Barchester Healthcare Homes Limited

Lucerne House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This inspection took place on 21 November and 1 December 2016. 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 living 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, 66 people lived at the home. We found Lucerne House to be providing an excellent service.

There was a registered manager and deputy manager employed at the home who were clearly passionate about providing a high quality, individualised service. The registered manager was on an additional temporary assignment within the company, so the deputy manager who commenced employment at the home in July 2015 temporarily manages the home when the registered manager is absent. The registered manager was present at Lucerne for the majority of the time.

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.

At the last inspection in October 2014 we found the domain of 'responsive' required improvement. At the time, 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 at that time. All of the management team had changed during 2014 and the two heads of unit were then relatively new in post. During this inspection in November 2016 we found there had been extensive improvement and we rated responsive as 'outstanding'. People had access to and were involved in developing personalised activities that complemented their individual hobbies and interests. Links with the local community had been established and people were supported to participate in community events and other events that were important and meaningful to them. Some people were able to improve their independence so they were able to return home to the community. This provided people with a sense of purpose and wellbeing.

People were supported by very kind, caring and compassionate staff who often went the extra mile to provide people with good, high quality care. This high standard of care enhanced people's quality of life and wellbeing. The staff as a whole, supported by the activities team, were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. They were pro-active in ensuring care was based on people's preferences and interests, seeking out activities in the wider community and helping people live a fulfilled life, individually and in groups.

The staff were happy working in the home and felt very supported in their role. They were clear about their individual roles and responsibilities and felt valued by the registered manager, deputy manager and the wider provider, senior management team. Good leadership was demonstrated at all levels with a pro-active

effort to encourage ideas from staff to further benefit the people in their care and maintain a strong, stable staff team with a shared goal. Each individual staff member was engaged in sourcing new opportunities for people and putting ideas into practice.

People were safe living at Lucerne House. There were enough staff to meet people's care needs safely and also to provide individualised support in and out of the service. There was a strong culture within the home of treating people with respect. The staff and managers were always visible and listened to people and their relatives/friends, offered them choice and made them feel that they mattered. Staff spent time with people to get to know them and their needs and this had ensured that behaviours that could be challenging for staff and distressing for people were minimised. People and the staff knew each other well and these relationships were valued.

Staff had received appropriate training in line with nationally recognised qualifications and regular supervision to provide them with the necessary skills and knowledge to provide people with effective care. It was not unusual for some people to gain independence during their time at the service to enable them to return to live in the community with support. People received their medicines when they needed them.

People received a nutritious diet and enough to eat and drink to meet their individual needs and timely action was taken by the staff when they were concerned about people's health.

There were very effective systems in place to monitor the quality and safety of the care provided. People felt able to raise any concerns and be confident they would be addressed. Where concerns were raised by people, relatives or through regular auditing we saw the home took them seriously and took appropriate actions to focus on learning and improvement for the benefit of the people using the service.

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.

Risks to people's safety had been assessed and actions taken to reduce the risks of them experiencing harm.

Systems were in place to protect people from the risk of abuse.

There were enough staff to meet people's needs in an individualised way and to keep them safe whilst enabling them to make informed choices.

People received their medicines when they needed them.

Is the service effective?

Outstanding

The service was very effective.

Staff and management had the knowledge and skills to provide people with care to meet their individual needs.

People's rights were protected by staff who understood their legal obligations including how to support people who could not consent to their own care and treatment.

People had a choice of appetising and nutritious food and drink and they received enough to meet their individual needs.

People were supported by the staff to maintain their health and wellbeing.

Is the service caring?

Outstanding

The service was very caring.

The staff cared deeply for the people they provided care for. They were kind, caring and compassionate and often went the extra mile to improve people's quality of life.

People and their relatives where required, were involved in making decisions about their care. People were actively encouraged to make choices about how they lived their lives and

the focus was on promoting independence and wellbeing.

People were treated with dignity and respect at all times.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Staff provided individualised care to people which clearly had improved their quality of life and wellbeing.

People's individual care needs and preferences had been assessed and were being met whilst encouraging new opportunities and promoting independence.

People could be confident complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

End of life care was well managed with support from external health professionals.

Is the service well-led?

Outstanding ☆

The service was very well-led.

There was an open, inclusive culture within the home where people, relatives/friends and staff were listened to and felt that they mattered.

Management was pro-active in sourcing ideas from the staff team to further benefit the people in their care.

Good leadership was demonstrated at all levels, the registered manager and deputy managers were hands on, supportive and visible throughout the service.

Quality assurance systems ensured people received a good quality service driven by responsive improvement.

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 was planned to check 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 21 November and 1 December 2016 and was unannounced. The inspection team consisted of one adult social care inspector, two experts by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection, we spent time with twenty people living at Lucerne House from across the three units. We spoke to four visiting relatives, two visiting health professionals, the registered manager and deputy manager. We spoke with a unit manager, four registered nurses, a bank nurse, eight care staff, the activity co-ordinator and an activity assistant, the chef and second chef, maintenance man and laundry person. Due to some people living with dementia, they were not always able to comment directly on their experiences at the service so we joined people for lunch on Shillingford and Alphington units. We also observed their care and interactions with staff in the communal areas.

The records we looked at included six people's care records, people's medicine records and other records relating to people's care, three staff recruitment files and staff training records. We attended a daily head of unit meeting and the cookery club. We also looked at maintenance records in respect of the premises and records relating to how the provider monitored the quality of the service such as audits and quality assurance surveys.

Good

Is the service safe?

Our findings

All of the people we spent time with told us they felt safe living at Lucerne House. People told us they felt safe in the care of the staff. One person said, "Yes, my needs are being met. [The staff] are very lovely and always cheerful." They added that they had arrived with pressure damage to their skin and needed to be repositioned two hourly. They said they had never once had to wait to be moved and was very happy to have healed. They were now looking forward to going out shopping. One person had just moved to the home, they said they felt perfectly safe and commented, "It's great, all my needs are being met and the staff are polite and respectful to me." A relative who visited every day said, "I have no concerns, but if we did we would speak to the manager. If there's a practical problem, they are always willing to help. Staff are very kind and considerate, asking you how you are, they are always prepared to help. I couldn't find any better. We looked at other places and had to fight to get here. We like the general ambience, it's purpose built and good food. We are at rest while she is in here. There is a very good attitude – nothing is too much trouble. [Person's name] has also settled in, with no distress being shown."

There were systems in place to protect people from the risk of abuse and avoidable harm. For example, staff were vigilant in ensuring people whose behaviour could be challenging for staff and others was minimal. This was because staff knew what people liked and what events could trigger behaviour which could be challenging or raise people's distress levels. Staff knew how to keep people safe. This included from the risk of abuse. All of the staff knew the different types of abuse that could occur and told us they would not hesitate to report any concerns they had to senior staff. They added they would also report any concerns outside of the home if they felt this was appropriate. Staff and the registered manager understood the correct reporting procedures and we saw these had been followed when necessary using the local authority safeguarding process .

Risks to people's safety had been assessed and actions taken where necessary to mitigate these risks. This included risks in relation to falls, not eating and drinking, developing skin pressure damage and social isolation. There was clear information within people's care records providing staff with guidance on how to reduce these risks. Staff were clear that the least restrictive method was sought and regularly reviewed. For example, one person had developed a close relationship with another vulnerable person living at the home. This had been well managed with best interest meetings and family involvement. The couple told us they were very happy and able to spend time together which clearly brought them joy. Staff went out of their way to celebrate the couple's relationship whilst ensuring they were safe. People were free to move around the home as they wished. Staff were able to demonstrate they understood these risks and what they needed to do to keep people safe. For example, some staff told us the importance of making sure the environment was safe and clear of any obstacles when people were walking around the home. This was to protect them from the risk of falls and also to maximise independence. One person had become less able at controlling their electric wheelchair but staff had recognised the dangers whilst empowering the person to practice 'driving' and the situation had been managed sensitively.

In respect of the premises, we saw that fire doors were kept closed and the emergency exits were well sign posted. They were clear of any obstacles so that people could easily reach the exits if needed. Testing of the

fire equipment and the fire alarm system had taken place regularly. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or when someone became unwell. They confirmed that they had received training within these areas. Each person had a personal protection evacuation plan (PEEP) giving staff and the fire brigade easy access to important information about individuals. The equipment that people used such as hoists including slings had been regularly checked and serviced in line with the relevant regulations to make sure it was safe to use. Any accidents or incidents that took place were recorded by the staff and investigated by the registered manager. We saw action had been taken when any accidents or incidents had occurred to prevent reoccurrence. Staff balanced 'real risk' and promoting people's independence well. For example, the provider information return (PIR) said they were developing the use of tracking devices to enable some people to go out unescorted in their wheelchairs following test runs to ensure safety.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. There were separate teams of staff for each unit. On Ide, there was a registered nurse and seven care workers in the morning, six in the afternoon and three at night. On Shillingford, there was a registered nurse and six care workers in the morning, five in the afternoon and two at night. On Alphington, there was a registered nurse and four care workers in the morning, three in the afternoon and two at night. The home also employed care workers on a twilight shift from 7pm-11pm to assist with people retiring to bed. One relative said, "I felt we were putting [person's name] in prison but this is an amazing place. [Person's name] loves the staff and they love him. I sat down one day and cried my eyes out (with happiness). [Person's] name is so content and settled and happy. I picked this home because of the staff to person ratio. Here, we know everyone. It has turned out a lot better than I thought, you can walk out that door and know your loved one is perfectly safe. There is always a member of staff in the lounge." People on both units told us there was enough staff and relatives echoed this. Staff told us there were opportunities for people to go out and staffing levels were adjusted to enable this. It was an important part of how the service was run. For example, a hostess was taking one person out to a shopping centre and another person was off to the supermarket with a care worker. One care worker said, "My [family member] works here too. We both love it, we are going to the pantomime with people next week." Review of staff related to people's needs was on-going. For example, the PIR stated a request for an assistant physiotherapist had been logged with the provider due to an increase in need.

We observed staff meeting people's requests for assistance consistently in a timely manner during the inspection but also pro-actively going and spending time with people, dancing, chatting, offering things to do and generally enjoying time together. The registered manager told us the number of staff required to work was calculated based on the needs of the people who lived in the home and was kept under regular review. For example, if one to one care was needed for someone at the end of their life, the service would provide it. The service used agency, temporary staff if necessary but not often and a summary of people's needs was available to ensure these staff could meet their needs effectively.

Staff files showed that the relevant checks had taken place before a staff member commenced their employment. This included criminal record checks (DBS), gaps in employment and the service asked for at least two references including previous employer. This was to make sure potential new staff were safe to work with vulnerable people. The provider information return (PIR) said the service were looking to develop including people living at the service as part of the interview panel soon.

People received their medicines in a safe and caring way. There were systems and policies in place so that people could look after their own medicines if they wished, and it had been assessed as safe for them. There were clear records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. There were separate charts

with instructions for staff to record the use of creams or other external items. Medicated patches were recorded on separate charts detailing where they had been applied.

Some people were prescribed a medicine that needed additional monitoring and regular blood tests. Staff kept the results of the most recent blood test and the current dose with the administration records. This meant that staff were able to ensure they always gave the correct dose. There were clear protocols for each person to guide staff when to offer or give medicines prescribed 'when required' to help make sure people received these medicines correctly, and when they were needed.

Occasionally there were agreements in place for staff to give people their medicines covertly. This meant staff could disguise the medicines in food or drink to make sure the person took them. Safeguards were in place to protect people and make sure this was in their best interest.

There was an audit trail of medicines received into the home and those sent for destruction. This helped to show how medicines were managed and handled in the home. Staff completed medicines checks and audits to help make sure that medicines were managed safely. We saw that any issues with medicines were picked up, reported and handled appropriately.

Protocols for the use of medicines for people receiving end of life care had recently been updated, and staff had received extra training to help make sure they gave these medicines safely when needed. Medicines were stored securely. There were suitable arrangements, records and regular checks for medicines requiring extra secure storage. Policies and procedures were available to guide staff, and information was available for staff and residents about their medicines.

Outstanding ☆

Is the service effective?

Our findings

People received effective care based on best practice from staff who had the knowledge and skills required to enable them to carry out their roles. People all said they felt the staff were well trained. One relative said, "I can go away and not worry. [Person's name] is in good hands. The nurse is always on the ball, as are all the staff." A healthcare professional told us, "We come to Lucerne House a lot, they are one of the homes that refer the most which is definitely a good sign. I recently did some training for staff on swallowing difficulties. Lucerne is very proactive on training. The quality of care is good, if the staff have any concerns they get in touch. They follow the recommendations made and don't change the care plan without consulting us. Everyone is always helpful and on the ball, it makes our life's easier."

Staff felt they had received enough training to provide people with effective care. An operational trainer covered four of the provider's services and monitored staff supervision to ensure staff were regularly supported. A clinical development nurse visited the home to ensure staff had completed their competencies for each subject. Staff competency to do their role was regularly assessed and staff received clear and constructive feedback to enable them to improve their practice when necessary. We observed the staff providing people with safe care and demonstrating good care practice throughout the inspection. Staff talked to us about the support and supervision they received. They said they felt well supported within the home and that there was always someone to go to for advice. New staff received three days of classroom training on induction followed by at least a week shadowing more experienced staff. Staff had completed training in a number of different subjects such as safeguarding adults, dementia, medicine management, tissue viability, nutrition and hydration. They said they were given lots of opportunities to attend training in areas that reflected the needs of the people who lived at Lucerne House. Staff had achieved or were working towards 'Care Certificates '. These are a set of recognised standards that health workers stick to in their daily working life to provide safe, compassionate care. Each day a care board informed staff of their daily responsibilities such as ensuring adequate nutrition and regular observations for named people.

People were supported to maintain good health and had access to healthcare services as necessary. People were referred in a timely way and saw healthcare professionals such as their GP, dentist, optician or chiropodist when they needed. If people chose to access health care appointments independently this was arranged. For example, one person had a psychotic episode which was well managed with community psychiatric nurse input and support for the family. Another person had bowel and bladder issues and with input from the outpatient bowel and bladder team staff had reduced the amount of catheter blockages following health professional advice. A person admitted with skin pressure damage had been well managed with tissue viability team input so that their damage had dramatically improved which they were pleased about. Another person was taking less medication for anxiety and had settled in well because staff spent time reassuring them and keeping them occupied. Staff within both units had developed excellent relationships with community specialists. This included the local GP. The surgery was very close and the home had a computer system link to the surgery. This enabled the GP to complete weekly rounds at the service and order prescriptions and treatment straight away. The healthcare professionals we spoke with told us the staff were very knowledgeable and always referred people to them in a timely way if they had any concerns about their health needs.

A 'care practitioner' role was developed by Barchester in Autumn 2014 to provide a greater level of support to the registered nurses. The idea was to enable registered nurses to have additional support on their shifts to enable them to complete other tasks or spend more time on the floor with people. Staff had to have completed a Level 3 award in Health and Social Care and then underwent a comprehensive structured programme to build and enhance clinical skills over a six month programme. Skills were signed off by a mentor when the care practitioner (CP) was confident and competent in their ability to complete them and once an observation(s) had been completed. CPs were delegated tasks by a registered nurse such as: undertaking clinical observations, basic wound care, taking bloods, administration of medication, care planning and reviewing, risk assessing, care reviews with relatives, participate in professionals reviews external health professionals, manage the shift for the registered nurse, verify death and allocating, supervising and mentoring staff. The ethos was to empower staff to progress with their skills and for Barchester to 'grow their own nurses'. They supported CPs offering the opportunity to apply for, and complete their BSC Hons Adult/Mental health nursing working with the Open University. The role had been successfully implemented at Lucerne House with two CPs and two in progress and the registered manager told us they had received an excellent reception from support services within the community.

The care practitioners administered medications which gave them a greater understanding of people's needs. They felt empowered to share their knowledge and to work alongside junior care workers ensuring correct procedures were consistently carried out. Good relations with families and relatives were achieved. Relatives said they could always talk to staff who knew their loved one as care practitioners also attended best interest meetings and met with visiting health professionals. For example, one person new to the home was receiving a fairly high dose of medication and had a poor posture. The care practitioner intervened and the person was able to reduce their medication safely with support from a one to one care worker for a short period. The person now has good posture and an active role on their unit. Due to the care practitioner's management training a care practitioner had liased with a person's solicitor to enable the person to continue to attend community groups therefore enhancing their wellbeing.

The service employed a physiotherapist two days a week. There was a physiotherapy room with equipment such as a bar for standing practice. People receiving therapy had clear direction and goals. One person happily told us as they exercised on a machine how they were maintaining good movement and had less discomfort. Their relative said they were always informed of their progress and was pleased to be told their loved one liked to sing as they exercised. People were referred for splinting advice (aids to support weaker limbs) from the community neuro-rehabilitation service and there was access to specialist equipment such as cutlery. One person was taking excessive time to get up in the morning, shortening their day. Staff had a care plan to follow to see how improvements could be made and monitored.

Team meetings were held regularly in all units. Staff training needs were on each agenda and there was opportunity for staff to make suggestions and have input. For example, staff noted when other staff were not wearing the correct uniform or name badges to maintain good standards and the focus was always on 'how staff would feel if it was their home?' During one meeting a decision was made to allocate a named staff member each shift to ensure individual's rooms were as the person wanted them to be. Meetings were also held on specialist subjects such as nutrition. These would focus on a 'care study' and discuss holistic needs. For example, people receiving percutaneous endoscopic gastrostomy feeding (PEG, which provides a way of feeding when oral intake is not adequate) were included in discussion about food such as ways they could still enjoy food/taste safely. For example, during the cookery club making pizza toppings, people who were unable to eat solid food chose lemon mousse whilst others had the pizza. People's care was regularly reviewed. For example, one person with a PEG was now trying solid food orally again with close monitoring as was their wish.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA).The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests.

They gave us clear examples and records showed how they supported people to make decisions. We observed staff asking for people's consent throughout the inspection. For example, showing simple choices of menu, clothes and drinks. Records showed that people's ability to consent to certain decisions had been assessed and best interest decisions made. These had involved the relevant individuals such as the person's family or a healthcare professional. There was clear information within these records to give staff guidance on how they needed to support people to make a number of different decisions about their daily lives. For example, wheelchair lap belts were used appropriately and use was reviewed regularly.

People received support with eating and drinking and to maintain a balanced diet. People we spoke with and visiting relatives told us the food was of a good quality. People were offered two choices of starters, main meal and hot and cold desserts. Typical menus included a homemade soup starter with cream, ham and egg pie in a creamy mustard sauce followed by apple compote reduced in a sweet spice syrup. We saw one care worker spend time taking two plated meals over to one person living with dementia and enabling them to choose what they wanted. Some people liked to dish their meal up and staff knew who liked which condiment. For example, one person had grown up abroad and really like spicy sauces, which they had. One person stated they did not like any of the lunch options being offered and had requested bacon, hash browns and fried egg, this was then served to them at lunch time. A list of likes and dislikes was completed on a person's admission and entered onto a large white board in the kitchen. There was also a list of people's dietary requirements, documenting food consistencies required, for example normal, pureed, thickened fluids and fork mash-able.

Food in fridges were covered and dated. There was an adequate stock of dried foods. Meals were cooked freshly in the kitchen and transferred to heated serving trolleys, one for each unit. A list of required diets on the hot trolley once delivered to dining areas also ensured people received the correct diet to keep them safe. The temperature of the trolleys and food served was monitored. We took lunch with people on two units. Meal time was a social and enjoyable occasion. People were encouraged to use the dining rooms but could eat wherever they pleased. For example, one person was enjoying a dinner for two with their spouse in the 'bistro' room on Alphington. Meals were served at pretty, laid tables with condiments and a choice of fruit juices. Tea and coffee was offered after their meal. There was also a selection of wines and fresh fruit available.

Sufficient staff were available to serve the meals and assist those requiring support with their nutritional and hydration needs. 'Hostesses' assisted staff with teas and drinks which enabled staff to focus on care needs. Staff sat with people and chatted. Staff carried out tasks in an unrushed and cheerful manner, providing people the opportunities to enjoy their meal experience. Staff checked that people were enjoying their food and the opportunity for second helpings offered. Care workers were aware of the importance of good nutrition and hydration and were observed reporting any concerns to the head of unit. This information was

recorded and analysed to see if the care being provided was effective. Where changes were required, advice was sought from an appropriate healthcare professional such as the GP, dietician, speech and language therapist or diabetic specialist nurse. The records showed that any suggestions made by these professionals were followed by the staff. For example, some people at risk of losing weight were having their food fortified with extra calories. The provider provided a celebrating world food day recipe book using recipes from the providers 'Chef of the Year' awards. Also a glossy 'Nutrition for older people' brochure which detailed how to encourage people to eat using finger foods and maintain hydration. We saw staff following this advice and showed the importance given to adequate and nutritious meals for people living at Lucerne House. The service was also the regional winner of the provider 'Sunday Roast' award.

Outstanding ☆

Is the service caring?

Our findings

Without exception, people and visiting relatives told us the staff were extremely caring, compassionate, attentive and dedicated in their approach. One person said, "It's all about the detail". For example, one person was having a visit from family members. Staff came to assist with moving the person to relieve pressure. They explained to the person and the family the process and handled the person carefully, ensuring they finished by brushing the person's hair in place. This detail was picked up by the family who praised the staff. Some relatives asked to speak with us to tell us how highly they rated the service. Comments included, "The staff are so kind, absolutely. They respect dignity, and they all look like they are happy in their work. All very positive", "I visit every day, if you want to chat staff will chat, and they will ask how you are. There is definitely a relationship built up. More like a family. You are made to feel welcome." Relatives appreciated the availability of free cakes and a hot drinks machine in the reception and found it a nice touch. Relatives were keen to tell us how they built relationships with staff saying, "the staff are happy, I think happy staff do a good job. I see the same faces every time, they are so caring and attentive in every way" and "I feel I get good emotional support. The staff have a good sense of humour. They respect privacy and dignity. We never find [person's name] in soiled clothes, they respond promptly. The carer strokes her hand in the morning, and speaks to her before anything else. What more can you ask for?"

We saw staff in all roles spending meaningful time with people and people living at the home and staff had built up good relationships that mattered. Staff were encouraged to take it in turns to spend lunch time with people which we saw happening. Staff said, "It's a lovely, family friendly home", "I worked in an acute setting before but I've never looked back, I love it here." The registered manager said it was important for people, their relatives and friends to feel involved at the home. For example, one relative told us how their loved one had preferred male care workers. They had become friends and the care worker brought in their dog regularly for a visit. They said, "[Person's name] is a really private person so it's great to see they have really taken to each other." We saw a moving film about a person living with dementia at the home by their granddaughter. This had been shared with staff and showed not just the inevitable decline in the person's dementia journey but emphasised moments of care and joy in interactions. Staff also accompanied people to collect belongings from their home and made it into a nice trip. One person living with dementia called a visiting dog the name of their own dog in the past. Staff knew this and ensured they used this name with them. This showed the importance of detail showing staff valued people as individuals.

During activities staff across the units got involved together with people such as helping to put up the Christmas tree and decorations and popping in to the cookery club. Often staff were sat chatting to people, clearly aware of people's interests or events such as recent birthdays and trips out. Relatives told us staff always had time to talk and listen. One care worker was known to be very good at painting nails. They had learnt how to 'do it properly' and people living with dementia clearly enjoyed the experience of a pamper session, asking for him by name. During the session they talked about their families and by the end the person living with dementia was able to remember their name and talk about their children and the care workers family.

One person had recently had a birthday and staff brought all their birthday cards over to their table to

display with staff making purposeful visits to see the person and chat about their party the previous day. Staff had taken photographs and printed them out for the person to look through and keep, which they cut out together. There was lots of smiling and banter.

Staff knew which people got on with others and those relationships that could make people anxious or initiate behaviour which could challenging for others. They took care during lunch for example, to ensure one person living with dementia who liked to walk about a lot was not intruding but was able to remain independent.

Staff were attentive to people's needs. For example, we saw one person waiting a long time in reception for transport to arrive for their hospital appointment. The receptionist kept the person fully informed that the transport was coming and was just delayed. They called to ensure the drivers were on their way.

The continuous training and development staff received had embedded a culture within the home that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. Staff said, "It's all about enabling people to live life to the full." Staff clearly all shared this ethos and people living there agreed. Staff showed us how they promoted real independence for people, enabling them to maintain their wellbeing. Staff assisted people to be as independent as they could and it was not unusual for some people to become so independent that they eventually were able to go home to the community. People were further assisted to be independent by use of clear dementia friendly pictorial signage to communal areas and bathroom facilities. People were surrounded by items within their rooms that were important and meaningful to them and rooms had picture frames showing what was important to them and to use to stimulate conversation.

We observed throughout the day that people could make decisions about how they wanted to be cared for. This included areas such as making choices about where they wanted to spend their time within the home, where they ate and what they wanted to eat. People were actively involved in making decisions about their care. Relatives told us they were encouraged to visit their family member regularly and to be involved in their care. They said they were always made to feel extremely welcome and that the staff kept them fully informed about their relatives health and wellbeing which was very important to them.

Residents and relatives meetings, took place regularly to obtain peoples' and relatives' views on the care provided. These were well attended and provided another forum for people to express how they wanted to be cared for. The newsletter said, "Together we achieve greatness!" The agenda included ideas about places to visit, activities, menus and any changes within the home such as upgrading décor. A Lucerne House quarterly newsletter further kept people informed about events, employee of the month, activities and other news. For example, a recent newsletter showcased the new garden area with raised flower beds and astro turf, a massage therapy service, volunteering and care award voting. There was also a 'blog' website where relatives could be involved, through this people knitted 'Twizzlers' for sensory stimulation needs and designed some special underwear to solve a particular issue. There was a service recognition of good practice by staff through an 'Employee of the Month' and people and relatives could be involved in nominating. A 'meet the team' board ensured visitors knew who was who and the relatives we spoke to felt very welcomed and included as part of the 'family'.

We observed the staff engaging with people in a polite manner and respecting their privacy. People were addressed by the staff using their preferred names and the staff knocked on people's doors before entering into their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed or prompted people to remember to close their doors. Care workers told us how they ensured privacy and dignity was maintained, for example, "by knowing your resident's you can meet their

needs, make sure curtains/doors are closed when you are carrying out personal care, talk gently and discreetly and involve them in their care, do the "mum" test. We ensure personalised care by offering options and choices". Another care worker said, "I like seeing people nice and clean and dressed well, their hair brushed. We take a pride in what we do for people". When asked what the service does well a registered nurse said, "It cares, it provides a friendly family environment and tries to maintain people's independence."

People were supported by the staff as they approached the end of their life. People who were approaching end of life had their care supervised by registered nurses who had completed a two day end of life training course. This included advance care planning, best interest decision making, symptom control and supporting the families. The provider's end of life co-ordinator had fed back that the staff felt well supported by the registered manager and were interested in developing their end of life skills further. This involved utilising the principles of the 6 STEPS- North West End of Life care programme, a nationally recognised package. This was being developed at Lucerne House. When the focus of care changed to making people comfortable, the registered nurse, GP and family compiled an end of life care plan. This included regular repositioning and oral hygiene. 'Just in Case' medication and syringe drivers were made available to ensure people had a pain free and comfortable death. A registered nurse said, "What I want is for families to walk away with all their wishes having been listened to. End of life planning can start on admission or soon after whereby we document the wishes of the resident and their family." Staff accessed information from the local hospice and kept up to date with end of life care developments. Lucerne House has produced a booklet that they offered to relatives following a death. It offered practical points to guide them through the days following the bereavement. Staff always attended funerals and this was encouraged. Compliments received following funerals showed families appreciated this.

Outstanding ☆

Is the service responsive?

Our findings

At the last inspection in October 2014 we found the domain of 'responsive' required improvement. At the time, 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 at that time. All of the management team had changed during 2014 and the two heads of unit were then relatively new in post. During this inspection in November 2016 we found there had been extensive improvement and we rated responsive as 'outstanding'.

The service was very responsive and the focus for people living at the home was person centred and ensuring people felt they mattered. Staff had creative ways to support people to live as full a life as possible. The arrangements for social activities, were flexible and often innovative. There was a wide range of activities and events across the units which were accessible for people, their relatives and staff throughout the home. This promoted an inclusive community feel and people clearly enjoyed going to other parts of the home. For example, staff had tried to ensure one person could still access a community lunch club, when this became impossible they promoted a lunch club at the home.

At Lucerne House it was important to involve friends and families to ensure staff were able to build a picture of people's likes, dislikes and interests when they were unable to express them themselves due to living with dementia. Records were very person centred including a 'This is Me' document. This was a working document that was added to over time and kept as a keepsake for families. Before people moved to the service they were offered a trial day/lunch and Lucerne staff would collect them as part of the getting to know you process. Staff were mindful about how people moving to the home would affect other people. For example, if someone liked low noise and their own space this was taken into account. The deputy manager completed all pre-assessments before people moved in, with a registered nurse from the appropriate unit. One person had displayed behaviour which was distressing for them. Staff had sourced matching unbreakable crockery to ensure behaviour was managed discreetly.

Lucerne House was laid out well with many different areas depending on what people wanted. People could access all areas freely. For example, staff had supported a 94th birthday party for family and friends for one person in the conservatory and another quiet area was popular for couples. On Shillingford there were sensory items and pictures to provide topics of conversation and stimulation for people living with dementia. For example, the hall had a mock vintage shop, post box and telephone booth. Throughout the inspection people were looking at the items, discussing them with staff, spending time being stimulated to reminisce. Vintage pictures and 'Twizzlers' stimulation knitted muffs to engage people with dementia, were accessible which people were enjoying touching. Throughout the home there were easily accessible role play dolls and soft toys, magazines and picture books, pens and paper. Staff were vigilant to ensure people were not isolated and offered arts and crafts, books and time to chat. This ensured people, especially those living with dementia, did not become bored therefore risking the chance of behaviour which could be challenging to staff and distressing for people.

There was an excellent activity team, an activity co-ordinator and two assistants. All staff also were involved

in providing meaningful engagement with people and the staff all worked together to make positive memories for people and their families. Because staff knew people and their families so well they were able to provide engagement and leisure opportunities which suited people's needs and preferences as well as promoting new opportunities. For example, we attended the cookery club. This had been discussed in the daily heads of unit meeting so that the staff teams were aware. This meant the cook was ready, getting the ovens on and providing extra space to cook the eight pizzas people had made. For those people who could not eat solid foods, they were included in the pizza making but provided with alternative food when others were eating. Lots of staff from across the units popped over to join the fun and people told us they loved the fortnightly cookery club. People met to decide what they would cook and people who could went out with staff to buy the ingredients. People were now becoming more confident and wanting to cook their own meals, which staff were supporting in the Alphington kitchenette. At lunch staff knew one person liked a small lunch so staff brought them their favourite cereal and bread and butter. The person was hard of hearing and living with dementia but staff wrote down words they could understand and there were lovely interactions that made the person 'light up'.

The activity team provided a wide variety of activities throughout the day. The morning meeting included information that may affect activities such as recent bereavements. One person had been supported through this time with pampering and 'feminine touches' and staff were mindful to offer a female companion for the person to talk to. Weekly activity leaflets detailed what was on offer. For example, art therapy, quiz night, games, yoga, movement to music, scrabble, café and tea parties. Each day an activity assistant was allocated one to one time with people. The activity co-ordinator said activities were adapted to the immediate needs of the people. For example, if people with a cognitive impairment were a little unsettled the team would provide a relaxing and gentle environment, playing music appropriate to the mood of the people involved.

A coffee morning was held in the Ide Lounge for anyone to join, nine people and two staff members were present. There was lively discussion that was inclusive, encouraging conversation and valuing the contributions made. During the session staff members were observed discreetly supporting people with drinks, offering refills of tea, coffee and fruit juices. People were discussing the forth coming visit to the theatre to see the pantomime. One person said they liked to stay in their room enjoying their TV and daily paper. However, they enjoyed having their meals in the dining room and attending the 'Chatterbox Café' activity on a Friday morning.

The registered manager told us about individual situations where staff had been responsive in meeting people's needs. Staff had cleared a garden space and enabled one person to plant their own flowers, which they enjoyed. This had included trips to garden centres to buy stock and enable the person to work independently as they had at home. The person had been fairly quiet and not engaging previously and tended to sleep in late. They were now waking up at the crack of dawn, getting some breakfast and then going to the garden on their own spending all day pottering about. They had even cleaned out the shed.

One person had been feeling 'lost' and 'useless' since moving in from their home. The activities and maintenance team worked together to enable them to continue to have a purpose by incorporating them in the maintenance of the home. The person had been an engineer and avid DIY expert so enjoyed helping with painting and decorating and found it to be very fulfilling. Another person had been worried on arrival at the home that they would be unable to continue to attend their community 'Age Concern' group. The team at Lucerne supported them to attend and were currently in talks to increase their attendance which they were very pleased with.

One person had wanted to go home to spend time with their family but was worried that as it was so far

away that this would not be possible. The nursing, activities, care and management team all pooled together and after some planning were able to take the person home to have time with their children and husband. This happened a few times before the person eventually moved home which again the team at Lucerne assisted with. Staff drove her to her front door and ensured all necessary medication was made available for them.

During the Christmas period the home were having a pantomime performed by a professional pair of staff in the home. People were also keen to attend the theatre and see a pantomime there. The activities team made this possible by arranging two separate dates for people to go to the local theatre.

People were encouraged to be involved in activity planning. One person wanted to run a class on sugar craft. The activities team were assisting with sourcing materials and promoting the event which was going to be a bi-weekly event. The person was also decorating the home's Christmas cake for the company cake competition.

Thought was given to reviewing how the activities had gone for individuals and whether they were receiving enough engagement and stimulation. This was excellent to manage the risk of social isolation, especially for people living with dementia or receiving care in their rooms. Each month the activity co-ordinator went through individuals' records to ensure they were delivering responsive and effective activities. An activity evaluation plan documented whether the activity had been enjoyed such as "People enjoyed tucking into cheeses at the tea party, people won prizes at the bingo and how people had engaged in a newspaper discussion group talking about news that had affected them in the past." In individual care records a summary review was written and raised issues such as whether a person was joining in or whether they would like a different activity. For example, information in an individual assessment form for activities for one person in their care plan read they enjoyed visits to the pub, they were a sociable person and visited a day centre. The assessment related this to their mental and physical needs. The person had recently enjoyed a 'lads night' at the pub and was doing regular activities. The review related the outcomes relevant to their medical conditions. For example, their depression, which is very good practice. As records were written based on the activity, we suggested it would be easier to document by the individual. The activity co-ordinator immediately devised an individual form which easily showed daily participation.

The provider had also recognised the good person centred activity at Lucerne House and an article was included on their website titled, 'Enriching Independence'. A registered nurse commented in the article why they were involved in activities. They said, "It's so refreshing to be involved in the holistic care of residents, we can give them the independence and support they need." Staff said, "The activity co-ordinator is amazing. He encourages staff throughout the home to take the reins with some of the activities. They not only keep minds and hands active, but also create a sense of community throughout the home." A summer BBQ and dog show was a success with families saying it was like they had come to their loved ones' 'back garden', not a nursing home.

We observed staff being responsive to people's individual needs throughout the inspection. This included responding to them when they requested support with personal care, a drink or if they wanted to go back to their room after lunch. People's care records, with family involvement as necessary, had been recently reviewed and the information within them was accurate and up to date. The staff, including activity staff, had easy access to people's care records so they understood the care that people required. They confirmed that people's needs were reviewed each day during handover meetings and the head of unit meetings between the staff to make sure they were aware of any changes that were required to their care.

People and their relatives did not have any complaints about the care being provided. They knew about the

complaints policy and open door office. People and relatives told us they felt comfortable to raise a complaint if they needed to and that they felt confident these would be listened to and dealt with. We were therefore satisfied that people's concerns and complaints were dealt with appropriately in a timely way that promoted learning and improvement. For example, there had been a recent concern following an incidence of a delay in obtaining 'Just in Case' medication. The registered manager had responded thoroughly to the concern and made improvements such as ordering medication before stock levels fell and liaising with GPs early to avoid prescribing delays.

Outstanding ☆

Is the service well-led?

Our findings

An open and empowering culture based on treating people as individuals had been embedded within the home. The provider ethos was 'celebrating life' and the registered manager in the welcome pack for Lucerne House described the home as friendly, vibrant and an appealing home to reside in. This was seen to be the case. Communication within the staff team as a whole was important. For example, the daily head of department meeting showed that the kitchen and maintenance staff also knew individuals well and were able to input into person centred planning such as helping with the cookery club, ensuring care staff continued physiotherapy input, being aware of on-going activities and offering activity opportunities in each department.

Excellent management and leadership was demonstrated. People told us they felt the home was well-led and they could raise issues and concerns without hesitation with staff who were open and approachable. People said they felt listened to by the staff and the registered manager. This was reflected by relatives. People and relatives said, "We see the manager walk around. The door [to the office] is always open. They are very pleasant", "The staff have smart uniforms and you can identify their role. Name badges are helpful. My wife has a dedicated nurse and two carers that I know well" and "I can't think there is anything the home needs. The food, the attention to detail. The manager runs a very good home." One relative added, "When we were considering the home the manager explained the ethos – a friendly, positive place, with human dignity, no restrictions on how the room is decorated to integrate and familiarise and make it a safe place." Another relative said, "A good home starts at the top. The manager and deputy are wonderful, always have time to listen to complaints. They have a meeting for relatives."

The staff praised the culture and support they received in the home. They said they felt really valued whatever their role at the home. Job descriptions were included with regular staff supervision sessions to embed staff roles further. All of the people, relatives and staff we spoke with told us they would recommend Lucerne House as a good place to live. Staff told us the service was well run and the management good and supportive. Comments included, "There are good managerial standards and [deputy manager's name] is a very good manager", "Our unit is fine and fully staffed, we have a nice staff room/kitchenette and we get provided with free soup and sandwiches and hot drinks" and "We are definitely a well-run home." Some staff had worked elsewhere and returned to Lucerne House. They said, "I would not have come back if it was not well run." They told us how they were encouraged to form relationships with people living at the home and this was rewarding. One non care worker said how "keen and bubbly" the staff were and always nice, adding "I love it here."

The registered manager and deputy kept up to date with good practice and the home was a member of various provider groups where information was discussed and shared. The management support team attended a variety of conferences and seminars where learning was then shared with the staff team throughout the company exchanging ideas and encouraging focal points. For example, there was a dedicated multiple sclerosis nurse.

The home used the public review website www.carehome.co.uk. This showed lots of positive comments. For

example, "I can honestly say Lucerne House has been fantastic from the first greeting to yesterday, from management to care assistant to cleaners, all smile and say hello and nothing is too much trouble. Fight to get your relative here, it is worth it!" All scores were rated as excellent. Another person commented, "With the introduction of the present management team standards have improved. They continue to be of a high standard. They are always prepared to go the extra mile". Another relative wrote how they would not wish for their relative to be anywhere else. It has got better and better, nobody ever seems to have a bad day." One person living at the home, rather than comment said, "I would like someone to come here and enjoy the home as much as I do."

Lucerne House was open to ideas and suggestions to improve the lives of people living at the home and their families. The results of a recent residents and relatives survey, sent out annually, was analysed to ensure any negative comments were addressed. These were displayed for people to see. For example, 'you said, we did' listed the improvements made; a starter was introduced at lunch times, people were reassured they could paint their rooms their choice of colour and another accessible garden area was created.

When we discussed people's needs with the registered manager and deputy manager they knew details about everybody living at the home and about staff and their needs. For example, before lunch we were told about the needs of the people we would be sharing lunch with. We were then able to have meaningful conversations with them despite their living with dementia, about their hobbies and where they were from. The registered manager and deputy manager were fully involved in the lives of people and staff at the home.

The registered manager's office was close to the main door at Lucerne House opposite the manned reception and they operated an 'open door' policy. This was the case with many people living with dementia, relatives and staff popping in. Care workers said, "Oh yes, we can always pop in and know we will get help if needed. " It was clear their priority was the people using the service, their loved ones and the staff they managed.

The registered manager fully promoted staff input and ideas ensuring they saw them put into practice, for example, They encouraged all staff to support people to do small things such as grow vegetables and use them at the BBQ, bring their pets in, sit with people and be involved. It was important for the home to ensure people at the home were part of the local community. As well as organised visits to local amenities, people were able to continue to attend their churches and community day centres, go shopping in groups or for individual trips such as to purchase sugar craft equipment.

Staff felt management within the home and the registered manager and deputy manager were open, honest and approachable. They felt listened to and were able to raise any concerns they had without hesitation. In the past, any concerns they had raised had been taken seriously and dealt with very quickly to ensure that people received high quality care. There were regular staff meetings as a whole and in units where staff could air their views. This included praising the staff, "I have heard from several families how impressed they are with the care, let's keep going and continue to improve." The staff told us that the leadership at all levels was very good. They were clear about their individual roles and responsibilities and they said that the communication with them about what was happening within the home was good. High staff morale led to a happy and comfortable place for people to live. There was a high staff retention. Staff were praised for their work in the service and wider by the provider. For example, the maintenance man had been awarded 'Maintenance of the Year' for managing the discovery of a WW1 bomb shell. People spoke of the maintenance department as 'having the builders in' showing they thought of Lucerne House as their home.

Staff worked well as a team across different staff roles. We observed this throughout the inspection. The staff

all worked well together for the benefit of people in their care and treated people and each other with dignity and respect. There was lots of laughter between the staff and they were seen being supportive to each other. There were opportunities for staff to develop within the home and use their skills to enhance people's experiences living there such as the care practitioner programme and two staff enjoyed entertaining people.

Good relationships with the community and local healthcare professionals had been established. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, improvements in end of life care and timely prescribing.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the service and there was continual oversight by the provider head office. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records, falls prevention, people's nutritional needs and the management of people's medicines. The provider also conducted regular quality performance and compliance reviews to make sure the home provided people with the care they required. These followed CQC standards and regulations including involvement and treatment, meeting nutritional needs and cleanliness.

Incidents and accidents were analysed each month so that action could be taken to reduce the risk of people experiencing harm. For example, some people who were at a high risk of falling had equipment to minimise future risk of falls. The registered manager looked for any patterns, locations each month to minimise risk overall. Any concerns or complaints that had been received were used as an opportunity for learning. This demonstrated that the provider and staff responded to people's feedback to improve the quality of the care they received to enhance their wellbeing.