

# 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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Lucerne House provides residential care for up to 10 people with learning disabilities. In addition, they also provide supported living for two people who live in their own home, one of whom receives support with personal care. The majority of people were under 65 years of age. People's needs were varied and included autism, diabetes, dementia and epilepsy. Some people displayed behaviours that challenged others.

Whilst the majority of people had good communication skills, a small number of people needed support with communication and were not able to tell us their experiences, so we observed that they were happy and relaxed with staff. At the time of our inspection there were eight people living at the home.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. An acting manager was appointed in March 2016 and since the inspection they have submitted their application for registration.

We carried out an unannounced inspection on 28 November and 03 December 2014 of both services where we rated the home as 'Requires Improvement' in all areas. We issued specific requirement notices in relation to safe care and treatment, person centred care, consent, independence and dignity and governance. We received no action plan from the provider to tell us how they would make improvements. We carried out this comprehensive unannounced inspection of both the care home and Flat 6 on 29 and 30 June 2016 to check the provider had made improvements and to confirm that legal requirements had been met. We found that overall significant improvements had been made in the running of the home.

Oversight of Flat 6 was less thorough than that of Lucerne House. There was no environmental risk assessment in place and one person's risk assessment documentation was not up to date.

There were enough staff who had been appropriately recruited, to meet the needs of people. Staff had a good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live. Staff understood what they needed to do to protect people from the risk of abuse. Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the home.

The acting manager and staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had assessed that restrictions were required to keep some people safe and where this was the case referrals had been made to the local authority for authorisations.

Staff had a good understanding of people as individuals, their needs and interests. Some people attended day centres and work placements and staff also made sure that those who did not had the opportunity to go out every day. People's spiritual needs were met.

People had access to healthcare professionals when they needed specific support. This included GP's, dentists and opticians. Some people had specific fears in relation to their healthcare needs and the home went the 'extra mile' to make sure that their needs could be met in a way that suited them. This included obtaining easy read information that explained procedures and arranging for professional visits to be carried out in their home.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care. Regular training was provided specific to meeting people's needs and if staff identified additional training that they would like to receive, arrangements were made for this to happen. Staff received regular supervision and support from management which made them feel valued.

The acting manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately. Staff and people spoke positively about the way the service was managed and the open style of management.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff sought people's consent before providing all aspects of care and support. Staff received suitable training to support people effectively.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained. Support was provided in the way people wanted to receive it.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people. People's dignity and privacy was promoted.

Staff adapted their approach to meet people's individual needs

and to ensure that care was provided in a way that met their particular needs and wishes.

### Is the service responsive?

**Good** ●

The service was responsive.

People received support that was responsive to their needs because staff knew them well and support plans also contained guidance to ensure staff knew how to support people.

People were given regular opportunities to share any worries or concerns they might have.

People were supported to maintain contact with their family and friends and take part in activities of their choice.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

There was no registered manager in post.

There was no environmental risk assessment for flat 6.

A wide range of audits were carried out to monitor the running of the home and to ensure that it was well run.

There was a positive and open culture at the home. Staff told us the acting manager was supportive and approachable. They were readily available and responded to what staff and people told them.

# Lucerne House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 June 2016 and was unannounced. When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services.

During the inspection we reviewed the records of the home, this included staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at four people's support plans and risk assessments along with other relevant documentation.

The organisation supports two people who live in their own home, (known as flat 6) and are funded to provide ten hours support each week. Approximately fifteen minutes support daily is provided for personal care support for one person and it was only this aspect that was inspected. In order to do this we looked at this person's support plan and risk assessment documentation.

During the inspection we spoke with the acting manager and three care staff. In addition we spoke with the relatives of one person and a friend of another. We spoke with five people and spent time observing the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Lucerne House.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We considered information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

People told us that they felt safe. One person told us, I have my key. They also said "I know if anything is wrong I have to speak with (the manager) and they will sort it out." A visitor told us that they were confident that their relative was, "Looked after well and was safe." They said, "We're very lucky to have (our relative) here."

At our last inspection in November 2014 the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to Lucerne House only. This was because they failed to ensure risk assessments clearly defined the risks and the actions to be taken to minimise accidents and incidents occurring. At this inspection we found that improvements had been made.

In flat 6, one person's support plan included detailed information about their health condition and how it should be managed. Staff had a good understanding of what to do in emergency situations. However, there was no risk assessment documentation in place covering this. Within records of a recent keyworker meeting there was reference to risk assessment documentation having been updated but this could not be located. Staff had very limited involvement in supporting this person, as they mainly lived independently, and the person's medicines procedure was clear, we therefore assessed that this had limited impact for the person but this is an area that needs to be improved.

People were protected against the risks of harm and abuse because staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Risk assessment documentation in care plans had been updated at regular intervals and always following an incident. Staff told us that when an incident occurred they reported it to the registered manager who was responsible for referring the matter to the local safeguarding authority. When an incident or accident occurred staff completed a form which described the incident and how it had been resolved. Records relating to incidents had been documented well and where appropriate, matters had been reported to the local authority for further advice and support. However, some incidents should also have been sent to care quality commission (CQC). We discussed this with the acting manager who had not been clear about the need to report such matters and they said that this would be done in future. We assessed that this had no impact as all matters had been dealt with appropriately. However this was an area that needed to be improved.

There were enough staff working in the home during the day and night to meet people's needs safely. There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. We were told that staff levels had recently been increased to provide additional support on Sundays for activities. There were three staff on duty throughout the day and a waking and sleep in night staff member. The sleep in staff member assisted where needed for a set number of hours and was then called on, only if necessary, during the night hours. We were told that alongside the normal staff arrangements, the rotas also included set hours that some people were funded to receive for one to one support with activities throughout the day. Staff told us there were enough staff to meet people's individual needs. The rotas were colour coded to highlight particular activities and this made it clear to see when additional staff was needed

to cover these. A staff member told us, "We haven't had to use agency staff for months. There are always enough staff on shift to support people."

Regular health and safety checks ensured people's safety was maintained. Checks included infection control and cleaning checks, gas and electrical servicing and portable appliance testing. All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. There were regular fire safety checks in place including fire drills and staff were clear about what they should do in the event of a fire. A detailed fire risk assessment had been carried out in May 2016 and records showed the actions taken as a result. One matter was outstanding but this related to a room that was vacant at the time of inspection. There were plans in place for the matter to be addressed. A maintenance book was kept that included details of any faults identified and records of when they were addressed.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in a trolley in the office and excess stock was stored in a locked cupboard. There was advice on the medication administration record (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain or were agitated. A copy of each person's PRN protocols were stored within the MAR charts. Staff told us that one person who used to take medicine every night to help them sleep was no longer prescribed this medicine as their sleep pattern had improved greatly. Although only senior staff gave medicines within the home, all staff had completed training on the subject. The acting manager said that this was because all staff supported people on outings, so they needed to have an understanding of the medicines people received.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation including photo identification, written references and evidence that a Disclosure and Barring System (police) check had been carried out to ensure people were safe to work in the care sector.



# Is the service effective?

## Our findings

People received support from staff who knew them well and had an understanding of how to support them appropriately. People told us the food was good and they had a choice of what they wanted to eat and drink. People's health needs were met and staff were creative in supporting people to have their needs met.

At our last inspection in November 2014 the provider was in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because they failed to seek people's consent in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. At this inspection we found that improvements had been made.

Two people had their own menu plans and there was a four week menu in place for six people. However, we were told that the menu plan was just a guide and that people were supported to make choices daily. Staff told us that they did two shops weekly and as they were close to the shops they could pick up food easily if someone wanted something they did not have.

Throughout our inspection people were given regular drinks and were offered a choice of what they wanted to drink. Those who were able to, used the kitchen independently to make drinks. Staff supported people in meal preparation. The kitchen had recently been refurbished and included lowered counters to enable people to sit and be more involved in food preparation. During our inspection one person who rarely assisted with food preparation chose to take part in this activity and staff immediately took a photograph to capture their enjoyment of the activity.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training on MCA and DoLS and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. Referrals had been made for standard authorisations for those people who required them.

Staff asked people's consent before providing support. They had assessed people's abilities to make decisions on a range of matters and were clear that should complex decisions need to be made, a 'best interests' meeting would be held to ensure care was provided in line with people's assessed needs and

wishes.

The acting manager worked proactively to ensure people's health needs were met. For example, one person regularly refused to attend health appointments. Best interests meetings had been held when there were urgent decisions to be taken regarding their health needs. As the person had a fear of people in uniforms, arrangements had been made for professionals such as their GP, optician and dentist to visit the home wearing casual clothes, in an attempt to make treatment less frightening for the person. When this person needed hospital treatment and sedation, this was arranged following a best interests meeting and at the same time investigations were carried out to assess another identified health need. This reduced the stress involved for the person and ensured that their health needs could be assessed.

Staff ensured that as far as possible people had the information needed to make decisions regarding their care. For example, one person required a blood test. A capacity assessment showed that the person had previously refused these tests. An easy read version that described what would happen had been used as an aid to explain the procedure and a best interests meeting had been held. As a result the person gave consent and received the required test.

Staff received ongoing training and support to meet people's needs. There was a training programme and the system in place showed that staff had been booked to attend updates when they needed to renew their training. Staff told us they received training which included safeguarding, mental capacity and DoLS, infection control and food hygiene. One staff member told us, "The training is good here."

In addition, staff received training specific to meet the needs of the people living at Lucerne House and flat 6. This included training on epilepsy, diabetes, dementia and challenging behaviour. On-line training had recently been made available for all staff on nutrition. Two staff had already completed this and staff had been given a timescale to complete the training. Staff had also been signed up to attend falls training. A staff member told us, "The diabetes training has helped me to have a much better understanding of people's needs. Another staff member told us that they had recently asked the manager if they could do specific training on a particular subject that one person had recently required medical support with, and the manager had agreed to find a course they could attend.

The acting manager told us that they were committed to ensuring that the staff team had the necessary skills to carry out their role effectively. Most of the staff either had or were working towards healthcare qualifications relevant to their role. For example, six staff were working towards a level three healthcare qualification. Senior staff had completed a level four qualification. One senior told us they were doing a level two diploma in leadership. They said that since starting the course it had, "Opened my eyes to the reason why documentation is needed and I now have a much better understanding of my role."

There was a structured induction programme in place when staff started work at the home. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. On completion, staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision which was booked in advance; they told us they were able to have extra supervision if they required further support. All staff spoke positively of the manager. When asked if they felt supported comments included, "Absolutely," and "100%". One staff member told us that the manager,

"Knows what staff needs and is there to guide and support."

People were supported to maintain good health and received on-going healthcare support. Everybody had a health action plan that identified the health professionals involved in their care for example, the GP and dentist. Plans contained important information about the person's health needs. Where professionals had provided support to people, there were detailed guidelines on any recommendations they had made. For example, there was a positive interaction profile co-written by staff and a specialist from the local community learning disability team. A referral had been made to a dietician for one person and guidelines on sensible weight loss had been received pending an appointment. It was noted that with the guidelines, the person had reached their target weight by the time the appointment had come through. Another person had been referred to a speech and language therapist, advice received was included in their care plan and a further referral had been made due to recent changes in the person's health needs.

Patient passports had been recently updated and were available should anyone need to be admitted to hospital. They included information such as: "Things you must know about me," "Things that are important to me" and "My likes and dislikes."

# Is the service caring?

## Our findings

Throughout the inspection staff treated people with kindness and understanding. They interacted well with people and there was a light-hearted friendly banter within the care home. Staff knew people well and adapted their approach to meet people's individual needs and wishes.

At our last inspection in November 2014 the provider was in breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because they failed to ensure people's independence and dignity was promoted and that they were always treated with respect. At this inspection we found that improvements had been made.

Staff told us that photo albums had recently been introduced. These albums contained photographs of all recent activities that people had been involved in. People were proud of their albums and staff told us that as well as a visual reminder for people, they would also be used as an aid to help people communicate with relatives and friends about the things they had done.

Since our last inspection two people had swapped rooms. We were told that a meeting had been held to discuss the move but this had not been recorded. We asked both people if they were happy with the new arrangement and both said that they were. People's bedrooms were individually decorated and furnished with people's own memorabilia, pictures and collections.

Staff were able to give us examples of how they promoted privacy and dignity in line with people's needs. A staff member told us, "I knock on people's doors and wait for a response before I go in." Staff also told us they maintained people's dignity by promoting their independence and involving them in decisions.

A staff member offered one person a bath and the person refused. This was then offered a few minutes later and again the person refused. Shortly after another staff member offered this support and the offer was accepted. Staff said that they always make sure that care is offered by more than one person to make sure people are supported in the way they want and by who they want.

We observed a staff member painting two people's nails. Throughout the time they supported each person, they engaged in conversation and both people took pleasure in the experience and the outcome. People told us that they visited their friends and invited their friends to visit them at Lucerne House.

A number of people changed into pyjamas as soon as they returned home from activities. We discussed this with staff who told us this was more about comfort than anything else. People told us that they chose when to get up and when to go to bed. People's personal preferences were recorded in their care plans and respected.

Staff encouraged positive attitudes and behaviours. One person had a contract in place with a reward system for positive behaviour. Records showed that the guidelines for use were clear and that the person, and staff, had a clear understanding of how they worked. Rather than staff deciding when the reward should

be given, the person decided when they should receive their reward. It was noted that since the guidelines had been clarified, there had been a marked decrease in behaviours that challenged.

# Is the service responsive?

## Our findings

People received support that met their needs and was personalised to their individual choices and preferences. People chose how they spent their day, what time they wanted to get up and what they wanted to do. We saw staff involved people in decisions about their day to day support. A relative told us that staff were in touch whenever there was a concern and they were always invited to reviews.

At our last inspection in November 2014 the provider was in breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because they failed to ensure people's needs had been fully assessed and that there was clear guidance for staff to support people. At this inspection we found that improvements had been made.

Each person had a weekly plan of activities that was based on their individual preferences. Some people attended day centres, some had work placements and some had activities arranged on a daily basis. Following a review, one person reduced attendance at a day centre by one day a week as they had not wanted to go. Staff told us that activities were now arranged via the home instead. People told us that they often went to a club once a week and to a disco that was held monthly. One person told us, "We went to the cinema at the weekend." Another said, "We had great fun at the fun fair." Some people went swimming regularly or were supported to use local shops to buy a magazine or items of their choice. Staff said that everyone had the opportunity to go out every day.

In addition to activities arranged daily, people had the opportunity to develop daily living skills such as cooking, hoovering and keeping their bedrooms clean. Support was provided by staff where needed.

People either went independently or were supported to attend churches of different denominations locally. One person's care plan stated that they should be supported to go to church weekly. The daily activity chart showed they attended at least once a month. The acting manager was clear that there were specific reasons for the non-attendance and agreed to look at ways of making sure that this activity could happen if the person wanted this.

A visitor to the home told us that since the new manager took over, their relative, "Is now much more outgoing and very happy." They said, "Staff keep in touch with us if there is anything we need to know and we have no concerns at all."

There was a range of documentation held for each person related to their care needs. This included information about their medical needs, support needs and ability to give consent. They contained detailed information and guidance about people's routines, and the support they required to meet their individual needs. If someone required specific support to meet a health need such as diabetes or epilepsy or if they displayed behaviours that challenged there was detailed advice and guidance for staff to follow. This included advice on known triggers and actions staff could take to recognise these and strategies to use to minimise the risk of incidents occurring. Daily records were kept detailing how people had been, what they had done and any support they had received.

There was information in care plans about people's communication needs. On previous inspections one person had a communication tool to aid their communication. It was noted that this was no longer used. A staff member told us, "It's not used anymore because it's not needed, (the person) speaks all the time now and we have no difficulty understanding them." It was noted that this was the case.

There was a complaint's policy in place that was displayed. Complaints were managed effectively. During one to one meetings with keyworkers, people were regularly asked if they were happy, and if they had any concerns or worries. Records showed that when a complaint was raised appropriate action was taken to investigate and to record the findings. A visitor to the home told us that they had had a few concerns but were very happy with the way they had been dealt with. They said, "Generally, staff do a great job." People told us that if they had any worries they would talk to staff or to the acting manager. A staff member told us that several months ago one person raised a complaint about staff using mobile phones on shift. As a result all phones needed to be kept in staff lockers unless staff were on breaks. Throughout our inspection it was noted that there was an open door policy and people regularly came to the office with queries or if they had any worries.

## Is the service well-led?

### Our findings

At our last inspection in November 2014 the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because they did not have an effective system in place to regularly monitor the quality of care provided in flat 6. Following the inspection we did not receive an action plan as is required. Since the last inspection a new acting manager had been appointed. The acting manager told us that they had not seen the letter accompanying the last report and had not been aware of the need to provide an action plan. At this inspection we found that some improvements had been made, but further work was required to demonstrate that there is clear oversight at flat 6.

The home has been without a registered manager since April 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of inspection the acting manager told us that they would submit their application for registration and this has since been received and is being processed.

At the last inspection there was no environmental risk assessment in place for flat six and a number of issues had been identified during the inspection that needed to be addressed. At this inspection we asked if an environmental risk assessment had been carried out in relation to flat six but this had not been done yet. There was a new format in place for doing support checks and cleaning checks but they had not been completed. We were told that since the last inspection the flat had been repainted internally. Problems had been encountered with trying to get the external windows and frames cleaned and they were continuing to pursue this to try to resolve the issue. We spoke with one of the service users who told us that apart from the cleaning required externally, they were very happy with their flat and had all the support they needed to live independently. However, as there is still no structured system in place to periodically monitor the flat and to support people to raise environmental issues with their landlord this could potentially mean that people are at risk.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At Lucerne House there were two choices of main meal offered daily but it was noted that the second choice was often not a main meal alternative. For example, beans on toast or cheese on toast, so if people regularly opted for this option they might not receive a balanced diet. Apart from those who had their own menu plan there were no records of actual meals served and therefore no analysis to determine if people received well balanced diets. This is an area for improvement.

The manager told us that they were responsible for making day to day decisions within the home. They were clear about the extent of their responsibilities and the types of decisions they would need the owner to approve. We were told that the owner visited every two weeks and the manager updated them on matters, however there were no records kept of these visits. The manager told us that they received regular



supervision and were very happy with the support systems in place. However, they were not sure if any records were kept of supervision meetings. This is an area for improvement. The provider had other systems in place to monitor the management and quality of the home, for example a registered manager from another care home visited every three months and carried out an assessment of the running of the home. Where shortfalls were identified they were highlighted and a timescale for achievement was set. Records showed that all actions set following the last visit had been addressed.

A staff survey was completed in April 2016 covering the period between January to March and the outcome was on the notice board in the office. Whilst the acting manager was able to tell us the actions taken, it was not clear from the records. A relative's survey and professional's survey had also been carried out, but a limited response was received. We were told that a service user survey had been completed but the acting manager could not locate the outcome. Although the results of the survey were not available we saw that people were given regular opportunities to share their views at keyworker meetings and resident's meetings.

There were a series of monthly quality assurance checks completed which included environmental, infection control, staff files, accident, health and safety, accidents and incidents and care plans. Any actions highlighted had been addressed. Weekly medicines audits were carried out. It was noted that a small number of similar shortfalls had been identified over several weeks. The senior staff member stated that actions had been taken to ensure staff were clear to use codes and to sign for creams. Advice given to staff had been highlighted on the notice board. A monthly medicine audit showed that although there were still some shortfalls some improvement had been noted.

Since the last inspection areas of Lucerne House had been redecorated and each person had chosen a different colour for their bedroom door to be painted. A new kitchen had been fitted and new industrial laundry equipment had been bought. There were new tables and chairs in the conservatory area. People told us that they liked the changes made. A staff member told us, "The woodwork was dark, it's now light and it's amazing how it changes the feel for the place."

Staff meetings were held regularly. Minutes of the meetings were detailed and clearly demonstrated that staff had a say on the running of the home. Workshops were used to generate discussion and to make sure that all staff were working consistently. Recent workshops were held in communication and on teamwork. Staff told us that there was a strong team, one person said, "We work well together."

We were told that residents' meetings were held three monthly and that at the last meeting, the week before our inspection, people had requested to have an aquarium. The manager told us that they were going to look at various options to address this request. We were told that one to one meetings with keyworkers had recently been introduced as some people found it difficult to speak within a group setting.

The acting manager and staff were clear about the home's values. They said that they wanted people to be as happy and as independent as possible. One staff member told us, "Some people wanted to go to a fun fair and we took them. We said we needed extra staff on Sundays so that we could do more activities and this was agreed." Another staff member told us, When I started here at first, I was a bit bored. I soon learned that I needed to encourage people to be more independent and only support where it is needed. The job is much more rewarding now and I'm always busy as we support people to do lots of activities."

All the staff told us that they were very happy with the numerous positive changes since the acting manager started work at Lucerne House. This included the changes made to the environment and to the office. One staff member told us, "If I need a form now, I know where to find it. The office is so organised." Another told

us, "The manager is very approachable, if we raise ideas or suggestions, they are straight on it." For example, when the guidelines for one person were not working, a staff member asked if they could update them and this was agreed. People told us that they liked the manager and this was evident when we saw the manager arrive at the home and the very positive welcome they received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have an effective system in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people. Regulation 17(2)(b).</p>