Enter and View Report

healthwatch Telford and Wrekin

Details of visit	21st September 2015
Service address:	**Lightmoor View, Brick Kiln Bank, Lightmoor, Telford TF7 5LH**
Service Provider:	**www.coveragecareservices.co.uk**
Date and Time:	**21st September 2015 5pm**
Contact details:	Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS
Publication Date:	

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider Lightmoor View, service users, relatives/visitors and carers, and staff for their contribution to the Enter and View Programme.

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, ending the visit.

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 setting.
- 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 Dignity and Respect in health and care settings.
- 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 / hospital wards / GP Surgeries are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.

Methodology

This was an unannounced Enter and View visit. Seven authorised representatives were assigned to the visit. The number of representatives present for this visit, took into account the size and structure of Lightmoor View facility and services, and also the relative inexperience of 2 members of the team.

They met with two members of management before speaking to anyone in the home and took their advice on whether any Residents 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. They spoke with eighteen residents, and relatives/visitors/carers who were present with the residents at the time, to ask them about their views and experiences of the residential care services.

We spoke with nine staff together with management and other professionals present, to hear about their contributions to the services provided, in particular quality of care, safety, dignity and respect, and acknowledging Resident and families' wishes. During the visit we would also observe the delivery of the service. Observations were gathered while walking around the units (public/communal areas) to gain an understanding of how the home actually worked and how the Residents engaged with staff members and the facilities of the Home.

When the representatives had finished speaking to the Residents who received the services, family members and visitors/carers, they left them with explanatory Healthwatch leaflets.

Summary of findings

At the time of our visit, the evidence is that Lightmoor View was operating to a good standard of care with regard to Dignity and Respect.

- Residents told us, and we observed too, that staff were very caring but they were busy and rushed at times.
- Staff had a good rapport with the residents in their unit and the residents trusted staff in attending to their handling needs.
- Staff stated that they felt supported, although their job could be quite demanding; no two days were the same. NVQ training was encouraged to assist staff in developing their skills in the wider work environment.
- At the time of our visit there were significant numbers of flies in the units which seemed to annoy some residents. (These were from the nearby building site, and management were investigating).
- Residents' doors to their rooms had a photograph of them, helping residents to identify their room.
- Residents told us staff were kind and that they felt safe
- Residents remarked that the food was good

Results of Visit

Lightmoor View is purpose built to provide nursing care for up to 75 male and female resident service users, with single room en-suite facilities. The service was provided for people with varying degrees of dementia/mental health needs and general nursing needs.

Lightmoor View has two units on each floor; each unit has a key pad entry system. Three Enter and View authorised representatives visited the ground floor, and additionally two further representatives visited the middle and upper floors. Each unit has its own lounge, dining area and kitchenette.

Staff and Residents Interactions

We observed staff asking residents if they were comfortable and if they needed assistance when they looked uncomfortable. A member of staff covered a resident's drink with a serviette to stop flies going in her drink. Staff showed dignity to a resident who was feeling unwell; they helped lift the resident into a wheelchair to enable her to rest in her room. Staff told us one of the residents liked her room to be tidy, which it was, but it was also regularly full of other residents' belongings. The staff sorted this out when the resident was out of their room, returning the belongings to their rightful owners.

We observed that the staff whilst talking with residents tended to sit down so that they were on the same level as the residents; this enabled the staff to give them their full attention.

Staff were patient with residents when they were transiting them from sitting in a casual chair, to standing or to a wheelchair; even if a resident got agitated, it was all done calmly and at a pace which was comfortable for the resident.

An Enter and View representative, who was wheelchair dependent, became a focal point of interest to one of the residents on the bottom floor. The resident was not able to communicate freely, but felt the need to push the wheelchair with its occupant around the room. This was done in a controlled way and appeared to be from a point of view of wanting to help. However, the resident concerned continued to attempt to push the wheelchair even when its occupant put on the brakes. In a successful attempt to distract and refocus the attention of the individual concerned, a member of staff wheeled in one of the Centre's wheelchairs and sat in it. The resident transferred her efforts to pushing the member of staff around the room for a short period, resolving the incident without upsetting or frustrating the resident. Indeed, the resident was observed chuckling with the carer while riding in the wheelchair.

Taking Nutrition

Residents told us that the meals were good and that there was choice at each meal time. Drinks were offered at regular intervals throughout the day, but residents could also request drinks in between these times. Fluid intakes were recorded for some residents throughout the day. Staff told us that finger food was offered to residents who did not like sitting at a table for meals or eating in their rooms. A number of residents ate on the go, and could be messy at times. Residents who were bed bound in their rooms could use the call bell, if they had the capacity to do so, to request food and drinks when needed. We did hear one resident calling for a nurse for assistance, we asked the resident what they wanted and they told us they wanted a glass of water. We were told that for residents who didn't have the capacity to use a call bell, a carer/ nurse checked on them every fifteen minutes. Some residents appeared to have been given smoothie type drinks. We noticed that some of the residents, when eating and drinking, spilled food on their clothes. On some units carers wiped the food spills off residents' clothing but we did observe other residents still in stained clothes.
Some residents needed assistance with eating their food, so staff were encouraged not to speak with the resident whilst feeding them just in case they had problems with choking/swallowing. Some residents snacked throughout the day, even during the night, others just had finger food; this could result in the dropping of crumbs, causing messy areas in some rooms throughout the unit. Staff endeavoured to pick and clean up the affected areas throughout their shifts.

Posters were observed stating that residents had protected meal times so we did enquire of staff if it was alright for us to come into the units.

We were told that relatives of some residents brought in food, as an extra treat for their family members. This was considered acceptable practice, providing staff were aware so should another resident be offered / attempt to take the food this could be monitored in case there might be a problem with them eating/digesting it. We were told this was particularly important because some residents have allergies or have a medical condition that some foods might exacerbate.

Medication

Staff told us that medication was given in the resident's room, or where the resident preferred it. The nurse was observed giving medicine in residents' rooms and communal lounges; medication given to residents was recorded on the resident's care plan. We observed one resident who was given a tablet but appeared to find it difficult to swallow, later a second tablet and a drink was given; when the member of staff went away the resident spat out the tablet. We did not observe follow-up staff action. All medication was locked away.

Safety

Residents we spoke to said they felt safe. We noticed that residents' walking aids were positioned just in front of them or to their side depending on the ability of the resident to get up independently or with assistance. Entrance to individual units required key pad entry, so entry required authorised knowledge of the required code number or a member of staff to let you in; this was to ensure resident safety. We observed several residents in bed, some also had mattresses on the floor bedside their beds; some had rails up around the bed.

Living and sleeping areas

The décor of the living areas seemed a bit bland and there didn't seem to be anything around to stimulate or appeal to the residents or relatives. There was a mixture of seating arrangements; the residents seemed comfortable in their chairs. Some of the resident bedrooms seen were personalised with photos, trinkets and other personal items. Residents could bring small items with them from their home.

It was observed that the bed in one of the resident's rooms appeared to be unmade late in the day. We did not know if the resident had used the bed earlier during the day or if this was a staff oversight.

Facilities

The home had a caravan in the rear garden for residents, weather permitting, to sit in for reminiscing, or just relaxing. We also noticed a chicken hut and run and a guinea pig hut. Another garden was very colourful with many flowers. Residents told us that they liked to sit in the garden, and some liked to garden.

Response to Calls for Assistance from Residents

We heard some residents calling out; it was not apparent to us - in one instance - if the resident needed assistance or it was just their normal behaviour. However, another resident was calling out for a nurse; this resident did need assistance and so we notified carers on the unit.
At the time of our visit call bells did ring, and staff attended to them quickly.

Activities

We noticed white boards in each unit, on some boards activities had been written down on others they were blank. On the boards we did see that there was a variety of activities available throughout the week. Residents told us that they liked bingo; there was a mention of singing, chair exercise and gardening. Some residents liked to do jigsaws they also enjoyed listening to the radio, others enjoyed watching old films. The manager told us that before the nearby building site became active, they used to be able to take residents - who were able to - out for a walk with a dog. Sometimes she also did this with residents to diffuse stress or behaviour situations, and to give a change of scene. There were some nice walks around the nearby countryside, with a play area near to the home.

With the building work going on in close proximity, this had not been safe or possible recently.

Personal Care

Residents told us that a hairdresser came to the home; also they could have their hair washed by the carers. Each resident had their own en-suite with a shower, but assisted bathrooms were available for those residents who wanted a bath. Carers told us that residents could have a shower when requested or the need arose. Some residents had their nails cut by carers, others by the visiting chiropodist or their preferred foot care specialist. Opticians came to the home for those residents who needed eye tests or/and new glasses. Some residents didn't like the “power showers” as they found the water “too fierce”, so carers told us they detached the shower head / hose from the slider allowing a controlled manner of spraying water onto the resident, which they found more acceptable. Residents sometimes misplaced their glasses or misguidedly wore other people's glasses; some glasses were name-tagged. Hearing aids were another personal item that could go missing or be misplaced.

Staff and Staff Training

Staff stated that it was good working at the home, but some days were more challenging than others, and that no two days were the same. Staff supported each other and felt confident in approaching management if the need arose. They were encouraged to achieve relevant NVQ qualifications, and to refresh their skills. Management told us that new staff were supported, trained, and shadowed during their early period (days or weeks, depending on experience).

Various posters and certificates were on showing in the reception foyer including a ‘No More Secrets’ poster and a ‘Deprivation of Liberty’ training leaflet. Others included an Infection Prevention and Control qualification certificate, ‘Walking for Health’ and ‘Sight and Hearing’ information leaflets were also prominently displayed.

Evidence of professional development was evident with the majority of staff achieving level 3 Care related NVQs or working towards this qualification.

One staff member was studying level 5 NVQ units with the aspiration of moving up to a management role, another was hoping to use their studies and experience to enable them to enter training as a nurse.

A member of staff was aware that there was one defibrillator and believed to be in the office on the ground floor, they said the nurse was responsible for it and would be the person to use it in an emergency

There had been occasions where new staff had been recruited but had found it too challenging in their first few weeks, and decided the job/environment was not right for them. Sometimes they left before the commencement of their NVQ training.

Numerous staff, however, had worked there for a number of years and loved the job and thought that they were well supported by their peers and management. They also told us they felt they could go to management if they had a complaint.

We observed that staff were generally busy either doing personal care or doing paper work. Some residents told us that staff were busy or rushed, with not enough time to talk with them.

We also saw residents’ files left out unattended. Staff told us that residents’ key workers could be a named worker in the home; they made sure the resident had their required toiletries and received birthday and Christmas cards/presents.

There were two activity members of staff and activities mainly happened when they were on duty.

The staff endeavoured to cover staff who were 'off sick' by working additional hours for residents' continuity and staff familiarity, but if the need arose they used a preferred agency and staff who were familiar with the residents' and their needs.

Additional Findings

In one unit the TV Remote was missing but staff told us that residents were asked what they would like to watch.

In the entrance lounge area there was a musty smell of urine. (When speaking with management after our visit, we were told that this area was soon to be refurbished)

One resident was in a wheelchair where the arm rest had a screw missing so their arm kept rubbing on the metal - they were concerned that it would cause bruising. (Management told us that wheelchairs were regular checked over, and it would be looked at and fixed)

Flies in the units **were c**ausing some residents concern. (Management told us that they had met with the contractor of the nearby building works, which had been the source of attracting the house flies as was the root cause of the problem. They were looking into ways of resolving the matter as soon as possible)

In some cases, resident care files were left open at unattended desks.

Recommendations and Service Provider Response

Service Provider comment on a "Safety" Finding regarding mattresses on floor:

"Mattresses on the floor is unacceptable and I have checked the home and cannot evidence where this mattress was observed, possibly it was mistaken for a crash mat which are the same colour as our mattresses but I wish to reiterate that all equipment in the home is used as per its designated purpose."

Recommendations	Service Provider Comment
1: Residents' glasses should be clearly named if they are currently not so marked.	Spectacles are marked by the optician services that visits the home when new glasses are ordered. If a resident comes into the home the staff will mark the glasses with a name but this can be limited due the small space on the glasses and maintaining the resident's dignity. Our residents can move items around the home, misplace or lose items but the staff endeavour to re unite the glasses with their owner as quickly as possible.
2: For residents who do not have the capacity to use a call bell, perhaps a baby monitoring type of device could be	Whilst I acknowledge your suggestion about a baby monitor clients that are in bed are checked on a regular basis to

installed in their room; so that carers could hear them calling	maintain safety and ensure their needs are being met, if a further need is identified then alarm mats and door alarms are in use too
3: We suggest using larger bolder print with pictures or photos of activities for the "Activities List" posted on the activities board and in Unit notice boards, to encourage residents to take a look and read what is available	The suggestion of larger print for the activities is much appreciated, we will be addressing this and a variety of activities moving forward along with the refurbishment of the main client areas already planned.
4: Two residents commented that there was limited opportunity for regular interaction with staff because of their busy workload. This reflected the considerable demands placed on staff in providing the appropriate level of personal care to residents	The remark that clients wish for staff to spend more time talking is a goal we would all like to achieve and is actively encouraged however the care at Lightmoor is complex and staff always try to make time for the residents weighing that against the more pressing demands of skin care, repositioning, food and fluids, continence care, etc.
5: Encourage residents observed without shoes or slippers to wear footwear to help avoid falls	Footwear is an area that staff address on a regular basis but that has to be risk managed when a resident refuses to wear what we deem to be appropriate footwear, but again staff do monitor this situation
6: Ensure care plans are left secured when not in immediate use	The storage of files is also being addressed with us trialling cupboards in our unit buggy cupboards.
7: An unmade bed may discourage residents from choosing to have bed rest during the day; staff should be encouraged to straighten resident bedding as soon as feasible after use.	Unmade beds and the appearance of a resident's bedroom is part of the delivery of personal care, encouraging a homely appearance, good infection control and management of health and safety. However this is the residents home and if they choose to lie in a bed remaking it will be something staff monitor ongoing through the day

The Home Acting Manager concluded:

"Thank you for your report following the Enter and View visit of the 21/09/15.

I hope that I have addressed fully your recommendations and would like to thank you for your visit and all of your suggestions. Reflecting and developing our care strategies is very important in our effort to maintain and improve good standards to maximise our client's welfare."