Nellsar Limited

Lukestone Dementia Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 and 16 March 2016 and was unannounced.

Lukestone Dementia Nursing Home provides accommodation for up to 44 people who need nursing and personal care. Communal areas, such as the lounge and dining room are on the ground floor. Bedrooms are found over three floors accessed by stairs and a passenger lift. There is a garden to the rear of the building. At the time of our visit, there were 40 people who lived in the home. People had a variety of complex needs including dementia, physical health needs and mobility difficulties.

There was a registered manager at the home. 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.

The provider had systems in place to manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies. All of the people who were able to converse with us said that they felt safe in the home; and said that if they had any concerns they were confident these would be quickly addressed by the registered manager.

The home had risk assessments in place to identify risks that may be involved when meeting people's needs. The risk assessments showed ways that these risks could be reduced. Staff were aware of people's individual risks and were able to tell us about the arrangements in place to manage these safely.

There were sufficient numbers of qualified, skilled and experienced staff to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Staff knew each person well and had a good knowledge of the needs of people who lived at the home. Training records showed that staff had completed training in a range of areas that reflected their job role. Staff told us that they had received supervision and appraisals were on-going.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. We found the home to be meeting the requirements of Deprivation of Liberty Safeguards.

The food menus offered variety and choice. They provided people with nutritious and a well-balanced diet. The cook prepared meals to meet people's specialist dietary needs.

People were involved in their care planning, and that staff supported people with health care appointments and visits from health care professionals. Care plans were amended immediately to show any changes, and care plans were routinely reviewed every month to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff encouraged people to make their own choices and promoted their independence.

People knew who to talk to if they had a complaint. Complaints were managed in accordance with the provider's complaints policy.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person and their relatives. People were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished.

People spoke positively about the way the home was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse. Risks to people's wellbeing were understood and addressed in their care plans, or with representatives, where appropriate.

There were enough staff employed to ensure people received the care they needed and in a safe way.

There were effective recruitment procedures and practices in place and being followed.

Medicines were safely stored and administered to people.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses. Staff received supervision from their manager to ensure they had the support to meet people's needs.

People's rights were protected under the Mental Capacity Act 2005 (MCA) and best interest decision made under the Deprivation of Liberty Safeguards (DoLS).

People were supported effectively with their health care needs.

People were provided with a choice of nutritious food.

Is the service caring?

Good

The service was caring.

The registered manager and staff demonstrated caring, kind and compassionate attitudes towards people.

People's privacy was valued and staff ensured their dignity.

People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Good

The service was responsive.

People's needs were fully assessed with them before they moved to the home to make sure that the staff could meet their needs.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's need.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

The provider had a clear set of vision and values, which were used in practice when caring for people.

There was a robust staffing structure in the home. Both management and staff understood their roles and responsibilities.

There were effective systems in place to monitor and improve the quality of the service provided.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with two people, six relatives, two care staff, the activity coordinator, chef, two registered nurses, deputy manager and the registered manager. We spoke with the operations manager who had the overall responsibility for the home, which were different responsibilities to the registered manager and who was a representative of the provider. We also spoke with three visiting healthcare professionals. These included professionals from the local hospices, dietician and the GP.

Some people who were living with dementia were not able to verbally communicate their views with us or answer our direct questions. We observed people's care and support in communal areas throughout our visit to help us understand the experiences people had. We looked at the provider's records. These included four people's records, which included care plans, health care notes, risk assessments and daily records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 06 March 2014, we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. They said, "Yes, I feel safe here". Relatives felt their family members were safe in the home. One relative said, "I would say that my mum is safe and well cared for". Another relative said, "My mother is safe here. The care is satisfactory and I have no concerns".

The provider had taken reasonable steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Care staff told us they would tell the manager or deputy manager of any safeguarding issues.

Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had completed safeguarding training within the last two years. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions of abuse that may occur. Staff told us the registered manager would respond appropriately to any concerns. Staff knew who to report to outside of the organisation and gave the example of CQC. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place. These policies clearly detailed the information and action staff should take, which was in line with expectations. This showed that the provider had systems and processes in place that ensured the protection of people from abuse.

People were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that challenges staff regarding service provision to people. As well as having a good understanding of people's difficult behaviours, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. Staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned.

Each person's care plan contained individual risk assessments in which risks to their safety were identified such as falls, mobility, diet, bed rails and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. This enabled staff to understand what was needed to help people to remain safe. People confirmed that the risk assessments had been discussed with them.

We spoke with both the deputy manager and the registered manager about how risks to people's safety and well-being were managed. They both were able to tell us how they put plans in place when a risk was identified. The deputy manager described the action they had taken to minimise the risk of falling for one

person who had had a number of falls. There was a clear plan in place which staff were aware of and used. Where people's needs changed, staff had updated risk assessments and changed how they supported people to make sure they were protected from harm. For example, where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattress had been obtained.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. Records of each referral to health professionals were maintained, and used to build up a pattern which allowed for earlier intervention by staff. For example, staff sought advice from occupational therapists about the use of moving and handling equipment to support people. We spoke with two members of staff who told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the home in detail, and we found evidence in the people's support plans to confirm this. This meant that people at the home could be confident of receiving care and support from staff who knew their needs.

There were suitable numbers of staff to care for people safely and meet their needs. The registered nurse on shift showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. We observed that there were sufficient staff on duty to meet people's needs, for example supporting people attending hospital appointments on an individual basis. The registered manager said that if a member of staff telephones in sick, the staff in charge would contact their bank staff team to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us that the roster is based on the needs of people, staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. There were also additional checks when the home was employing a nurse such as ensuring they were registered with the Nursing and Midwifery Council. This meant people could be confident that they were cared for by staff who were safe to work with them.

People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking as staff explained this to them. We observed registered nurses administering people's medicines during the home's lunchtime medicine round. The registered nurse checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. Medicines were given safely. The registered nurse discreetly observed people taking their medicines to ensure that they had taken them.

Medicines were kept safe and secure at all times. Unwanted medicines were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the

person they were prescribed for. Fluid thickener, which was used to thicken drinks to help people who have difficulty swallowing, was kept locked away in both the medicine trolley and the cupboard in the medicine room. This demonstrated that the provider ensured medicines were kept safe.

There was a system of regular audit checks of medication administration records and regular checks of stock. The registered nurse conducted a monthly audit of the medicine used. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in 2015. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was recently reviewed in 2016. Fire equipment was checked weekly and emergency lighting monthly. Fire drills took place monthly and those present people staff recorded. Staff had completed a fire competency assessment.

There was a plan for staff to use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

The design of the premises enhanced the levels of care that staff provided because it was specious, well decorated and had been suitably maintained. Corridors were spacious with good lighting which was crucial for helping a person with dementia to make sense of their environment.

Good

Is the service effective?

Our findings

Relatives said, "Staff do contact us if needed. Generally they are very good" and "The way they look after her is brilliant and they make sure she eats and drinks. I am so relieved she is here".

Healthcare professionals commented as follows, "There has been continuity of care. They do palliative care very well", "They do follow guidelines given and send us information as requested" and "They do send us adequate medical referrals. They are undergoing gold standard framework with the hospice, which they are working very hard towards".

The 'Gold Standards Framework' gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care. The registered manager told us that they are committed to these standards for the people who lived in the home.

All staff completed training as part of their probationary period. New staff had provider's comprehensive induction records which they worked through during their probationary period. Staff told us that they were mentored by the deputy manager to help them to complete their induction. Staff were confident that by the end of their induction period they had attained the skills and knowledge to be able to care for the people living in the home. These skills were built upon with further experience gained from working in the home, and through further training. Staff told us that their training had been planned and that they could request further specialist training if needed.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with dementia. Nursing staff told us they were supported to attend relevant courses to maintain their professional registration. These courses included nutrition, catheter care, the Mental Capacity Act, pressure care and continence promotion. This meant that people could be confident nursing staff knew how to provide them with appropriate treatment. Other staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. One member of staff told us that they had attended trainings to help them meet people's needs. These included, death, dying and bereavement, food and nutrition and safeguarding. The registered manager also told us that they had booked four members of staff to work in a local hospice for a week in order to gain more practical knowledge which would enhance the support provided to people in the home. This showed that the registered manager regularly equipped staff with relevant skills and knowledge to effectively meet people's needs.

Staff told us they received opportunities to meet with their line manager to discuss their work and performance. Staff said, "I had my supervisions with my line manager" and "I feel supported and love working here". The registered manager confirmed this and said, "Supervisions are carried out regularly to

make sure people receive the required support". Records we viewed confirmed this.

Yearly appraisals were carried out and reviewed with one to one supervisions. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the registered manager. This would enable staff to improve on their skills and knowledge which would ensure effective delivery of care to people.

The registered manager of Lukestone Dementia Nursing Home ensured that effective communication was a key ingredient to effective care provision. In the care plan of one person with visual and hearing impairment, there were clear instructions for staff to follow about how to communicate with them effectively, such as maintaining eye contact and speaking slowly and clearly. The registered manager had contacted the local blind association for support for this person. Communication book and memorandums were used to communicate effectively to staff at handovers. These ensured staff was aware of changes in the needs of people.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave us examples of how they supported people who did not verbally communicate to make choices. Staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that we were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The risks to people from dehydration and malnutrition were assessed so they were supported to eat and drink enough to meet their needs. For example, a person disliked certain vegetables and a particular activity. This was recorded in their care plans relating to nutrition and social needs and the staff were aware of these requirements. People who had been identified as at risk had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's general practitioner (GP), specialist nurses and dieticians. For example, two people were encouraged to eat fruit, biscuits and cakes or snacks throughout the day to help them regain weight. Another person was provided with a soft diet and staff helped them while eating to ensure risks of choking were reduced. Hot and cool beverages and snacks were offered to people by staff twice a day and upon request.

Staff told us how they encouraged people to eat and drink. One said, "If someone did not eat their food I would always go back and offer them something different." Another said, "People get plenty of food and they are offered snacks and at other times"; "People can get food and drink during the night if they want it, like tea and toast". We observed that people who were awake early in the morning were offered drinks and snacks.

People and relatives were very positive about the quality of the food, choice and portions. We observed

lunch in the dining room where all the people were offered a choice. The food looked and smelt appetising and the portions were generous. Staff worked with the cook as team to ensure meals were delivered quickly and hot. Special requests and special dietary requirements were plated up separately. Other options were immediately available should anyone change their mind or want something not on the menu. There was a pleasant atmosphere in the dining room and it was evident that people enjoyed the food. The cook was aware of the dietary requirements of people and she was very actively involved in the delivery of the food and service. Diabetic desserts were available for those with diabetes. The cook told us that they provided variety of food and special needs/requests such as soft diet like pureed food and diabetic diet for diabetic people are taken care of. This showed that staff ensured people's specific nutritional needs were met.

People or their representatives were involved in discussions about their health care. A relative said, "Staff ring me if there are any problems. They had the GP in if there is a problem". A GP commented, "Staff are very cooperative".

The doctor visited once a week and people's treatment was reviewed and changed if necessary according to their medical condition. The community nurses supported the home and visited daily to help manage medicines such as injections for people. A healthcare professional said, "Doctor has been called at appropriate times and in a timely manner".

Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. The health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health. For example, they maintained soft diets for people with swallowing difficulties and repositioned people who were cared for in bed on a regular basis to minimise the risk of pressure ulcers developing.

People were accompanied to visit a dentist when necessary. An optician visited the home during our inspection. Vaccination against influenza was carried out when people or their legal representatives had provided their consent. People's appointments with healthcare professionals were booked, recorded and followed up by staff to ensure people attended and had effective care which followed the guidance of these professionals.

Good

Is the service caring?

Our findings

Relative commented as follows, "Staff are lovely and both the deputy manager and registered manager are very friendly", "Staff are very friendly and I feel involved in his care", "She is happy here. A big fresh air", "Every time I go home, I know I have left him in good hands" and The staff are extremely kind and called him by name".

Healthcare professionals commented as follows, "They are pretty good at getting other people involved", "They provide individualised care and work closely with families" and "They are friendly, caring and trying to improve things always"..

We spent time and observed how people and staff interacted. The care that was provided was of a kind and sensitive nature. Staff responded positively and warmly to people. Staff checked on people's welfare when they preferred to remain in their bedroom or not to take part in the activities. Staff provided reassurance for a person who was anxious. A member of staff sat next to them gently stroking their back and talking with them to provide comfort and reassurance. This showed that staff were knowledgeable about how to care for the person.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. People were presented with options, such as participating in a group or one to one activity, have a cup of tea, read their newspaper or walk with the staff. Staff checked with people if they wished to visit the toilets at regular intervals and offered to accompany them. We observed that staff were interested in what people had to say and were actively listening to them.

The staff promoted independence and encouraged people to do as much as possible for themselves. People were dressing, washing and undressing themselves when they were able to do so. They had choice about when to get up and go to bed, what to wear, what to eat, where to go and what to do. Their choices were respected. Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. For example, people had expressed their wish to go to bed at certain times. The staff we spoke with were aware of this and told us they checked with people whether they had changed their mind. Times relating to people's routine were recorded by staff in their daily notes. As daily notes were checked by key workers any significant changes of routine were identified and monitored to ensure people's needs were met.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices

were respected by staff.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. People chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity.

People were involved in their day to day care. People's relatives or legal representatives were invited to participate each time a review of people's care was planned. A relative told us, "We get invited well in advance so we can attend and bring our opinion about how our family member is cared for". People's care plans were reviewed monthly by key workers who sat with people and their relatives to discuss people's care and support. Key workers are staff who have special responsibility to ensure effective care is delivered to a named person.

Lukestone Dementia Nursing Home provided end of life care, the registered manager told us that this was a person's home for the rest of their life when they moved in, if that was their choice. People who required end of life care were referred to specialist nurses who worked with the staff to ensure people remained comfortable. Two end of life care nurses visited the home during our inspection and they said, "They continually work in partnership with us" and "I believe the people who lived here are in a good place". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

Good

Is the service responsive?

Our findings

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. A relative told us, "We are informed and involved every step of the way". Another said, "I feel very involved in his care" and "The nursing team are fantastic. They have empathy and always responded to his needs".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's life history, likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about people's individual needs from the onset.

People's care plans included risk assessments with clear recommendations to staff about how to reduce the risk that was identified. A person who experienced falls was provided with equipment that alerted staff when they stepped out of bed so they could provide help and reassurance. People were placed under seven days observation following a fall and their progress was recorded. A person who was at risk of skin damage was provided with a specialised mattress and staff ensured they were repositioned every four hours as recommended in their care plan and risk assessment. Care plans were reviewed monthly or as soon as people's needs changed and were updated to reflect these changes to ensure continuity of their care and support. For example, a care plan had been updated to reflect a change of medicines following a G.P.'s visit and a review of their care. This showed that management and staff responded to people's changing needs whenever required.

Staff ensured that people's social isolation was reduced. Relatives and visitors were welcome at any time and were invited to stay and have a meal with their family member. A relative said, "We are encouraged to keep in contact by phone, visits, meals and birthday celebrations. People attended church services of their faith when they wished.

We found that staff worked in a variety of ways to ensure people received support they needed. Equality and diversity was covered in people's care plans and it details people's preferences and individuality. For example one person likes to be called a certain name at certain times and other times, another name. We observed that staff called them these preferred names. Religious and cultural needs are also taken into consideration and in one person's care plan it said "Likes to attend Sunday or evening service when possible". This showed that staff supported people based on the person's choice and preference.

People were able to express their individuality. Bedrooms reflected people's personality, preference and taste. For example, some rooms contained articles of furniture from their previous home, life history and people were able to choose furnishings and bedding. This meant that people were surrounded by items they could relate with based on their choice.

Activities took place daily. The activities coordinator consulted people and took their preferences and suggestions in consideration before planning the activities programme. There were group activities and one to one sessions for people who preferred or who remained in their room. Activities included card games, identification of photographs and reminiscence, boules, exercise, music, dancing and arts and craft. One to one sessions included arms and hands massages, reading aloud and sing-along. The registered manager organised activities with the activities coordinator for each month. During our visit, a musical group visited the home to provide 'music for health' to people. This involved singing along and participating in the musical activities. Some members of staff assisted people to take part in the activities and were sharing jokes and laughing with people. The activities coordinator told us, "It is so rewarding to see how we can contribute to people's enjoyment and play a part in keeping them stimulated and interested".

There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. There was also a monthly activities newsletter which was displayed on the notice board. The newsletter referred to various activities for each month such as 'holistic therapy, rick stills entertainment, hairdresser's visit and Easter raffle. Activities were person-centred. People were able to express their wishes and choices though their interests.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's community Mental health team. Details of Speech and Language Therapist (SALT) referral and guidance was in place demonstrating the provider promoting people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the home, staff, health and social care professionals and relatives. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home. The relatives feedback received for 2015 were generally positive. Where needed action plans had been developed to provide for suggestions made. For example, more dementia friendly activities were requested for. We found that the registered manager had reviewed all activities and employed a new activities coordinator as a result.

People who used the service and relatives we spoke with told us they knew how and who to raise a concern or complaint with. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager, the deputy or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative told us, "If I had reason to complain I would just talk with the manager and this will be sorted straight away". No complaint had been received in the last 12 months before this inspection.

Good

Is the service well-led?

Our findings

Relatives told us that the registered manager was very approachable and responsive. They said, "The manager is great, good care comes from above, so it is the manager who has put in good practice" and "The manager and staff are brilliant. We will recommend the home".

The registered manager inspired the staff to maintain excellent standards of practice by laying example for staff to follow. The staff told us, "She is approachable; I can go to her at any time".

A healthcare professional said, "This manager is knowledgeable about people's needs".

The provider had a clear set of vision and values. These stated 'We believe every one of the individuals we support deserves dignity, choice and independence, as these values lay the foundations for a high quality of life'. Our observations showed us that these values had been successfully cascaded to the staff who worked in the home. Staff demonstrated these values by meeting people's needs based on their assessed needs.

We spoke with the registered manager about their philosophy of care. They told us, "Each person deserves to have their rights respected and receive personalised care; we must speak for people who cannot speak for themselves and represent their views". One staff member described the ethos of the home as "Letting residents be themselves, their needs and wishes met and treat them as our second family".

The management team at Lukestone Dementia Nursing Home included the registered manager and the deputy manager. Support was provided to the registered manager by the operations manager, in order to support the home and the staff. The registered manager oversaw the day to day management of the home. Both the registered manager and deputy manager knew each resident by name and people knew them and were comfortable talking with them. The registered manager told us they were well supported by the operations manager who provided all necessary resources necessary to ensure the effective operation of the service. The operation manager visited the home at least twice a month. This showed that the registered manager and staff were well supported by the provider.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager was a 'Dementia Friends' champion. Dementia Friends Champions are volunteers who talk to people about being a Dementia Friend in their communities after attending a training course and receiving ongoing support. The registered manager encouraged the staff to join the initiative that was promoted by the Alzheimer's Society. This initiative enabled staff to promote inclusion and quality of life for people with dementia.

Communication within the home was facilitated through weekly and monthly management meetings. This provided a forum where clinical, maintenance, catering, activities and administration lead staff shared

information and reviewed events across the home. Staff told us there was good communication between staff and the management team.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Healthcare professionals we contacted told us that the home always liaised with them. A healthcare professional said, "The staff and management always phone if there is a change in the client's condition or if they fall or any other relevant changes. I do consider they communicate effectively with me. I do feel they refer onto the appropriate services when necessary in order to maintain the client's good health". This showed that the management worked in a joined up way with external agencies in order to ensure that people's needs were met.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the home. The registered manager told us they were well supported by the operations manager who provided all the resources necessary to ensure the effective operation of the service. The operations manager visited the home every month to carry out a monthly audit. The provider had effective systems in place for monitoring the home, which the registered manager fully implemented. They completed monthly audits of all aspects of the home, such as medicine, care plans, nutrition and learning and development for staff. They used these audits to review the home. Audits routinely identified areas they could be improved upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. The registered manager said, "We record all incidents and I investigate and also report it to higher management if need be".

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.