<p><i>Response:</i> We have a daily cleaning rota but should any resident have particular problems in this area we will make extra efforts to ensure thorough cleaning.</p>
<p>Recommendation 6. Explore using “Pink Boxes” for residents - to indicate use of, and to store hearing aids.</p>	<p><i>Response:</i> We will explore your suggestion of pink boxes for hearing aids and implement if the resident wishes.</p>