Nellsar Limited

# Lukestone Dementia Nursing Home

## Inspection report

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15 May 2018
16 May 2018

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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? | Good |

# Summary of findings

## Overall summary

Care service description
We inspected the service on 15 and 16 May 2018. The inspection was unannounced. Lukestone Nursing Home is a 'nursing home'. People in nursing 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.

Lukestone Nursing Home is registered to provide accommodation, personal and nursing care for up to 44 people, and there were 37 people living at the service at the time of the inspection.

The service had a 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.

Rating at last inspection
At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service remains good.

People were protected from harm by staff who were trained to identify signs of abuse. Where risks to people of the environment were identified, staff took action to minimise them. There were enough staff to meet people's needs, and staff were recruited safely. Medicines were stored, given to people as prescribed and disposed of safely. People were protected by the prevention and control of infection. Lessons were learned when things went wrong.

People's needs were assessed before they moved into the service. These needs were met by staff who had the skills and knowledge to deliver effective support. People were supported to eat and drink enough to have a balanced diet, including those with complex health needs. People were supported to have healthier lives by having timely access to healthcare services. People lived in an environment which was suitable for people living with dementia.  People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received a service which was caring. People were treated with dignity and respect by staff who were

compassionate and caring. Staff treated people's private information confidentially. People were able to make decisions about how their care was provided, and were involved in reviews of their care along with people who mattered to them.

People received care that was personalised to their individual preferences. Staff knew people's needs and personal histories well. When people or their families had complaints or concerns they were encouraged to raise them. Management saw complaints to be an opportunity to improve the service. People were supported at the end of their life to have a dignified and comfortable death.

The registered provider's vision and values were embedded into the service, staff and culture. Governance systems were effective in ensuring shortfalls in service delivery were identified and rectified. Management encouraged honesty and transparency in the service. . People and their families were encouraged to be involved and engaged with the service. The registered manager had developed links with the local community.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The Service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Lukestone Dementia Nursing Home

**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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 15 and 16 May and the inspection was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke to seven people who lived in the service. We also spoke with six care staff, an activities coordinator, the chef, two nurses, the registered manager and the operations manager. We observed care that was provided in communal areas and looked at the care records for five of the people who lived in the service. We looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

Good

# Is the service safe?

## Our findings

The service continued to provide safe care. One person said, "I lock my door at night, but the staff have a key and that makes me feel safe." A relative said, "It's very, very safe and this is due to the level of the staff and the care of the care staff."

People were safeguarded from abuse. Staff received safeguarding training and were confident they could identify any concerns. Policies and procedures were in place and provided guidance to staff on how to report concerns both internally and externally. Staff told us they were confident that management would follow up on safeguarding matters in a fair and transparent way.

Risks to people and the environment were assessed and action was taken to help keep people safe. Where risks to a person were identified, such as risk of falling, a risk assessment was completed and instructions were provided to staff in how to reduce the risk. Each person had a personal evacuation plan which showed staff the support the person would need in the event of an emergency. Risks to the environment were assessed by maintenance staff. Regular fire drills were carried out.

There were enough staff employed to help keep people safe and to meet their needs. The registered manager used a dependency tool which considered people's needs when determining the number of staff needed on each shift. Staff told us they had enough time to support people, and we saw staff were not rushed. The use of agency staff was minimal, but where they were required, each one received an induction into the home. Permanent staff were recruited safely. Records showed the necessary checks were made before an applicant started to work with people independently, such as checking references from previous employers.

People received their medicines in a safe way. The registered provider employed two trained nurses on each shift and staff told us this was an adequate number to make sure people received their medicines as prescribed. Nurses kept accurate records of what medicine was given, and records were audited weekly by senior staff. Medicines were stored safely in a locked room. If people needed to receive their medicines covertly, this was only done as a last resort and staff followed guidance from the GP and pharmacy. The local GP reviewed people's medicines weekly, and told us they were referred to appropriately when people's needs changed.

People were protected from the risk of infection. Policies and procedures were in place and were being followed by staff. The service had an infection control champion, whose role it was to ensure staff followed best practice guidelines. Management carried out regular observations of staff practice, such as checking they were washing their hands regularly and using appropriate equipment like gloves and aprons. Audits were carried out on the environment to make sure it was clean. Staff who handled food had received food hygiene training. We saw people being encouraged to wash their hands before eating a meal.

The registered provider took steps to learn and improve the service when things went wrong. Staff knew how to report incidents and near misses. The registered manager reviewed these reports to look for patterns

or trends. Action was taken to reduce the likelihood of future incidents. Where themes were identified, such as during safeguarding investigations, outcomes were shared with staff via staff meetings to help improve the service.

Good

# Is the service effective?

## Our findings

The service continued to be effective. One person told us, "If ever you need something then it's there. Whatever you need is provided." Another said, "They really know dementia, and although there's lots of people here they know what each person likes."

People's needs were assessed and their care was planned to ensure their needs were met. There was good use of nationally recognised assessment and management tools including for pressure wounds, malnutrition, pain management and wound care. Processes were in place to ensure there was no discrimination when people's care was being planned. People's pre-admission assessments contained an equalities section where people's cultural needs were explored. People's preferred language and religious and spiritual beliefs were recorded.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff who were newly recruited to the service had an effective induction using the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care services are expected to uphold. Other staff had received training in a range of courses relevant to their roles, such as equality and diversity, infection control, safeguarding and health and safety amongst others. Nurses were supported to maintain their registration with the Nursing and Midwifery Council (NMC).

People were supported to eat and drink enough to maintain a balanced diet and good health. People who required specialist support to eat and drink received this. The registered provider had employed a nutritional therapist who had been working closely with the service to ensure people had sufficient food and fluids. The service had identified 'nutrition champions' who were being trained in nutrition and were aware of how people's preferences may change as their dementia progressed.

People were being supported to maintain good health. Where staff noted changes in people, or they had concerns, they were quick to make referrals and follow up concerns and medical advice.

Staff worked together to ensure that people received a consistent and person-centred support when they moved from or were referred to the service. When one person had moved out of the service in the previous year, the new service had been provided with care documents. A copy of a care plan and summary of need was sent with the person to provide consistency.

People's needs were being met by the design of the premises. Adaptations to the environment had been thoughtfully made to meet the needs of people living with dementia and with physical disabilities. There was dementia friendly signage being used throughout the building to help people who may be disoriented to place and time to find their way around more easily. The building was well lit and spacious enough for wheelchairs or mobile hoists to be moved without hindrance.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA).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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed and records showed staff were working within the principles of the MCA.

Good

# Is the service caring?

## Our findings

People continued to receive a service that was caring. One person said, "They're all working very hard, and always treat me with respect." A relative said, "They always make sure that they're comfortable. If they accidentally wet themselves they deal with it in a kind way and don't embarrass them. They give him them privacy and protect their dignity."

The registered provider promoted respectful and compassionate care for people with dementia. For example, there were statements along the hallway such as 'look beyond the behaviour' and 'give them warning'. The registered manager said, "They are pointers for people to consider when working with people with dementia, to make people think about the care they are giving."

People were treated with kindness, respect and compassion. We observed one person sitting on their own whilst knitting, with their dinner on the table in front of them. A nurse encouraged them to eat by holding the plate for them. The nurse was patient and kind and worked at the pace of the person, waiting for them to finish their row of knitting and helped them to put their knitting away safely whilst they ate. Staff responded appropriately when people experienced pain or emotional distress. We observed one person who had become distressed when they waited for their pudding. Staff offered them emotional support throughout their period of distress. Staff responded to the person in a compassionate way, moved them out of the sun and helped them to remove their cardigan in case they were hot.

The registered provider promoted a person-centred approach to care. There were pictures on people's bedroom doors with items or hobbies the person liked. The manager said, "They help people to remember where their rooms are, and give staff something to talk about with them." We observed staff listening to people and talking to them appropriately in a way they could understand. Staff knew the people they cared for. Care files had detailed information about their personal histories, including what made the person happy, what upset them and what was important to them.

People were supported to be involved in making decisions about their care. Whenever possible, people's families were involved in the reviews of their care. If people did not have family members to support them, the registered manager arranged for advocates to be involved. An advocate in a professional who helps a person understand services and information. People were able to choose if they received support from a male or female staff member.

People's privacy and dignity needs were understood and respected. A 'dignity tree' was displayed in the lounge where people, their families and staff wrote on a leaf what dignity means to them. One staff member wrote, "Dignity means treating people as worthy and important. In other words, caring and treating people as how one would like to be treated." We saw a sign was hung on people's bedroom door handles when care was being provided, which read 'please respect my dignity and knock before you enter or come back later'. Dignity screens were used when people were supported using a hoist in communal areas. Confidential information was kept secure and there was evidence that the provider was aware of data protection laws.

The registered provider promoted people's independence, for example one person was encouraged to keep mobile and used a walking frame which was kept near them, to go to the bathroom. Another person had arrows with pictures of significance for them on the wall which enabled them to find their bedroom. Dependency assessments were completed to enable people's needs to be met whilst maintaining their independence.

People's relatives and other visitors were made to feel welcome and could visit without any restrictions. There were several communal areas for people to host visitors, including a summer house in the garden.

Good

# Is the service responsive?

## Our findings

The service continued to be responsive to people's needs. One person told us, "We really are well looked after." A relative said, "Every day there's something. They take them out in the minibus with friends and family."

People were being supported in a person centred way. Each person had their own care plan which presented staff with information on the persons preferred name, a personal history, and likes and dislikes. They contained information about each person's previous interests such as politics or completing quizzes. We saw staff using this information when providing care to people. There was also personalised information about how to help a person to get to sleep and maintain sleep. For example, which lights were to be left on, which drinks they liked before bed and how to check the person's safety throughout the night. One person did not wish to eat their meals seated at a table. Staff supported this person to eat by moving with them and offering mouthfuls of food at intervals.

People were supported to follow their interests and take part in activities that were appropriate to them. People were supported to take part in communal activities organised by two dedicated activity coordinators. Those people who preferred not to leave their rooms were supported on a one-to-one basis. There was a separate lounge that was used for reminiscence, set up in 1950's style. The service had access to a minibus which was used for outings.

People's concerns and complaints had been listened to and used as a tool to improve the service. There was a complaints register which was being used to log and record the response to all compliments and complaints. There had been four complains recorded in the 12 months leading up to our inspection. We saw the complaints had been responded to appropriately and in line with the providers' complaints policy. Verbal complaints were being recorded and the most recent had been resolved after the registered manager had promptly investigated and apologised to the complainant.

People were supported to have a pain free and dignified death at the end of their lives. There were end of life care plans in place. These stated whether the person was able to make informed choices about their end of life care or not and included input from the local hospice and family members. Information was available to staff about if a person wanted to be resuscitated. Records showed the care plans were regularly reviewed with input from family members and healthcare professionals.

Good

# Is the service well-led?

## Our findings

The service continued to be well-led. One person told us, "Oh yes, the registered manager is lovely and kind." A relative told us, "They're good at communicating with me, and if (relative) needs something they will always call me."

There was a 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.

Records showed the registered manager had informed us about events which occurred in the service, such as when there were safeguarding concerns. They had also displayed the quality ratings we gave at our last inspection on their website and in the reception area of the building. This meant members of the public knew how well the service was meeting people's needs.

The registered provider had a set of core values; dignity, choice, respect and independence. The registered manager made sure these values were embedded into the culture of the service. They told us, "I watch staff and see them treating people well. I think they feel proud to work here." Staff told us they felt trusted and spoke highly of management. One new staff member said, "The manager believes in me. I feel I'm part of a team, part of a family." Staff told us they were treated fairly. The weekly rota was compiled taking staff members personal circumstances into account, and staff told us they were never discriminated against.

People, their relatives and staff were involved in developing the service. The registered manager held regular resident and relative meetings where service developments and improvements were discussed. A monthly newsletter kept people and their families up-to-date with activities and other services on offer. Regular staff meeting were held, and staff told us they were encouraged to raise concerns or share ideas of how people's experiences of the service could be enhanced.

There were systems in place to monitor and assess the service which were used to drive improvement. These included, for example, auditing how people with complex health conditions were being supported, looking at the reasons people were admitted into hospital or making checks to the environment. When areas of improvement were identified the registered manager communicated actions needed to staff in an open and transparent manner. Staff told us they were encouraged to improve people's experiences of the service and felt supported to do so.

The registered manager had developed close working relationships with healthcare professionals for the benefit of the people living at the service. This included care managers, local GPs and other health professionals such as specialist dementia nurses and occupational therapists.