

Care Pro (South East) Limited

Lucerne House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lucerne House a residential care home providing accommodation and personal care for 10 people with learning disabilities and autism. There were 10 people living at the home when we inspected. Some people have specialist needs associated with dementia, autism, mental health and epilepsy.

In addition to Lucerne House, the provider also runs a separate supported living service for 42 people living with learning disabilities and or mental health who lived in their own homes. Only one person received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Although a large service, the model of care took people's individual needs and risks into account.

Communal areas were used to ensure people had space and some people enjoyed spending time in their rooms. There were plans to refurbish the garden office to create additional space for people to spend their time. Processes to assess and monitor risks were consistently implemented across the different areas of the home and supported living service.

People told us they felt safe living at Lucerne House we observed people in both settings were relaxed in the company of staff. Safeguarding concerns had been responded to promptly.

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

Right Care:

People's received their medicines safely and where appropriate, people were supported to manage, or part manage their own medicines.

There were enough staff to meet people's needs and wishes. Some people went to day centres and others were supported to participate in activities of their choice. People told us they enjoyed what they did and had regular opportunities to attend church, some went swimming and some enjoyed theatre, shopping and restaurants.

A health professional told us, "I feel the clients are safe and staff are very confident when supporting clients. The home is well managed, and the manager and deputy will always seek advice at any time when needed. The staff are very caring and yes, they understand the clients' needs."

Right Culture:

There were effective systems to monitor the quality of the service. Audits were comprehensive and were effective in identifying any shortfalls which were then promptly addressed. The home had identified some improvements needed in relation to developing some areas of record keeping and work was underway to address this.

There was a positive staff culture and ethos in the way people were supported which led to people developing independence and doing things they enjoyed. Local links had been established which further enhanced people's lives within the area they lived. People's relatives felt that there was good communication and they were kept informed and equally could contact the service if they had any concerns.

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 good (published 16 March 2021).

Why we inspected

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

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good ●
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The service was safe.

Details are in our safe findings below.

Is the service well-led?	Good ●
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The service was well-led.

Details are in our well-led findings below.

Lucerne House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

There was one inspector.

Service and service type

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

This service also provides care and support to people living in several 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Only one person was in receipt of personal care.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During and after our inspection

We started our inspection on 24 January 2023. At Lucerne House we spoke with 6 people and observed staff interacting with others to help us understand the experience of people living at the service. We spoke with the registered manager, the provider, office manager and 4 members of the staff team. On 26 January 2023 at the supported living service, we spoke with the service manager and 3 members of the staff team. At Lucerne House we spent time reviewing records, which included records relating to health and safety, staff recruitment and the management of the home. On 9 February 2023 we also spoke with 1 person's relatives and received correspondence from 2 visiting professionals. Since then we received correspondence from another 2 people's relatives and from 3 professionals. We also continued to seek clarification from the provider to validate the evidence found. We looked at 4 care plans, audits, training data, quality assurance records and meeting minutes.



Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Lucerne House. Some people were not able to tell us if they felt safe, but we observed people to be relaxed and content in their surroundings. One person told us, "Yes I feel safe here. I get on well with everyone."
- One person's relative told us, "Yes I am happy that [Person] is safe and well looked after." Another said, "Yes, [Person] is safe in the home and when I take them out, they are always happy to go back."
- A health professional told us in relation to two people they had worked with, "I believe that they are safe, not only from others, but both were people that would put themselves at risk and those behaviours have been managed well, with Care Pro liaising with Learning Disability Health in particular to ensure that they have appropriate PBS (positive behavioural support) input."
- All staff had a good understanding of how to make sure people were protected from harm or abuse. Staff had received safeguarding training and knew how to recognise signs of abuse. They knew how abuse should be reported, and all said that they were confident in the home's safeguarding procedures.

Assessing risk, safety monitoring and management

- At both Lucerne House and the supported living service, if risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, if someone had an increased risk of choking, a risk assessment was carried out and support sought from the local speech and language team (SALT) to determine the safety measures to be taken. Some people had increased risks associated with epilepsy and there were detailed guidelines of the actions to take if they experienced seizures.
- The registered manager was able to give examples of times they had to advocate for people to ensure their wishes and needs were appropriately met. For example, in relation to a medical diagnosis for one person. This had a significant impact on the person's life. The diagnosis was challenged and reviewed with a very positive outcome for the person.
- A relative told us, "We have a very good relationship with (registered manager) who goes above and beyond with care for the residents. (Person) has several medical problems and (registered manager) has

always fought (person's) corner to get medical help as and when it is needed. We can communicate if really necessary anytime day or night."

- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency. Staff in both settings were able to describe the actions taken when the alarms sounded.
- People at Lucerne House lived in a safe environment because the service had good systems to carry out regular health and safety checks and checks on electrical appliances safety. Water temperatures were monitored regularly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. No one had conditions related to DoLS authorisations.
- People were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lacked mental capacity an assessment had been carried out. Some people had been assessed as needing support in making decisions relating to dental care and medical interventions and best interests' meetings had been arranged to seek the views of people, their relatives and professionals. Records were kept of the outcomes.
- Easy read information was always used as far as possible to explain medical procedures to people to enable them to make an informed choice.
- Four people did not need a DoLS authorisation. Staff told us they always sought agreement from people before carrying out any support and we saw this during our inspection. Where there were restrictions in place these were detailed for example, lap belts on wheelchairs. One person had several equipment items that were restrictive, and these had all been agreed by professionals and relatives as part of a multi-disciplinary decision.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and there were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends. In the supported living service, the one person in receipt of personal care received one to one support throughout the day. The registered manager told us they had no staff vacancies and had recruited to 110% so that they could cover sickness and annual leave comfortably.
- Staff had received training appropriate to their roles and to ensure they could meet the specific needs of the people living at Lucerne House and in supported living. This included training in epilepsy, dementia, diabetes and positive behavioural support.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at

the service including references and employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. In Lucerne House and the supported living service a detailed medicine's audit was carried out monthly. If any shortfalls were identified, actions were taken to address matters promptly.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols that described when they should be used.
- There were safe procedures to ensure medicines were correctly ordered, stored and given appropriately. There was information to guide staff on how each person liked to receive their medicines. Staff had received online training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.
- Working alongside STOMP (stopping over medication of people with a learning disability) one person's medicine had recently been reduced and then stopped with no side effects noted.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting

People could receive visitors in the home. Some relatives chose to take their relatives out of the home to spend time with their loved one and some people had social leave with their families at the family home.

Learning lessons when things go wrong

- During the COVID pandemic the registered manager felt that 6-week supervisions were not frequent enough so had moved these to monthly supervisions and this remained the same. All staff told us they felt very well supported and said that if they wanted supervision more regularly this would be provided.
- Incidents and accidents were recorded, reviewed and investigated by the registered manager. This identified any trends or patterns to ensure action was taken to prevent reoccurrence.



Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. People's relatives told us there was good communication with the registered manager and people's keyworkers, and that they were kept informed of any changes in the health or wellbeing of their loved ones.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. The previous CQC rating was prominently displayed in the home and on the provider's website.

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

- Staff and management in both settings were clear about the extent of their individual responsibilities. Staff were also clear about the line management arrangements. Since our last inspection the supported living side of the company had grown. The registered manager continued to oversee both Lucerne House and the supported living service. In addition, there was an office manager overseeing Lucerne House on a day to day basis and three managers overseeing the supported living service.
- A wide range of audits were carried out to oversee the smooth running of both services. These were in relation to medicines, care plans, health and safety, fire safety and infection control. The service had recently introduced an electronic system for recording care plans, daily records and medicines. The registered manager felt this was working well but they had identified that the systems for recording and analysing daily records was not working as well as they would like so further training was being arranged. In addition, the recording around epilepsy whilst detailed, was not easy to audit and analyse and they were

going to make improvements to the system to provide greater clarity for professionals.

- The provider visited the service regularly and carried out monthly records of their visits. As part of this process they spoke with people and staff to get their views on the running of the services.
- Staff told us they felt very well supported. A staff member in the supported living service told us, "We are very well supported, we have a strong team who are very easy to work with. [Line manager] is very supportive and I'm proud to have achieved all I have. I never thought it was possible." Another staff member told us of their line manager, " (Manager) listens, they will put things on hold to give you time to talk, they are always on the ball." At Lucerne House, a staff member told us, "We are all part of one big family. We can talk to (line manager) and they are very supportive." Another said, "It's like a close-knit family, it's the best place I've ever worked."

Following the inspection, the registered manager confirmed they had changed to a new contract for the management of their electronic records. They confirmed the new system was more user friendly and would enable staff to write records freely rather than using pre-set language. This would also enable easier analysis or all entries.

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

- People's views were sought and listened to. Key worker meetings were used to seek people's views about the support they received and to plan future activities. One person told us they wanted a particular staff member to be their keyworker and we saw that this had been accommodated. Another person related very well to the housekeeper, so they now enjoy a daily morning trip to a café together. The person told us they enjoyed these trips and a staff member told us, "The difference in (person) is amazing, they are much more talkative."
- Another person had a monthly trip to a restaurant where the staff there spoke the person's first language. Staff told us the person really enjoyed these trips and staff had learned a lot about the person's past from these trips. Staff were able to tell us how individual people communicated their needs and wishes and how they knew when they were unwell or in pain.
- Annual surveys to seek the views of relatives had recently been undertaken and the results were very positive. Some relatives highlighted areas they felt the home could improve. For example, one requested new garden furniture, one wanted to know more about the menus, and one wanted clarity on the keyworker system. The registered manager was able to tell us the actions that would be taken to address these matters. They were also going to order a new sofa, tv, computer and games for the conservatory and refurbish the garden office so that people could use this area for activities.
- Staff meetings were held regularly, and minutes demonstrated staff had opportunities to share any concerns, to talk about people's changing needs and to be updated on a wide range of issues. Staff told us they felt comfortable sharing their views as part of this forum.
- A relative told us, "I believe that the home is run very well and that there is a lot of love and care there. We have a lot of respect for (registered manager) and the staff particularly at this difficult time in this country."

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

- There was a very positive culture both at Lucerne House and in the supported living service and there was a very vibrant atmosphere. Staff told us they were motivated and supported to learn and develop their skills. People were encouraged to be as independent as possible.
- Staff in both settings spoke positively of their experiences working there. As part of the supervision and staff satisfaction process, staff were encouraged to share positive comments about their experience of working with others. There were numerous and varied comments that demonstrated how supported staff

felt and how they held each other in high esteem for the work they did to support people and each other.

- A health professional told us, "I have found [Lucerne House] to be very person centred and aware of what matters most to individual residents."
- All staff received monthly supervision. During the COVID pandemic the provider had a system to offer all staff professional counselling if needed. This had proved valuable to staff and the provider decided to keep this arrangement ongoing.
- It was very evident one person considered Lucerne House their home in the way they spoke. Rather than ask staff if they would take them out, they told staff, I will take you to church today or I will take you to wherever they themselves wanted to go.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended the registered manager's network meetings and had positive working relationships with health and social care professionals, the community learning disability teams and the local authority to ensure people's health and care needs were met and best practice maintained.
- The registered manager told us the GP surgery was "amazing, they ring weekly and there is an 'on call' number for weekends so there is never any delay in getting medical support."
- A professional told us, "I have developed good working relationships with all of the managers at Care Pro." The registered manager and "[X] in particular have always been very able to support me with my query, going out of their way to find out the information I needed." Another professional told us, "I've found them to be very aware of residents' personal circumstances and history to inform how they understand them now. I tend not to worry about clients moving or living at Lucerne House having issues go unreported or unaddressed."
- The registered manager confirmed they were studying for an integrated health and social care degree in management. Other members of the management team were studying for an NVQ (National Vocational Qualification) or equivalent at level 5 management course. All staff were expected to complete a health-related qualification. The community learning disability team had provided a three-day training course on positive behavioural support for staff.
- We saw that regular staff observations were carried out to ensure that care and support was provided appropriately and to the required standards. Staff were given feedback on the observations and where support was required this was provided.