Nellsar Limited

Lulworth House Dementia Residential Care Home

Inspection report

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Date of inspection visit:
07 January 2020

Date of publication:
02 March 2020

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

About the service
Lulworth House is a residential care home providing personal care for to up to 42 older people living with dementia. Thirty seven people were living at the service at the time of inspection. There were a variety of communal areas for people such as a conservatory, dining room and two lounges which included an additional dining space. The garden was easily accessible. The lift gave access to the upper floors.

People's experience of using this service and what we found
The service was not consistently well-led. Whilst systems were in place to monitor the quality and safety of the service, they had not been effective in identifying inconsistencies in people's risk assessments and safe recruitment. Staff were able to feedback their views and felt supported in their roles. The manager acted openly and responsively during the inspection ensuring they took immediate action to remedy any areas of improvement we identified.
Environmental risks were well managed to keep people safe and individual risks to people were identified and actioned appropriately. People were supported by staff who understood the appropriate action to take should they be concerned about their safety. People's medicines were well managed by trained staff.

People received effective care. The requirements of the Mental Capacity Act 2005 were being met. 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. People were supported to receive appropriate healthcare in line with their specific needs. Staff had training around people's needs. People were supported to eat and drink meals of their choosing and were positive about meals provided.

People received support that was caring, compassionate and kind. We received positive feedback about the care staff. People were encouraged to be involved in all aspects of their care in regular meetings. People had their dignity and privacy respected.

People received care that was responsive to their needs. People had a wide range of activities available to them that met their individual interests. Activities were regularly reviewed making them person centred and focused on the well-being of people. People had received end of life care that was individual to them. All staff including activity staff were actively involved in making people's end of life meaningful.

Rating at last inspection
The last rating for this service was good (published 21 July 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Lulworth House Dementia Residential Care Home

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 Care Act 2014.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
Lulworth house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service before the inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people. We spoke with the registered manager, operations & compliance manager and six staff members.
We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and quality monitoring records were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and examples of positive outcomes for people. We spoke with the relatives by telephone following the inspection.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Individual risks to people were managed to keep people safe. However, there was a lack of consistency where the evidence of potential risks and actions taken were found. For example, where one person was at risk of falls actions were taken but it was not clearly identified in the persons care file.

● Fire risks were appropriately managed, there was an up to date policy in place for staff to access. This included a fire procedures flow chart which included roles staff played in an evacuation. Relevant fire risk assessments and personal emergency evacuation plans were in place in people's care files.

● Environmental risks within the service were well managed in line with legal requirements, for example, bed rails and garden risk assessments. Staff completed regular health and safety checks for risk areas such as fire, water and food safety.

Staffing and recruitment

● Recruitment practices ensured that staff were safe and suitable to work in the service. However, there were some shortfalls in the records around this. Risks were managed as staff were supervised while pre-employment checks were sought. The registered manager took immediate action to rectify the shortfalls. The lack of oversight of recruitment records has been discussed under well- led.

●There were enough staff deployed to keep people safe. A dependency tool was used to assess staffing levels, which matched the staff that was available during the inspection. Call bell response times were quick and people were assisted in the lounge when needed. The registered manager said, "It is not hard to get additional support, like one to one's when needed to meet peoples changing needs." A member of staff said, "We have enough staff, we have a good team, I feel really confident day and night."

Systems and processes to safeguard people from the risk of abuse

● There were appropriate systems in place to protect people from abuse. This included good communication with the safeguarding team within the local authority and health care professionals when it was necessary. A relative said, "I can't get in very often because I have to work, but I am at ease he is safe and happy." Another relative said, "the staff are really good, you feel that your relative is safe."

● Staff had access to safeguarding policies and the relevant contact information was easily accessible in the care staff office and manager's office.

● Staff we spoke to had a good understanding of safeguarding and how to identify signs of abuse. They knew how to raise concerns with the deputy or registered manager and knew how to escalate concerns if necessary.

Using medicines safely

● Medicines were being managed safely. Staff were observed administering medicines in line with company

procedures. Staff were adequately trained, and competency assessed annually or when required.

● People received their medicines as prescribed by their G.P. This included medicines which were administered on a 'when required' basis, for example pain relief or creams. Information was available for staff on how and when these medicines should be administered. Staff maintained accurate and up-to-date medication administration records (MARs).

● Medicines were stored safely in a medicine room and temperature checks were completed regularly which ensured these were stored in line with recommended guidance.

Preventing and controlling infection

● People were protected from the risks of infection. Dedicated housekeeping staff were employed in the service, we observed them undertaking housekeeping duties during the day and promptly responding to spillages. The environment was clean and cleaning schedules were in place and completed by staff.

● Staff had access to personal protective equipment (PPE) which they used when supporting people with personal care.

Learning lessons when things go wrong

● Accident and incident forms were completed by staff and the registered manager reviewed these monthly and reported back to the provider. This ensured all factors were considered and actions were put in place following an accident, incident or near miss.

● Lessons learnt for different aspect of people's care was discussed in both staff supervision and staff meetings. The provider shared serious incidents and any learning from these across their services. This was to avoid similar risks from occurring and enabled staff involvement in lessons learnt, resulting in improvements. For example, one person had floor sensor mat put in place due to multiple falls, this helped reduce the risk of falls.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to admission, care plans were then developed to enable staff to support people appropriately. The care plans included a variety of sections to help identify individual needs examples included, personal care, daily activity and nutrition and hydration.
- Oral hygiene care plans and oral assessments had been completed and were being updated. Care staff had clear guidance on support people needed.
- The registered manager used best practice guidance to help support people living with dementia. 'The butterfly approach' was used to help staff have better understanding of how to support people's challenging behaviours. It looked at how the provider could adapt the environment to make it beneficial for people living in the service.

Staff support: induction, training, skills and experience

- New staff received an induction and were assigned a mentor for support. Policies and procedures, training, observations, competencies and evaluations were some areas covered in the induction. A member of care staff said, "The induction was good, I was supported for three days it is in depth, when I started in another organisation I was just left to get on with it."
- Staff received refresher training to support them in their role. The training records confirmed a variety of training delivered for different roles within the service and additional development was offered to staff. Staff we spoke to said, "We receive a lot of training, I have been offered to do an NVQ but I do not want to."
- Staff received ongoing support from management in one to one meetings (supervisions) and staff meetings, records of meetings were available. A member of care staff said, "We have them every couple of months, they are good it is an opportunity to be listened to, I have a little whinge, it is nice to have a manager that listens to you and resolves things."
- We saw examples of staff using their knowledge when using equipment safely to assist people with their physical needs and when assisting people to take their medicines.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice of meals and were able to choose where they would like to eat. The dining room which was decorated like a restaurant and outside wall mural which brought it to life. Dining tables were in the lounges if people preferred a quieter lunch, this worked well and meal times appeared enjoyable.
- People told us they enjoyed their meals. Comments included "My lunch was very good, the food is good here." Another person said, "We are given choice, the food is always nice." There were always drinks available in the communal lounges to help encourage good fluid intake.

● The service had introduced a nutrition and hydration co-ordinator, this enabled independence for people during their meal times. For example, people were supported to prepare their own breakfast. They updated nutritional care plans and ensured weight loss was monitored and reported to management when necessary. As a result of the co-ordinator being in post, the service had logged less people at risk of being malnourished, and people had improved on their dexterity.
● A nutrition and hydration manager had oversight and worked with the registered manager and co-ordinator to ensure positive outcomes for people. Improvements had been made to the presentation of pureed diets, which were advised by speech and language therapists (SALT). Regular meetings were held to discuss issues or concerns and masterclasses were held with staff around dysphagia (swallowing difficulties).

Supporting people to live healthier lives, access healthcare services and support. Working with other agencies to provide consistent, effective, timely care
● Staff and management worked with a range of health and social care professionals to ensure people's individual needs were monitored and met. For example, G.Ps and emergency services. All relevant information was made available when people were admitted to hospital to ensure a safe transfer of care.
● A relative told us, "When [person] has become unwell they are quick to inform us and get in touch with the G.P when needed."

Adapting service, design, decoration to meet people's needs
● The layout of the environment offered people the opportunity to relax by themselves, have one-to-one sessions or engage in large group activities. Wide corridors which allowed people to move freely around the service with walking aids/ wheelchairs. Other communal areas were available such as the conservatory and enclosed garden area with café used in spring and summer months.
● Wall murals were used around the service to bring activities to life, such as a hair salon, restaurant and flower shop. The flower shop mural included artificial flowers in pots, which people often used for flower arranging. Redecoration in the entrance hall was in progress at time of the inspection.
● The provider had considered the environmental needs of people living in the service. Bedroom doors were personalised to help people locate their rooms, for example memory boxes were used which contained personalised items individual to that person. Bedroom doors were painted a bright colour which was chosen by people living in the service.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● The management team were reviewing people's formal mental capacity assessments. Records of best interests decisions were used when a person did not have capacity to make a specific decision about their care. For example, where bed rails were required for people's safety.

● The provider had made applications for DoLS, based upon an assessment of people's mental capacity and their individual care and support arrangements. Some applications were pending and regularly checked. One person that was subject to DoLS that had been granted subject to a condition. This was clearly laid out in their care plan and understood and followed by staff.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect which we observed throughout the inspection. One person told us, "The staff are very nice, they are helpful and find things for me to do."
- Relatives we spoke to told us staff supported people well. One relative said, "I think the staff are wonderful, it's a load of my mind, they are caring and I am absolutely pleased with them." Another said, "I am really very happy, the standard of care is very good and they are attentive to my relatives individual needs."
- The provider had invested in 'the butterfly approach' training for management. The model focuses on the feelings that matter most for people living with dementia. The manager had used this for a variety of positive changes including, creating a family atmosphere so the residents feel more relaxed. The staff done this by treating people and relatives like their family. Group staff supervisions were held where they discussed how to understand emotional needs. This helped staff to support people if they become distressed
- Care files included spiritual and religious care plans to ensure people's diverse needs were met.

Supporting people to express their views and be involved in making decisions about their care

- People had monthly resident meetings and were encouraged to be involved with decisions and express their views on things such as meals and activities. Activities were planned and focused on what people wanted to do that month.
- The registered manager told us that one person did not like to come out into the communal areas and enjoyed staying in their room. This has been respected and all care needs were met in the person's bedroom.
- We observed people being given choices throughout the day. For example, during meal times, if they would like to take part activities and when taking their medicines.
- Relatives we spoke to said they were kept informed about their loved one's care. One relative commented, "They immediately contact me when needed, they always inform me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff supported people with their personal care needs discreetly and in the privacy of their own bedrooms or bathroom. Care records were kept secure and could not be accessed by anyone without authority to do so.
- Staff encouraged people to be independent. One member of staff we spoke to said, "We don't just do things for people. For example, when assisting people to eat I will guide the spoon to their mouth and not just do it for them."
- The service had a dignity champion in place, they spent time with new staff on their induction and

observed interactions between staff and people. Guidance was given when needed to improve practice and it gave staff the confidence for appropriate touch within care. This enabled staff to respond to people's emotional needs, for example, hugging them back when they needed it.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to avoid social isolation. For example, one person was very socially isolated, spending a lot of time in their room and sleeping. Staff identified their love for pets, ensured pet therapy visited their room and staff visited on days off with their dogs. The well- being coordinator visited weekly for massage therapy and the person got to know staff. After a lot of one-to-one time and engagement with staff, the person agreed to join the new year's party with others. This resulted in their mood improving and they have continued to spend days in the lounge engaging with other people and staff.

● The manager had looked at additional ways to support people and noticed people with spouses were unable to sit together. They purchased sofas which has enabled people to sit and enjoy the company of their loved one. They received positive feedback from relatives on this.

● There was a wide range of person- centred and meaningful activities available at the service. The registered manager identified that activities needed to be available seven days a week, this was in place and included a weekly outing. One staff member told us, "I feel the residents are happy, I was able to go out on a day trip we went ice skating, it was great. We do good activities here."

● Activities were regularly reviewed with people which made them person centred and changes were made. Some activities were stopped, while others were increased, times of activities were reduced. This gave variety and people were more engaged and happier with this the manager told us. We witnessed this taking place, people were up joined together singing and dancing.

● Namaste sessions (engaging a person's senses through sound, touch, smell, taste and sight) took place weekly with the well-being coordinator. They included, relaxing massages, music and sensory smells. People responded well to these sessions and the well-being coordinator said, "You can physically feel and see the residents relaxed and calm, some residents can verbalise how happy and thankful they are."

● The registered manager ensured people maintain links with the local community. Before one person came to the service they were involved with the Salvation Army. This person continued to attend a monthly coffee morning and they also visit the service. We were told they were bright and interacted well because they maintained their friendships and links to the church.

End of life care and support

● At this inspection no one receiving end of life care during inspection.

● The registered manager identified the need for advance care planning at the service. They introduced an 'end of life champion', who promoted the importance of end of life care. They worked closely with people and their families in putting advanced care plans together and offering support. The home worked closely with local hospice services to ensure they provided the best care.

● Activity staff played a vital role during end of life care. They spent one to one time in people's rooms,

playing favourite music, reminiscing and offering relaxing scents. The well-being team gave relaxing massages which provided comfort. The manager told us one person passed away during a hand massage, this gave comfort to the family.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● One person was initially very unsettled when coming to the service. The registered manager ensured their room was filled with personal belongings and daily routines were recognised and planned. Staff were aware of what was important to them and they quickly settled into the service, engaging well with others.

● People's care plans were person centred and identified individualised needs. One person had a specific plan in place to help manage their diabetes. It included detailed information and what to be aware of in case of emergency specific to that person.

● Care plans were reviewed to show recent changes in health needs. This ensured staff were aware of how to meet individual needs.

● There were additional support roles employed to work alongside the care staff which helped look after people living with dementia, such as a well-being co-ordinator. We witnessed various interactions with people which had a positive impact. For example, one person appeared unsettled, so they supported the person with a head massage. This relaxed the person who appeared content.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's care files included information on their individual communication needs and how staff should communicate with them effectively.

● The service recognised the activity board was too small and not easy for everyone to see, so they had a new board designed. They had a large activities board using large print, pictures and graphics to inform people about the activities they could be supported to enjoy.

● The dining room had a large calendar displaying the time and date making it easy for people to read. Menus were available with pictures if needed so people could choose what dishes they wanted to have.

Improving care quality in response to complaints or concerns

● There was a complaints procedure in place, complaints received were dealt with appropriately.

● A range of positive feedback was seen in thank- you cards received by the service. Examples included. "Thank you for the care given to mum and to the staff who visited her in hospital." And, "Thank you for the care received and for the kind staff."

Requires Improvement

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems such as audits, checks and surveys were not always used effectively to monitor and improve the service. For example, care plan audits had not identified that people's risk assessments were not always reviewed monthly or actioned. One person's risk assessment had not been reviewed on three different months when the person was at high risk of developing pressure ulcers. We found evidence in their care plan which identified how to support this person's skin condition. However, this inconsistent record keeping meant the provider could not be assured staff always had the right guidance to follow.
- The registered manager's oversight of safe recruitment practices was not always effective and provider policies were not followed. Gaps in employment history were not always explained and reason for leaving previous care role was not always verified. Whilst risk assessments were completed to manage the risk, these did not match the level of risk identified. The registered manager took immediate steps to rectify these issues.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.

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

- The registered manager promoted an open and transparent culture within the service and staff told us they felt supported. One staff member said, "The management are really supportive I can go to them about anything." Another said, "The registered manager has an open door, she's made changes with clear development plans."
- Relatives we spoke to were positive about the management team. One relative said, "The lady that runs it is marvellous, I think she's really great." Another said, "The manager is really good, she always promptly responds and the deputy keeps me up to date with medication changes."

● The registered manager was responsive when we highlighted areas in need of improvement. The management team showed they had a responsive and accountable management style to our overall feedback at the end of the inspection visit.

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 had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

● The registered manager had systems in place to involve people using the service. They had regular staff meetings, monthly residents' meetings and every six weeks relatives' support meetings, where various subjects were discussed. For example, end of life care. Feedback from these sessions from relatives was they have found them very supportive and beneficial.

● The service has introduced a new system online system called 'interactive me'. This helped relatives keep up to date and see what their family member has been doing, for example engagement in activities. This has been particularly useful for oversees relatives to stay in touch with their loved ones.

● The registered manager and staff worked in partnership with health care professionals. Mental health teams and other services were in regular contact with the provider in order to achieve good outcomes for people. For example, when a person came to the service very low in mood they worked closely with their G.P to improve their quality of life.

Continuous learning and improving care

● The registered manager analysed information such as accidents and incidents and in house surveys to learn and improve care. For example, each month they looked at trends and patterns of accidents and incidents to identify further actions needed. This enabled the manager to adapt care given when needed and update care plans.

● The registered manager was supported by a deputy manager and various other management roles. On the day of inspection, the registered manager was supported by the operations & compliance manager for training and development. Their role is to ensure the continuous learning and development across all services.

● The registered manager demonstrated achieving good outcomes for people, they told us about a person who came from another service. They were immobile and needing assistance with eating and drinking. With a lot of staff support, encouraging independence and referrals to relevant professionals the person is now mobile. They need minimal support, walk independently without any aids and can eat and drink without support.