

# Care Pro (South East) Limited

## Lucerne House

### Inspection report

12 Mitten Road  
Bexhill On Sea  
East Sussex  
TN40 1QL

Tel: 01424224181

Date of inspection visit:  
24 February 2017

Date of publication:  
28 April 2017

### Ratings

Overall rating for this service	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 care and support to two people who live in their own supported living accommodation (flat).

At the last inspection in June 2016 we found the 'well led' question in relation to the flat required improvement. There was no effective system to regularly monitor the quality of care provided at the flat. There was no environmental risk assessment or systems to support people to raise any problems they might have had with the building. The provider sent us an action plan that told us how they were to meet the breach of regulation by October 2016.

This unannounced focused inspection on the 24 February 2017 was to check that the provider had followed their plan and to confirm they now met legal requirements. We looked specifically at the 'well led' question in relation to the flat and we found that they had now met the specific breach of regulation previously found. However, we continued to find areas of practice that require improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Lucerne House) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

A registered manager was 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 and associated Regulations about how the service is run.

Although the provider visited regularly to review the running of the service and to provide supervision to the registered manager there were no records of these visits or any actions taken. These areas of record keeping were identified at the last inspection and remain an area for improvement.

There were improved systems in place to oversee care provision. For example as people's needs changed the care and support provided had been increased or decreased in line with their wishes and needs. When there were concerns about people's health or well-being additional advice had been sought to ensure people's needs could be met. An environmental risk assessment had been carried out and reviewed to ensure that the building was safe. Equipment was serviced regularly. Support was provided as and when needed to ensure the building was kept clean and in a way that met the needs of the people who lived there.

There were regular audits carried out in relation to the management of medicines and staff had received training to enable them to meet the needs of the people they supported. There were opportunities for people to share their views about the care and support they received. It was evident that when shortfalls occurred, for example, in relation to light bulbs not working or a problem with the boiler, people knew how to raise the issues and records showed they were addressed promptly.

Whilst the breach of regulation has been met we could not improve the rating for well led from requires improvement because there remained an area of record keeping that had not improved. We will check this during our next planned comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

The service was not consistently well led.

There was limited record keeping to demonstrate that the provider checked on the running of the service.

We found that actions had been taken by the registered manager to improve the systems to monitor the quality of the care and support provided to people.

We also found that systems for overseeing the environment had been strengthened and people knew how to raise any concerns.

The registered manager ensured that people received care and support in line with their wishes and individual needs.

**Requires Improvement** ●

# 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 unannounced inspection took place on 24 February 2017 and was carried out by one inspector. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 29 and 30 June 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service well led?

The organisation supports two people who live in their own flat only one of whom received personal care support for 15 minutes every day. It was only this aspect of the service that was inspected. In order to do this we looked at this person's support plan and risk assessment documentation.

During the inspection we met with the registered manager who was the only staff member present at the home at the time of our visit. We tried to contact one person following our visit but were unable to do so.

We reviewed the records of the service including quality assurance audits, environmental risk assessments, staff meeting minutes, medicine records, risk assessments and other relevant documentation.

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 well-led?

## Our findings

At an 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 the supported living accommodation (flat). We carried out a further inspection in June 2016 and found that some improvements had been made, but further work was required to demonstrate that there was clear oversight at the flat. We received an action plan that stated the service would meet the requirements by October 2016 and we found that these requirements were now met.

Since the last inspection the acting manager was successful in her application to register as manager for the service.

We were told the provider visited regularly and spoke with people and staff as part of this process. There were no records of these visits. However, the registered manager was able to demonstrate that there was regular contact by email and that she kept the provider fully up to date with the running of the service. Supervision was provided informally and therefore there were no records. However, the registered manager told us that they were very well supported and that in addition to regular visits, the provider was available at all times by email and telephone. These areas of record keeping remain an area for improvement.

A staff meeting had been held the day before our visit and the minutes had not been completed in full. However, from the records that were available it was evident that staff had been able to share their views on the running of the service and that time had been set aside to ensure they were kept up to date with changes.

There were systems to ensure the safe management of medicines. Regular audits had been carried out and the home's local pharmacy had also carried out a review. Where shortfalls were highlighted these were brought to the attention of staff and matters had been addressed. One person received support with their health needs that involved regular monitoring. Staff had received appropriate medicines training to provide this support. Records demonstrated that staff followed the guidelines in place and the person's health needs had been managed safely.

There were improved systems to monitor the care and support provided to people. One person had refused to attend a particular GP surgery as it was too far from their home. The registered manager was in the process of supporting them to change their GP to a surgery run by the same practice that was closer to them. There was evidence that when people's needs changed the registered manager was proactive in assessing needs to ensure that appropriate support could be increased or decreased as needed. Risk assessments had been completed and care and support was provided as and when needed.

Staff listened to what people had to say about the care and support they needed. People attended a monthly review with their keyworker. Records showed that staff checked that people were happy and if they had any concerns. There was discussion about what had gone well and what needed to improve. Goals and

aspirations were also explored and people were asked if they required any support to meet their goals.

The registered manager had strengthened the systems to monitor the environment at the flat. An environmental risk assessment had been carried out in September 2016. A follow up risk assessment had also been carried out in December 2016 and all shortfalls found had been addressed. There was a recording tool in place that ensured twice weekly, staff monitored the cleanliness of the flat and if the flat was dirty, with people's agreement, they supported people to do the cleaning. It was evident that people knew how to report faults such as light bulbs not working. When people reported that the boiler was not working, interim measures were put in place to ensure they were not cold and the boiler was repaired promptly.

There were systems in place to ensure equipment was serviced regularly. We were told that when fire alarms sounded in the flat these also sounded in Lucerne House so staff were immediately alerted if there was a problem. Portable appliances were tested annually.