

Mr & Mrs W Wallen

21 Lucerne Road

## Inspection report

21-23 Lucerne Road  
Thornton Heath  
Surrey  
CR7 7BB

Tel: 02082399547

Date of inspection visit:  
16 December 2022

Date of publication:  
10 February 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

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.

### About the service

21 Lucerne Road is a residential care home providing personal care to 3 people with a learning disability and/or autism at the time of the inspection. The service can support up to 3 people.

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

#### Right Support:

People did not always receive care in an environment which was safe as risks relating to radiator burns and falls from height had not always been fully assessed. Risks relating to each person's care had not always been fully assessed. This meant the service may not have been doing everything possible to keep people safe.

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 at the time of this inspection supported this practice.

The service gave people care and support in a clean and hygienic home and a plan to renovate the service was in place. People received care in a person-centred way, to meet their needs. People were encouraged to do as much as they wanted, to build and maintain their independent living skills. People were supported to see the healthcare professionals they needed to remain healthy. Staff supported people to make day to day decisions about their care and support and people were asked for consent and for their preferences. Staff understood the best ways to communicate with people.

#### Right Care:

People's care plans were not always sufficiently detailed nor recently reviewed to remain reliable for guiding staff. The provider told us this was an oversight due to switching to an electronic system and they would rectify this immediately.

Staff promoted equality and diversity and respected people's cultural needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. The registered manager and staff understood how to protect people from poor care and abuse. The service had enough staff to meet people's needs and keep them safe. Staff understood the best ways to communicate with people. People could take part in activities they were interested in.

#### Right Culture:

The provider's oversight of the service could be improved because they had not always identified and rectified the issues we found. Despite the issues we found, people received good care and support and had a good quality of life. Staff understood people well and had worked with them for many years. People and those important to them, were involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 17 April 2020).

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the full report for further details.

#### Enforcement

We have identified 2 breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 21 Lucerne Road

## 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

The inspection was carried out by 1 inspector.

#### Service and service type

21 Lucerne Road 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. 21 Lucerne Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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.

A registered manager was in post who was also a director.

#### Notice of inspection

This inspection was announced to ensure the registered manager and people would be present as they are often out on activities.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a 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 used all this information to plan our inspection.

### During the inspection

We spoke with 1 person using the service, the registered manager and deputy manager who were providing care during the day. We observed interactions between people and staff to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 2 people's care records and records relating to medicines management, staff files, staff training and supervision information and other records relating to the management of the service. After the inspection we spoke with one relative.

# Is the service safe?

## 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 requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider did not always ensure people were protected from the risk of Legionella infections through suitable risk assessment of the water systems. Falls risk assessments had not been completed where necessary as part of keeping people safe. An epilepsy protocol was not in place for a person who needed this and staff lacked training. There were no personal emergency evacuation plans to guide staff on evacuating people safely in an emergency. These issues were a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved in these areas but remained in breach due to new concerns.

- Window restrictors were not always suitable to prevent falls from height. The provider confirmed this had been rectified shortly after we inspected.
- Radiators were not all suitably covered and the risk of a person sustaining scalding if they became in prolonged contact with the radiators after falling against one and being unable to move to safety had not been assessed. The provider confirmed all radiators were suitably covered soon after our inspection.
- Risk assessments relating to people's care were in place but were not always suitable due to a lack of detail and were not always reviewed at least annually, in line with best practice guidance. The provider told us they would improve as soon as possible.

We found no evidence that people had been harmed. However, people were at risk of unsafe care and treatment because risks were not always identified or assessed. These issues formed part of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of the service were suitably assessed and managed to reduce risks. For example, checks of the fire system and equipment, gas, water systems, electrical installation and portable electrical appliances and water temperatures were in place. A 'contingency plan' was in place to set out how the service would manage in case of staff pressures due to COVID-19 and the provider told us they planned to expand this to cover other emergency situations.

### Using medicines safely

At our last inspection we made a recommendation that the provider consults best practice guidance on the management of medicines and amends their medicines management procedures to reflect this. This was because there was no guidance for 'as required' medicines to guide staff. Staff competency to administer medicines had not been assessed in line with recommended guidance. At this inspection we found the

provider had these things in place but we remained concerned regarding medicines management.

- Stock checks of medicines were not always in place which meant the provider could not be sure what quantities of some medicines they should have in stock. This meant they were unable to carry out robust stock checks to confirm people received their medicines as expected. The provider told us they would improve in relation to this.
- Staff recorded administration of medicines appropriately to evidence people received their medicines as prescribed.
- Medicines were stored safely. No 'as required' medicines were required at the time of our inspection.
- Staff received training in medicines administration and their competency was assessed.

#### Preventing and controlling infection

- Staff received training in infection control and personal protective equipment (PPE) and used PPE safely and in line with best practice to reduce the risk of infections including COVID-19.
- The provider had sufficient supplies of PPE and items such as hand sanitiser and cleaning products.
- The premises were clean and hygienic. A relative told us, "It's clean, I find it all hygienic. I'm happy with the way they handled Covid too."

#### Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance. A relative told us, "I don't ring them I just turn up and see how things are. I find [my family member] very content and happy. I have no concerns."

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff received training in safeguarding and understood their responsibilities. A relative told us, "[My family member] would tell me if anything was wrong. He is very safe there."
- The registered manager told us there had been no safeguarding concerns since our last inspection, although they understood their responsibilities to report any concerns and to keep people safe.

#### Staffing and recruitment

- There were enough staff to support people safely so they could take part in activities and visits. A relative told us, "There's always someone there, always enough staff." The service did not use agency staff and all staff had worked at the service for many years.
- No staff had been recruited since the last inspection and the service remained run by family members who had been recruited through safe recruitment processes checked at previous inspections. Therefore, we did not inspect recruitment.

#### Learning lessons when things go wrong

- Staff had training in responding to give first aid in emergency situations and forms were available to record any incidents. However, the registered manager told us there had been no accidents or incidents in the past year.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

At our last inspection we found the provider did not always act in line with the MCA because they did not always assess people's capacity to make specific decisions and to make decisions in their best interests, recording feedback from family and professionals. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had improved and was no longer in breach.

- The provider told us all people had power of attorney in place for health and welfare and so their appointees could consent on people's behalves. However, there were no records to confirm people had power of attorney in place. The provider told us they would ensure records were in place for future reference.
- Staff received training in MCA and DoLS and the registered manager and deputy understood their responsibilities, besides the need to keep a copy of the power of attorney records . A relative told us, "They always ask him what he wants to do and they never go against his will. If he is happy to do it, they do it."
- DoLS authorisations were in place for people using the service and these were kept under review in line with the Act.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in an environment which was homely, comfortable and met their needs. People were encouraged to personalise their rooms with things important to them such as pictures.

- A plan was in place for some improvements to the outside space and to redecorate and an outdoor laundry room had recently been built.

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

- No new people had been admitted to the service since the last inspection. The provider told us they would review any referrals to the service to check they could meet their needs and they would fit in well with the existing people.
- People's needs were kept under review. A relative confirmed, "I am invited to reviews and if anything happens they let me know and we talk about it."

Staff support: induction, training, skills and experience

- People were supported by staff who received training to understand their role and people's needs. The provider was arranging training in learning disabilities and autism as required under new legislation.
- The provider monitored the training staff received to check staff remained up to date.
- Staff received supervision to support them further in their roles and to check whether they needed any additional training.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care; supporting people to eat and drink enough to maintain a balanced diet

- People had health passports for health and social care professionals to support them in the way they needed and health action plans to make sure people received the right support. A relative confirmed, "[My family member] sees healthcare professionals when they need to."
- People were supported to attend the medical appointments they needed to maintain their health.
- People received enough nutritious food and drink to maintain a balanced diet. A person told us, "I like to eat good quality food, especially Chinese." A relative told us, "They care about food and [my family member] lost some weight which was good. He eats a healthy diet."
- People were involved in choosing their food, shopping, and preparing their meals where they wanted to be.
- People's weight was monitored and the provider took action if they were concerned.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People received kind and compassionate care from staff. People and relatives told us this and we observed staff interacted with people respectfully and in a caring manner. A person told us, "I like it here, the staff are good people." A relative told us, "They are very friendly, lovely! And it is so homely. I didn't want a place like a hospital, it is a home. As long as he happy I have no concerns, and he is very happy."
- People were happy at the service and received care from staff who were unhurried and had sufficient time to sit and engage with them.
- Staff understood the best way to communicate with people through working with them for many years and changed their communication style depending on the person.
- Staff respected people's choices and diversity. People were supported to observe any religious or cultural traditions important to them including worship and food choices.
- Staff supported people to maintain links with those that are important to them and visitors were welcome.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they wanted to themselves, such as household chores and preparing food and drink and care plans set how staff should support people with these things.
- Staff provided care to people with privacy, dignity and respect. Staff also respected people's need for time alone in their rooms.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remains requires improvement. This meant people's needs may not always be met.

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

- People were at risk of not receiving the care and support they needed. Sufficiently detailed care plans were not in place for people. The provider had begun using a new electronic system and told us this was an oversight through using the system. Care plans reviewed over a year ago were accessible to staff but they required review to ensure they were reliable for staff. The provider told us any new staff who did not know people would always be supported by existing staff to reduce the risks and they would update the care plans immediately.

This issue contributed to the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Besides this concern people had lived at the service for many years supported by staff who knew them very well and who understood and met their daily care needs. A person told us, "I like living here." A relative told us, "They meet his needs very well, I'm very happy with them. My [family member] is content and happy and I have no worries."
- People received choice and had control in relation to their care, such as how and where they spend their time, their food and involvement in household chores. People were involved in their care plans as staff discussed whether their care met their needs. Where people did not communicate through words, staff observed their body language and facial expressions to check they were happy with their care.

Improving care quality in response to complaints or concerns

- Processes were in place to investigate and respond to concerns and complaints. The registered manager told us they had received no complaints or concerns since the last inspection. People and relatives were encouraged to raise any issues.
- The registered manager knew how to respond to any issues raised. A relative told us, "I'm very confident in [the registered manager]. If I had any concerns I would speak out but I don't have any concerns."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of

communication, including the approach to use for different situations.

- Staff understood people's individual communication needs and knew how to facilitate communication and when people were trying to tell them something.
- Information could be adapted to meet people's specific communication needs. For example, information could be made available in an easy to read format if this was required.

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 make and maintain relationships with family and friends.
- People were supported to participate in their chosen social and leisure interests. One person attended a day centre during the week and others were supported to access the community in ways they enjoyed. One person told us, "I do have enough to do" and told us in detail about the activities they enjoyed at the service. A relative told us, "[My family member] likes to stay in the house with occasional trips to the shops and park. He goes up and down to his room freely and likes to talk with staff."

End of life care and support

- None of the people using the service at the time of this inspection were in receipt of end of life care and support. Training was available for staff should this be required.
- The registered manager told us if anyone became terminally ill they would work with their healthcare team, including the local hospice, so they could remain at the service as for as long as possible.

# Is the service well-led?

## 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 requires improvement. At this inspection the rating has remained the same. 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; 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

At our last inspection we found the provider failed to have effective oversight of the service and we issued a warning notice. These issues contributed to the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made some improvements but remained in breach of this regulation.

- The oversight of the registered manager to meet their regulatory responsibilities continue to be lacking and could be further improved. This was because they had not always identified and resolved the issues we found relating to the safety of the premises and equipment, risk assessments, medicines and care plans.

We found no evidence that people had been harmed and the provider had made some improvements. However, this issue meant the provider remained in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had managed the service for several decades and so was an experienced manager. They knew the service and the people well as they worked at the service alongside their family members most days. A person told us, "I like the manager, she is a good person." Our inspection findings showed staff understood their roles and responsibilities including duty of candour, the law concerning ensuring a culture of openness and transparency in relation to certain incidents..

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a culture which was focused on the people using the service and meeting their individual needs including any equality characteristics.
- People were happy at the service and their quality of life was good. People and relatives were consulted on their views and feedback and communication was good. A relative told us, "The staff are friendly and any information I need they give me."
- Staff were supported and updated on any developments through supervision and frequent informal and formal discussions. Staff were encouraged to give their feedback on the service and to raise any concerns for discussion.

Continuous learning and improving care; working in partnership with others

- The manager was open to our feedback on the service and confirmed they would make the necessary improvements immediately.
- The provider was working in partnership with healthcare professionals to help people receive all types of care they required.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure care and treatment was provided in a safe way for people through assessing the risks to people's health and safety and doing all that is reasonable to mitigate any risks; ensuring the premises and equipment are safe for use for their intended purpose and are used safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not always ensured systems or processes were established and operating effectively to ensure compliance. Systems did not always enable the registered person to assess, monitor and improve the quality and safety of the service nor did systems enable an accurate, complete and contemporaneous record of each person.</p>