Barchester Healthcare Homes Limited

Lucerne House

Inspection report

Chudleigh Road,
Alphington,
Exeter
EX2 8TU
Tel: 01392 422905
Website: www.barchester.com

Date of inspection visit: 28 and 31 October 2014
Date of publication: 23/01/2015

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 28 and 31 of October 2014 and was unannounced.

Lucerne House is registered to provide accommodation for 75 people who require nursing and personal care. The service consists of three units known as Shillingford unit, which provides care for older people with dementia; Ide unit, which provides care for older people, and Alphinbrook unit, which provides care for younger people with physical disabilities. At the time we visited, 62 people lived at the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During a previous inspection on 24, 26 February and 03 March 2014, we had significant concerns about staffing levels, quality monitoring and about whether people's care needs were being met, particularly on Ide unit. We

Summary of findings

took enforcement action against Lucerne House by serving warning notices in those areas to protect the health, safety and welfare of people using this service. On 21 May 2014, we undertook a follow up inspection to check the most urgent improvements required had been made. We found the provider had complied with the warning notices served and had made significant improvements in people's care and welfare, staffing and in monitoring the quality of the service.

At the February/March 2014 inspection, we also found other breaches of legal requirements related to the safety of the premises and equipment, safeguarding, record keeping and in how the service managed complaints. The provider sent us an action plan which explained how they planned to address the breaches of regulations we had found. At this inspection we found these actions had been completed and the provider has now met the legal requirements.

People gave us mixed feedback at the home about how well they were supported to maintain their interests and hobbies. People on Alphinbrook were very satisfied as were some people on Ide unit were satisfied. Other people on Ide unit, including those who chose to stay or were confined to their rooms reported feeling bored and lonely. On Shillingford unit, staff did not spend much time interacting with people living with dementia in a meaningful way. Further improvements were needed to prevent people becoming socially isolated through more meaningful interactions with staff.

People, relatives and staff were positive about the changes in leadership at Lucerne. One person said, “It’s very good here I am pleased with it” and a relative said, “The atmosphere is much better”. Speaking about the improvements made, one relative said, “I feel much more confident (the person) is in the best place, I would recommend it, they can look after him and they are doing it, the job now is to maintain it”.

In addition to the registered manager, there was a deputy manager and a head of each unit. All of the staff in these posts changed during 2014, and two heads of unit were recently appointed. Senior staff led by example, there was good teamwork and communication to make sure each person’s needs were met. The provider used a range of systems to monitor the quality of the service provided to people. Senior staff also undertook regular ‘spot checks’ of people’s care records and equipment, cleanliness and health and safety and by talking to people and staff. All checks were documented and showed corrective actions taken on any problem areas.

Staff knew people, understood their needs and wishes and how they liked to be supported and were kind and respectful. People were offered choices in their day to day care. Where people lacked capacity, relatives, staff and health and social care professionals were consulted and involved in decision making in their ‘best interest’.

Improvements had been made in providing end of life care; staff had done training and were more confident in managing pain relief and in supporting people’s physical and emotional needs.

People were involved in developing their care plans, which were detailed about each person’s individual needs and the support they needed from staff. Significant improvements were made in how people were supported to eat and drink. People were offered food and drink regularly and where a person declined their meal, snacks and food supplements were offered. Detailed records of people’s eating and drinking were maintained and monitored and action taken to ensure each person ate and drank enough to keep them healthy.

Summary of findings

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. People told us they felt safe, and well supported by staff and knew what to do if they were worried. The provider had arrangements to reduce people's risk of abuse. Staff were trained on how to recognise and report any concerns about abuse. Any concerns raised were appropriately investigated and responded to with positive actions taken to further reduce risks.

There were enough staff to support people when they needed help and at a pace that suited them. Risks were managed so that people were protected whilst minimising restrictions on people's freedom and choices.

Is the service effective?

Good

The service was effective. People were cared for by staff who were appropriately trained and supervised to meet their needs. They were supported to have enough to eat and drink to maintain their health. The service supported people with nutritional risks, staff sought specialist nutritional advice and followed that advice. Records showed that people were offered food and drink at regular intervals and people previously identified as at risk had gained weight.

Staff understood the principles of the Mental Capacity Act and met the requirements of the Deprivation of Liberty Safeguards (DoLS). Where people did not have the mental capacity to make decisions for themselves, they had their legal rights protected. For people who lacked capacity, relatives, staff and other health and social care professionals were consulted and involved in making decisions in their 'best interest'

Is the service caring?

Good

The service was caring. People, relatives and health and social care professionals gave us mostly positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect. Staff knew the people they supported, about their personal histories and daily preferences.

We found improvements had been made in the end of life care provided. Staff had done additional training, they were more skilled and confident at meeting people's needs. This included managing pain relief and offering support and reassurance to people and relatives.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People were involved in developing their care plans which were based around their individual needs

Summary of findings

and wishes. Care plans had improved and were more individualised about people's care needs. However, people's feedback was mixed about how they were supported to interact, avoid social isolation and pursue their individual interests and hobbies, and further improvement was needed in this area.

People and relatives knew how to raise any concerns and confirmed these were dealt with. They were consulted and involved in the running of the service, and their views were sought and acted on.

Is the service well-led?

Good

The service was well led. The culture was open and people, staff and relatives expressed confidence in the new registered manager. Staff worked together better as a team, senior staff led by example and promoted clear values to staff.

The registered manager of the service was taking appropriate steps to improve the service and lead its development. However it was too soon to be able to see if these changes were embedded and sustained.

The provider had comprehensive quality monitoring arrangements in place through which they monitored people's care and made further improvements, as needed.

Lucerne House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 and 31 of October 2014 and was unannounced. The inspection team included two inspectors, a member of staff from the planning and performance team and an expert- by- experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, they had experience of services for older people with dementia.

We spoke with 21 people who lived at Lucerne House and with 10 relatives to get feedback. We spoke with 25 staff, which included nursing, physiotherapy and care staff, support services staff, as well as the registered manager, deputy manager and area manager. We looked at seven people's care records, 15 medicine records, four staff records, staff training records and a range of other quality monitoring information.

Some people at the service were living with dementia and were unable to communicate their experience of living at the home in detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not talk with us.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. We contacted commissioners of the service and external health professionals to obtain feedback about the care provided and received feedback from seven of them.

Good

Is the service safe?

Our findings

People said they felt safe with the staff who supported them, and were confident any concerns raised with staff were dealt with. One person said, "I've got a nice little bedroom...I feel safe....yes". The provider had policies and procedures about protecting people from abuse, and staff had been trained to use them. They knew how to recognise signs of abuse, and were confident any concerns reported were taken seriously and investigated. The provider notified us and the local authority about any safeguarding concerns, and reported on actions being taken to protect individuals. A relative said, "I have never had any concerns about abuse". A member of staff said, "I would recognise abuse....I would whistleblow".

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. Staff were proactive in reducing risks by anticipating people's needs, and intervening when they saw any potential risks. People's safety was promoted within the home and grounds. Regular health and safety checks were undertaken and environmental risk assessments showed actions were taken to reduce risks as much as possible. For example, a relative told us they reported that the door to the toilet on Shillingford unit was dangerous and said this was addressed immediately to make it safe.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Reports showed staff reviewed each incident to see if they could identify any further actions to reduce the risk of recurrence. For example, one relative told us the person had fallen out of bed, and following their fall, staff had moved their bed against the wall to try and prevent further falls. Risks for individuals were monitored and reviewed regularly, so that any themes were identified and further actions taken as necessary. A social care professional reported that safeguarding incidents related to one person had reduced significantly since the person had one to one support from a member of staff.

People, relatives, staff and visiting professionals confirmed there were enough staff to meet people' s care and support needs. People who used call bells said staff answered them quickly and they rarely had to wait long for attention. One person said, "If someone presses a bell they are there in a second". Each unit was calm and organised, staff responded to people's needs promptly and at a time that suited them. One staff member said, "Staffing was a problem but it's sorted out and he (the manager) has got a handle on things".

Three people were assessed as needing individual support by a member of staff, for their safety and protection, which was provided. Senior staff said they assessed the individual needs of each person and used their professional judgement to assess safe staffing levels. We looked at staff rotas over a four week period between 29 September and 26 October 2014 which showed recommended staffing levels were being maintained most of the time. Where there were staffing shortages due to sickness or leave, staff worked additional shifts to provide cover or they were covered by agency staff. One staff member said, "Morale has improved so the sickness has been reduced" and another commented, "We used to get a lot of sickness but not now, people are more settled and we work as a team".

Staff supported people whose behaviour challenged the service in a safe way which respected people's dignity and protected their rights. When a person displayed behaviour which challenged others, staff responded promptly and dealt with this in a calm, skilled and respectful way. One person became cross and agitated but staff managed this in a calm and non- confrontational way, they kept an eye on the person as they walked to the conservatory and back and the behaviour did not escalate. One person's risk assessment identified another person who they seemed to mistake for somebody they knew previously, and they sometimes became aggressive towards them. Staff were all aware of this person's risks and monitored those people to make sure they did not come into contact with one another. On Shillingford unit, a staff member commented about how another person was less agitated, following a change in medication, they said, "This lady was constantly walking and never settled but now she seems to feel safer".

Staff undertook accredited training in managing challenging behaviours, with an emphasis on positive behaviour support. They were knowledgeable about how to support people when they became upset or frustrated and used positive behaviour techniques successfully to manage challenging behaviour. Care records outlined in detail how staff should respond to de-escalate situations in a safe way.

Good

Is the service safe?

People received their medicines safely and on time. We observed people being given their medicines, and talked with staff about people's medicines. Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff had clear guidance and knew when it was appropriate to use 'when required' medicines. The registered manager said two senior care staff were undertaking 'Assistant practitioners awards'. These new roles will support nurses at the service to administer medicines, once those staff have completed their training and competency assessments.

On Shillingford and Ide units, we found topical creams prescribed did not include clear guidance about how and where they should be used on each person. Records of creams applied were not always completed. This meant we could not be sure if they had been applied as prescribed or whether staff forgot to record their use. The deputy manager was aware this was an area for improvement. They said they were working with the pharmacist and GP to improve the guidance and would implement measures to monitor cream charts and make sure they were completed accurately each day. Controlled drugs were locked away in accordance with the legislation and medicines which required refrigeration were stored at the recommended temperature. Regular audits of medicines were completed, and any actions were taken to address issues identified, which were recorded.

Good

Is the service effective?

Our findings

At our inspection in February/March 2014, we took enforcement action which required the provider to make immediate improvements to ensure people received adequate nutrition and hydration. These concerns were particularly related to the lack of staff skills and support for people on Ide unit. At our follow up visit in May 2014, practice had significantly improved. At this inspection, we found the improvements made were sustained and further improvements had been made. A relative, who had previously raised concerns with us, commented on the improvements made. They said, "The food and drink records are up to date, I know what is happening with him". A nurse said, "Since staff had training on nutrition and hydration, they understand the reasons for monitoring what people are eating and drinking".

The provider had improved the documentation for recording what people ate and drank each day which staff said made it much easier to understand and complete accurately. Following training, staff were knowledgeable about people's nutritional needs and any risks. They demonstrated they understood the importance of adequate nutrition and hydration in supporting people to stay healthy. Records of food and drink were accurately recorded and kept up to date and were monitored several times a day by senior staff. Staff were more proactive, and where people refused food, alternative snacks were offered. Where nutritional supplements were prescribed these were given. Care records showed that people who had previously lost weight had regained it and were maintaining their weight within a more healthy weight range.

People were offered a wide choice of meals from the menu and received their meals in a timely way. Breakfast was available throughout the morning to accommodate people getting up at different times. Hot and cold drinks were offered frequently throughout the day, and some staff had designated responsibilities to support people to have regular drinks. People's food was kept warm, if there was a delay before staff were available to give them support to help them eat their meal. One person said, "The food is very good...I can choose". After lunch, a person pointed to their pudding bowl said "That was nice". A relative said, "The food always seems good, dad eats well, there is always a choice of what to have".

One staff member supported a person by sitting with them, not hurrying, and touched the person's hand to prompt them to eat. Another staff member explained to the person what they were eating. On Ide unit, a staff member told us one person needed a lot of support and persistence by staff to get them to eat and took a long time. They said this person's needs were recognised because staff could spend as much time as they needed helping the person with their meal.

We observed one episode of poor practice, whereby a member of staff rushed one person when they were eating their soup, which was particularly unsafe for that person. This was because they had a choking risk, and their care records showed they needed plenty of time to swallow each mouthful of food before being offered the next mouthful, instructions which were not followed. This staff member was moving around the dining room and intermittently helping three other people during the same period. We discussed our observations with the staff member and with senior members of staff, who arranged for them to undertake training about supporting people with swallowing difficulties and choking risks. When we returned on the second day, their practice had improved and they were supporting another person to eat and drink in a much more appropriate and safe way.

At our previous inspection in February/March 2014, we had raised concerns about the security of the main entrance to the home. Also, about the poor condition of some soiled and torn bed rail bumpers and crash mats; which are used beside the bed of a person who is at risk of rolling out of bed and about risks related to people sharing hoist slings.

At this inspection, we found the security at the home had been improved. A keypad was fitted to the main entrance and there was a receptionist on duty during the day to check visitors' identity before allowing them access. Out of hours, the door was locked, but trusted relatives who visited regularly were given the code. Other visitors could enter into a hallway, but had to wait for a member of staff to answer the bell, before they could be admitted.

Bed rail bumpers and 'crash mats' were clean and in good repair in all areas of the home. This equipment was monitored effectively through daily checks, and any damaged equipment was replaced. Each person who needed hoisting had their own hoist sling, which was correct for their size and weight, with spares available for laundering. Staff said they had all the equipment they

Good

Is the service effective?

needed to safely care for people was available and they were able to influence what equipment was purchased. One staff said, "No need to worry about equipment, if we need it we get it". Records showed that regular servicing and maintenance of equipment was carried out in accordance with the manufacturer's instructions and in line with legislative requirements. These measures had improved people's care and safety.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. Two GP's reported positively about people's health care at Lucerne House. They said staff recognised changes and deterioration in people's health and contacted them in a timely manner for advice and carried out that advice. An external health professional said the home provided good care for people with complex needs and with physical disabilities. They said they were particularly impressed with the individual exercise and mobility programmes for people organised by the physiotherapy team at the home. They also commented that care records at Lucerne provided detailed information about people's health needs, which they found very helpful when seeking increased funding to support people's changing needs.

The service had arrangements in place to support people in an emergency. Staff were trained to administer first aid, whilst awaiting an emergency ambulance. Staff were trained to manage people with choking risks and protocols were on display to remind staff, which one staff member said made them feel reassured.

People who lacked mental capacity to take particular decisions were protected. This was because staff had received training and demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the provider followed the principles of the MCA. Relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people. A mental health professional confirmed a member of staff attended a professionals meeting about the person's care and how they were impressed at the levels of detailed knowledge they had about the person.

On Ide and Shillingford units, some people were deprived of their liberty and could not leave the home unless accompanied by a member of staff or a relative for their own protection. Following a high court ruling earlier this year, the provider had submitted a number of DoLS applications to the local authority supervisory body for authorisation for these people and were awaiting their assessments. Where more urgent authorisation was needed for a person, the provider had submitted an urgent application and complied with conditions of that authorisation. Care records showed where DoLS applications had been made, that staff had followed the correct processes and involved family members and professionals appropriately in decision making. We observed one person who was subject to a deprivation of liberty safeguard being discreetly supported by staff. Staff had detailed guidance in the person's care plan how to support them. For example, "Staff to offer regular excursions out of the unit", and "If (the person) asks to leave, staff will accompany them out of the building".

The reception area was pleasant and welcoming for visitors, and had been recently refurbished. There was a coffee machine, comfortable seating area with a range of information on display. The environment of care was suited to the needs of people who lived there. For example, the corridors were wide which allowed people to move easily and safely around and provided good wheelchair access to all areas.

On Shillingford unit, the environment was arranged in a way that was suited for people living with dementia. Each bedroom door had a personalised picture at eye level to help people identify which room was theirs. The corridors included a "Memory lane" where landmarks such as a post office, bank, and railway station were placed on the corridor walls. Staff explained that these provided focal points for people living with dementia to find their way around. For example, a person liked to sit and wait for a train and the post office might help settle someone worried about money. The communal area had recently been decorated and refurbished and the lighting improved. The

Good

Is the service effective?

wide corridors allowed people who wanted to walk around the freedom to do so in safety. Outside, there was a sensory garden which people from the unit could access freely as often as they wished.

There was limited storage at the home so large pieces of equipment, such as wheelchairs and hoists, were stored in the corridors in all three units. A weighing scales was left in the lounge on Shillingford unit. This made some areas of the home look cluttered and gave it an institutional feel. We discussed this with senior staff who told us they had recently built an extra storage shed in the grounds to store equipment but acknowledged further storage solutions were needed to create a more homely atmosphere in all areas of the home.

Staff received an induction at the start of their employment and newly appointed staff worked with experienced members of staff until they were competent to work on their own. One new member of staff said "The induction was good, it gave me what I needed to know". Another new staff member said they planned to undertake a qualification in care, once they had completed their three month probationary period. We met one member of staff who was providing one to one care for a person but had been given limited information about them, and didn't usually work on that unit. We followed this up with senior staff, who reassured us that senior staff were available nearby to provide them with further advice and support, if needed.

People were supported by staff who undertook training which developed and maintained their skills and knowledge. All staff training was recorded on a training log and staff were reminded when any refresher training was due. Staff completed training specific to the needs of the people they supported, such as, sign language, understanding motor neurone disease and living with dementia. Staff confirmed their training enabled them to feel confident in meeting people's needs and in recognising changes in people's health. Comments included, "The training is very good, it is important we have it as every home is different". "I am enjoying the training, it is a lot of work but will help me do my job better". The deputy manager was supporting staff to access additional training needed. For example, leadership and management development and further dementia training.

Staff received on-going supervision which involved individual staff, meeting with a more senior member of staff at regular intervals throughout the year, to discuss their work and explore any issues that may have arisen to improve their practice. Some staff had received an annual appraisal during which the provider reviewed their performance, identified any further training needs, future professional development opportunities and remaining staff appraisals were planned.

Good

Is the service caring?

Our findings

People were treated with caring and compassion by staff who knew each person well and understood their likes, dislikes and any preferences. One person said, “Staff are lovely, I mean that honestly”. Another person said they felt respected as an individual by staff, they said, “I always feel like they are talking to me personally”. A social care professional said, “Staff are friendly and polite to residents”. Some people told us the atmosphere in the home had improved. People we spoke with told us how much they appreciated the warmth and human contact from some of the staff. For example, one person said they enjoyed chatting about their mutual interest in specialist dog breeds with a member of staff, who sometimes brought their dog in to visit, which the person enjoyed. Another person was delighted they were able to bring their cat to live with them at the home. They said, “He has his own care plan with his picture”.

People were content, staff were warm towards people with lots of affectionate hugs and kisses, which were appropriate in the circumstances and appreciated by those involved. In the morning, we joined an exercise group “Gym for fun”, which was relaxed and informal which everyone enjoyed. Staff interacted well with people and were attentive to their needs, they were friendly and chatted to people. There were friendly greetings such as, “Good morning I like your top”, and another member of staff stroked a person’s back when helping them to their seat.

People were cared for at a pace that suited them, where people were restless they had the freedom to walk or pace freely. A member of staff sat in front of another person and explained what they were doing to them, and checked the person was comfortable.

Each person at the home looked well cared for and was dressed appropriately. One person said, “They make sure I’m properly turned out”, another person appreciated how staff helped them with their hair and make- up. A hairdresser visited regularly so people could have their hair done, and people’s nails were well cared for. Staff observed people’s privacy and dignity when they helped them with personal care. Most people told us staff respected their privacy. For example, one person described how staff helped them to remain independent by lending them a hand to wash body parts they couldn’t manage to reach themselves. Two relatives told us the standards of their relative’s personal care had improved over the last six months. One relative who had previously complained about their mother hair care said, "Now it is washed regularly”. Another relative commenting on improvements said, “(The person) is much calmer, and I attribute that to the fact that he is being attended to more thoroughly and is comfortable”.

People were encouraged to stay in touch with relatives and family, some people had their own phone and two people had internet access in their room, and used Skype to talk with relatives. Relatives who visited Lucerne House regularly confirmed they were always made welcomed by staff at the home and offered a drink. One relative said, “I come in feeling sad and leave happy”, another said, “I’m happy with the care here, everything is much calmer, more settled”. A third said, “It is very caring because the carers are compassionate. Staff know the residents, they are kindly and respectful”.

Staff knew about each person and what was important for them. A staff member said, they had got to know relatives who visited regularly. They said, “If they are upset I invite them for coffee in the hall”, another staff member said, “I show people around and try to make them feel at home”. Most people and relatives said they would recommend the home.

At a previous inspection, we identified end of life care as an area of practice which needed improvement. Since we last visited, staff had undertaken end of life training at the local hospice and said they felt much more confident in supporting people to have a comfortable, dignified and pain free death. Staff said their training helped them feel more confident about caring for people at the end of their lives, they understood better how to keep a person comfortable, and about the importance of mouth care.

At the time of our visit, no one who lived at the home was receiving end of life care. A relative of a person who had recently received end of life care said staff at the home were “attentive and caring” towards the person and relatives, which they had really appreciated. Two health professionals gave positive feedback about people’s end of life care. Hospice staff reported the knowledge and skills of staff providing end of life care had improved. They commented staff were more confident in managing people’s symptoms, particularly in managing pain relief,

Good

Is the service caring?

mouth care and keeping people hydrated. They also confirmed staff contacted them appropriately for advice, were continuing to grow in confidence and were increasing their skills and knowledge.

A nurse working on Ide unit spoke about the intensive support people who were close to the end of their life and their relatives needed. They discussed how to meet the needs of each person, with the registered manager. They said the manager had listened and staff were not pressurised to take more people needing end of life care than they felt they could support at any one time. Staff undertook a detailed assessment of the needs of each person referred to the home, to ensure they could meet their needs and those of other people on the unit, before the person was admitted. This meant staff could provide a better quality of care for each person.

Requires Improvement

Is the service responsive?

Our findings

People reported differing experiences at Lucerne House about how well they were supported with their interests and hobbies. Some people enjoyed the varied programme of events and entertainment, some people were very satisfied but others were not. People on Alphinbrook unit were fairly satisfied and had access to lots of activities but people's experiences and feedback on Shillingford and Ide units was much more variable. Four people and one relative said they would like more social interaction with staff. Other people reported they were a bit bored and lonely, especially people who did not particularly like group activities or who stayed in their room either by choice or because of their complex care needs. Although the activity co-ordinators sometimes visited people who stayed in their rooms, some people felt isolated. One said, "I'd like more stimulation, there are lots of activities but I can't find anything that they do that would interest me". Another said, "Staff pass the time of day, but I don't really get anyone come to sit and chat, I'm a bit lonely". A third person commented, "I can't grumble, you get washed, but they can't stop to chat to you for long".

The home employed two activity co-ordinators, a third had recently left and several people said they missed them, but they were being replaced. The provider had a full programme of organised activities each week, such as tea parties every Friday, music, cookery, a chatterbox café at the church, drama group and guest entertainers. On one of the days of the inspection a Halloween party was being held which people were looking forward to. Several people went out together to the pub in the afternoon. A relative said, "We really enjoyed the Friday tea party, there was singing and dad loved it". Another said, "The activities man is very nice...he plays and sings audibly...and helps people join in". A social care professional told us about the positive work done to support a person to go out independently and to find new interests outside of the home. They said the person "had really turned a corner" and were much happier now, as they had previously been bored.

On Shillingford, the dementia unit, the atmosphere was calm and peaceful and the radio was on. There were long periods when, apart from the radio, the main interaction was provided when people were offered cups of tea. Three people sat passively in chairs for an hour and half, one holding a doll, another person leafing through a book. Sometimes people got up and walked about, two people were sitting down for an hour and a half before walking off. Staff waved or said "Hello" as they passed by but their interactions were too fleeting to be meaningful for people and staff missed opportunities to engage with people on an individual basis. This meant some people were at risk of becoming socially isolated because they needed more stimulation and social interaction.

A relative on Ide unit also commented they would like the person to have more stimulation, as they spent a lot of time alone in their room. Another relative said, "There are not as many activities as there used to be". A social care professional commented they did not think there was enough one to one interaction with people. Some staff commented on interactions with people as an area for further improvement for people. One said, "I would like to be able to spend more time with people, the care is alright but people shouldn't be rushed". Another said, "Carers need more training in order to enrich the life of residents", and explained they thought staff needed training on how to undertake activities with people.

We followed this up with senior staff who told us about the Butterfly Project relaunch, planned for January 2015. This is a national good practice tool that helps services develop more individual care approaches for people living with dementia. It had been started previously at the home but needed fresh impetus following recent staff changes. Staff explained it involved the use of sensory items, such as rummage boxes and comfort items to help instigate meaningful conversations, social interactions and recollections with people. Staff said "It will expand people's socialisation". Training for all staff was being organised so staff would have more skills to in this area.

Before each person came to live at Lucerne House, their individual needs were assessed to establish what care and support they needed. For example, we looked in detail at the care of a person who had recently come to live at the home. Their assessment showed they were at high risk of falling and needed staff support whenever they wanted to move from one place to another. A detailed moving and handling plan showed what equipment staff needed to help the person move from their bed to a chair and into the bath. The person expressed frustration that they weren't able to mobilise independently. We followed this up with staff and their relative and found that the person had been assessed for a specialist wheelchair, which was on order

Requires Improvement

Is the service responsive?

and they had a detailed exercise programme to help them improve their mobility. Their care plan showed the person needed to have their call bell beside them at all times, so they could call staff to help them when they needed to move for their safety and protection. Staff followed the care plan and visited this person regularly to make sure they had everything they needed. This showed staff had taken appropriate actions to reduce their risk of falls and to promote their independence as much as possible.

People's care plans had improved and included detailed information about how to support each person and reduce risks for them. One person said they had reviewed their care plan recently with a member of staff, other people had signed to say they agreed with the contents of their care plan. Where people were unable to be involved, because they lacked capacity, relatives were involved. One said, "We were involved in setting up his care plan, we went through his care plan with staff, they listened and we are kept informed of any changes". Staff demonstrated a detailed knowledge of each person's care needs, their likes and dislikes and how people liked to be supported. One staff said, "I know the majority of people's cultural and religious needs and where to find it in people's care plans and life histories".

People were consulted day to day and through regular residents and relatives meetings. One person said, "I feel I can raise ideas", in relation to discussing ideas for renovations upstairs in the home. The home had a quarterly newsletter and a person living at the home had agreed to take on producing the newsletter and had lots of ideas. They told us they wanted to include lots of photographs, a crossword puzzle and a pet page.

People and relatives knew how to raise concerns and complaints and said these were swiftly dealt with. The provider had a complaints policy and procedure outlining the different complaint stages. Information about how to raise a complaint was on display in the entrance hall. There had been one complaint since we last visited. This had been thoroughly investigated and responded to, although the letter did not identify other services the complainant could approach if they were unhappy about the way the provider had dealt with their complaint. We followed this up with the provider who confirmed the complaint template letters have since been updated to include this information.

A relative said they had raised concerns with the registered manager about staff not being present in the lounge on Shillingford unit in the evenings during the handover period between the day and night staff. They said they weren't confident things had improved. We followed this up with the registered manager. They confirmed changes had been made to the staffing levels on the unit during the evening so that people would always be supervised by a staff member in the lounge area.

Good

Is the service well-led?

Our findings

People, relatives and staff were positive about the changes in leadership at Lucerne. All of the management team had changed during 2014 and two heads of unit were relatively new in post.

Significant improvements had been made in people's care and treatment and in leadership at the home. Earlier this year CQC had concerns about people's care and treatment and took enforcement action in response to serious breaches of regulations.

There was a registered manager in post, who was supported by a deputy manager and a head of unit in day to day charge of each of the three units, Shillingford, Alphinbrook and Ide. People and relatives knew who was in charge and said the registered manager was very approachable and they felt able to raise any concerns, which were dealt with, although one relative remained dissatisfied. One person said, "The manager has given a sense of direction". Relative's comments included, "I can't fault Lucerne, I give it top marks, staff are wonderful, the food is quite good, the bedroom is lovely and clean, there is no smell, a first class home".

The service welcomed relatives, many of whom visited frequently and were able to report on progress. Commenting on the improvements, one relative said, "I did have real concerns but I feel they have been addressed", it is more joined up, there is a lot more working together". Another relative said, "Staff are happier and it reflects on the care of people". Referring to residents and relatives meetings, one relative said, "I think the manager is more open and honest about problems, and that is the big difference, they are less defensive".

Staff confirmed that they felt supported by the registered manager and the management team. Staff comments included, "The manager is approachable, this door is always open" and "I get on very well with the manager, he is approachable and always ready to talk". One staff said, "The manager was supportive, we talked to him and things have changed". Where concerns were raised about performance or professional behaviours, these were dealt with and had been addressed through the provider's formal employment and disciplinary procedures. One staff member commented, "Those staff that didn't want to change have left".

Staff in all units described improvement in leadership. Staff said, "It's getting better", and said there was "More teamwork and better communication" with senior staff helping out when it was busy. One staff said, "The head of unit listens and responds fairly", another said their head of unit, "Respects, appreciates and acknowledges good work". Other staff reported the leadership was much better, with everyone communicating better. Staff said they felt able to raise issues, were listened to and something was done. "I enjoy it here so much, I love working with everyone...all the staff really. It's changed a lot now everyone works together". Another staff said, "In the last six months there have been positive changes, the manager has provided structure and promoted quality of care. It's not about tasks but meeting needs as required. Staff are happier and because of that the residents seem happier."

On each unit we visited, we found staff worked as a team, nursing and senior care staff were organised to meet people's needs. Throughout each day, staff communicated about how people were getting on and what they enjoyed. The nurse in charge was visible, communicated well with people and monitored staff practice, and checked care records to make sure they were being kept up to date. People's care needs were given priority and there was flexibility between different job roles. For example, nursing staff helped care staff when needed and the housekeeper helped out by clearing cups from bedrooms.

The provider used a range of systems to monitor the quality of the service provided to people. Locally, staff undertook a range of weekly and monthly checks which included health and safety checks. All checks were documented and showed corrective actions were taken. Senior staff also undertook regular 'spot checks' by talking to people and staff, looking at people's care records and checking equipment, cleanliness and health and safety. This included unannounced visits in the middle of the night and at weekends. Where they found improvements were needed, action plans were drawn up. Checks were carried out to make sure the actions had been carried out and were effective. Visits on behalf of the provider also took place regularly at the home to check on the quality of the service and during these visits they checked to ensure all planned actions had been implemented.

The deputy manager was the clinical lead within the home responsible for ensuring care and treatment was based on up to date best practice. The service used evidence based

Good

Is the service well-led?

practice tools to identify people at risk of malnutrition and dehydration, at risk of falling and of developing pressure sores. In the provider information return, we saw each unit had a "Falls champion". This member of staff, monitored any falls people had and reviewed their care plans following a fall, to see if any additional measures were needed to reduce risks further for the person.

The accident and incident reporting system was effective. The deputy manager monitored all accidents and incidents reported and these were put on a database. Appropriate investigations of all accidents and /incidents were undertaken which included learning lessons and identifying any themes or trends. For example, following one incident, a health professional was asked to review the person's care and treatment and staffing levels were increased to provide one to one support for the person. The physiotherapist also told us about how they were working with staff on each unit to monitor any falls and identify further actions to reduce the risk of recurrence. This demonstrated that the service was responsive and proactive in dealing with incidents.

The provider had systems in place to seek feedback from people who used the service and from staff. They conducted an annual survey, although no survey had taken place since we last visited. Regular meetings for people and relatives were held and minutes showed people and relatives raised individual issues about people's care and actions were agreed in response. Suggestions were sought about areas for further improvement such as about areas needing refurbishment and about actions been taken to improve the reliability of the lift. People and relatives also commented positively on the overall improvements in the standards of care and cleanliness at the home. The registered manager told us about plans to put up a display board so people and relatives could see what changes had taken place in response to their comments. Staff told us monthly meetings were held which included opportunities to discuss the care of people, share ideas and address any concerns. Minutes of staff meeting showed people's care needs were discussed as were the standards of professional behaviour expected.