Nellsar Limited

Lulworth House Dementia Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 18 and 19 March 2015 and was unannounced.

Lulworth House is a Residential Care Home providing care for up to 38 people some of whom are living with dementia. The 1920's built home is situated in a pretty leafy avenue on the outskirts of Maidstone. At the time of our visit, there were 37 people who lived in the home. People had a variety of complex needs including dementia, physical health needs and mobility difficulties.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

People had risk assessments in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and had arrangements in place to manage these safely. Staff knew each person well and had a good knowledge of the needs of people, especially those people who were living with dementia.

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

Medicines were stored and administered safely. Clear and accurate medicines records were maintained.

Training records showed that staff had completed training in a range of areas that reflected their job role. Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

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

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

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

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

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

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

People spoke positively about the way the home was run. The management team and staff understood their respective roles and responsibilities. The registered manager was approachable and understanding to both the people in the home and staff who supported them.

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

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?
The service was safe.

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

There were enough staff employed to ensure people received the care they needed.

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

Medicines were safely stored, administered to people and handled appropriately.

Good

Is the service effective?
The service was effective.

The registered manager and staff ensured that people received effective care that met their needs and wishes.

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

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were provided with a choice of nutritious food that met their requirements. People were supported effectively with their health care needs.

Good

Is the service caring?
The service was caring.

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

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

People were supported in promoting their independence and encouraged to receive visitors.

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

Good

Is the service responsive?
The service was responsive.

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

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

Action was taken, including the involvement of external professionals where necessary.

Good

Summary of findings

There was a system in place for recording and addressing complaints and people and visitors were made aware of the complaints procedure.

Is the service well-led?

Good

The service was well led.

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

The attitudes, values and behaviours of staff and the management enabled and encouraged open communication with people and their relatives.

There was a robust staffing structure at Lulworth House. Both management and staff understood their roles and responsibilities.

There were systems in place to review the quality of service in the home. Action was taken as a result of these audits to improve the care and service.

Lulworth House Dementia Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 March 2015 and was unannounced.

The inspection team included two inspectors, one specialist advisor who specialised in elderly care, one pharmacist inspector and one 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. Our expert by experience had knowledge, and understanding of older person's residential care homes.

Before the inspection, we reviewed our records including correspondence, safeguarding alerts received by CQC, previous inspection reports and notifications. Notifications are information about important events which the service is required to tell us about by law. The inspection was planned in response to a concern we had received, therefore a Provider Information Return (PIR) was not completed. This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. We gathered this key information during the inspection process.

As part of our inspection, we spoke with 12 people, five relatives, two visitors, nine care staff, the activity coordinator, cook, laundry person, deputy manager, registered manager and operations manager (who was a representative of the provider). We also spoke with a case manager and contacted health and social care professionals who provided services to people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Some people who were living with dementia were not able to verbally communicate their views with us or answer our direct questions.

During the inspection we looked at the provider's records. These included 10 people's care records, four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We last inspected Lulworth House is a Residential Care Home on 27 February 2014 and there were no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. They said, “I feel safe here” and “I am not threatened in anyway”. Relatives felt their family members were safe in the home. One relative said, “My grandmother is not at risk here”, “My mother-in-law is safe here. They have enough staff to deal with any problems” and “My wife is safe- absolutely”.

There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. The provider had an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. The policy linked directly to the local authority safeguarding policy, protocols and guidance. The provider had suitable policies in place which were designed to protect people.

The registered manager and staff demonstrated they understood what abuse was and how they should report any concerns they might have. This included the steps they would take to report to the local safeguarding authority should they need to do so. Staff had completed safeguarding adults training and knew the different types of abuse and what would constitute poor practice. They knew who to report any concerns to and how these would be dealt with. The provider had taken reasonable steps to protect people from abuse.

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

We spoke with the registered manager about how risks to people’s safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. The registered manager described the action they had taken to minimise the risk of falling for one person who had had a number of falls. There was a clear plan in place which staff were aware of and used. Where people’s needs changed, staff had updated risk assessments and changed how they supported people to make sure they were protected from harm. For example, where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattress had been obtained reducing the risk of them developing a pressure injury.

Before our inspection we received information of concern that the heating in the home did not work, which led to the use of portable heaters. The staff we spoke with confirmed there had been problems with the heating but this had been resolved the same day. There was a service contract and maintenance agreement in place. All heating radiators and portable heaters were recently checked, serviced and risk assessed. Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire. The provider was ensuring the premises and equipment were maintained, in good working order and prevent any risk to people.

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

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people’s level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people’s changing needs. Staff told us that there were enough of them to meet people’s needs.

We observed staff providing care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said that call bells were answered promptly and that staff usually came quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

Good

Is the service safe?

There was a system in place to ensure staff were not able to work for the service until the necessary checks had been received and to confirm they were appropriate to work with people. Staff files included the appropriate recruitment information. This included a completed application form, which detailed staff educational and past work histories. Staff told us that they had been interviewed as part of the recruitment process and interview records confirmed this. Each file contained evidence of satisfactory pre-employment checks such as disclosure and barring service (DBS) check, the right to work in the UK documentation and references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files contained copies of proof of identity and information about their qualifications. The provider operated safe recruitment procedures and practices.

Records showed that medicines were received, stored, disposed of, and administered safely. There was lockable storage available for stocks of internal and external medicines. The medication cabinet temperature was recorded daily and these records were up to date. People's individual medicine administration records (MAR) for prescribed medicines were completed accurately. Medicines were stored securely. Records of medicines received were maintained. There was a system of regular checks of medication administration records and regular checks of stock. There was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Staff were trained to administer medication and they did so in a safe way, making sure people had taken their medicine before they moved on to the next person. The home used a monitored dosage system with names, medicine details and details of each person with their photograph. This ensured that medicines were handled and given to people safely.

Good

Is the service effective?

Our findings

People said, “Staff treat me very well-they know what I like and what I want to do and don’t interfere”. Relatives said, “Staff seem to understand my mother and know how to treat her” and “The way they look after her is brilliant and they make sure she eats and drinks. I am so relieved she is here” and “All the staff know my mum and seems to know what she needs”.

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

Staff undertook additional training courses outside of the training required by the provider to develop their skills and knowledge. For example, the Health and Social Care qualification level 5. HSC are work based awards that are achieved through assessment and training. To achieve an HSC, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

To further staff’s empathy towards people who lived with dementia, a ‘virtual’ style of additional training was provided to the staff. This was a practical demonstrated training, which involved equipping trainees with thick gloves, heavy shoes, headphones and glasses to restrict their movement, hearing and sight. Staff were given instructions that were purposely hard to follow and had to feedback on their experience. The registered manager told us, “This was most effective in making staff realise what it could feel like to be isolated inside yourself". The registered manager showed how keen they were to develop staff skills and knowledge to enable them to offer effective care to the people they looked after. This was done through encouraging staff to join ‘Dementia Friends’ initiative, which enabled staff to promote inclusion and quality of life for people with dementia. A staff member said, “We belong to the dementia friendly scheme, which allows us to focus on improving the quality of life of people.” We observed staff demonstrated their knowledge of dementia in the way they supported people. For example they took time in listening to people. The registered manager promoted good practice by developing the knowledge and skills staff required to meet people’s needs.

Yearly appraisals were carried out and reviewed with one to one supervisions. Staff had the opportunity to meet with their line manager to discuss their work and performance. Staff felt supported and enjoyed working in the home. The manager confirmed that supervisions were carried out regularly to make sure people receive the required support by suitably qualified and skilled staff. Areas identified in appraisals and followed up in one to one supervisions included development & training needs. For example, one member of staff was identified to benefit from additional health and social care (HSC) qualification. This was actioned and planned for. This would enable staff to improve on their skills and knowledge and ensure effective delivery of care to people.

All care staff were trained in the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation. Further, enhanced training in the MCA and DoLS was scheduled for all staff in June 2015. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. People’s mental capacity was assessed when necessary. Meetings were held in people’s best interest and applications for DoLS were submitted when appropriate. They told us that one person was currently subject to a DoLS, which was granted by the local authority due to the constant supervision required to ensure their safety, especially when going out into the community. The registered manager ensured the least restrictive options were considered and fully explored before any decisions were reached. For example, one person who was at risk of falling from their bed was relocated to a ground floor bedroom for further monitoring before they had been provided with bed rails.

The risks to people from dehydration and malnutrition were assessed. People were supported to eat and drink

Good

Is the service effective?

enough to meet their needs. For example, a person disliked certain vegetables and a particular activity. This was recorded in their care plans relating to nutrition and social needs and the staff were aware of these requirements. People who had been identified as at risk had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's general practitioner (GP), specialist nurses and dieticians. One person was provided with a soft diet and staff helped them while eating to ensure risks of choking were reduced. Hot and cool beverages and snacks were offered to people by staff twice a day and upon request. Staff told us how they encouraged people to eat and drink. One said, "If someone did not eat their food I would always go back and offer them something different." We observed that people who were awake early in the morning were offered drinks and snacks.

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

People or their representatives were involved in discussions about their health care. One person said, "Staff always get the GP if I am feeling unwell and they are always very helpful". A relative said, "Staff ring me if there are any problems. They had the GP in if there is a problem and medication had been changed as a result". A GP commented, 'Staff are efficient at managing the day-to-day care of their residents with good communication and good reports from the families of residents'.

The doctor visited once a week and people's treatment was reviewed and changed if necessary according to their medical condition. The community nurses supported the home and visited daily to help manage medicines such as injections for people. A care manager told us, 'Doctor has been called at appropriate times and in a timely manner and I had a client who started to fall and was seen by the doctor to exclude a medical/medication cause and was then referred onto the falls service and the issue resolved itself'.

We saw that staff had acted on this promptly. Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. A GP said, 'I do observe that residents are supported to maintain good health and do have access to healthcare services including Dentistry, Ophthalmology, the Falls Service and others'. The records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health. For example, they maintained soft diets for people with swallowing difficulties and repositioned people who were cared for in bed on a regular basis to minimise the risk of pressure ulcers developing.

Good

Is the service caring?

Our findings

People told us they were satisfied with the way staff cared for them. One person told us, "Staff are ever so kind and caring". Others said, "They (the staff) are so patient, they need to be", "I am happy with the staff- they treat me with respect", "Staff are lovely and very nice. They are never rude or abrupt" and "Staff talks to me and treat me very well".

A relative said, "The way staff approach the residents here is part of what makes this space special; we are delighted with the care and could not ask for more from the staff". Another said, "Staff liaise with me. I read the notes and I feel nothing is wrong. Staff are very attentive and seem to understand her".

A case manager from the local authority told us, "From my observations the staff are very kind and appear to be very knowledgeable about how to care for people who live with dementia". A care manager we contacted said 'I always find the carers very professional and always seem to know the client's really well. I always see staff around which is good'.

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

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

Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff checked with people if they wished to visit the toilets at regular intervals and offered to accompany them. We observed that staff were interested in what people had to say and were actively listening to them.

The provider ensured that staff followed the service's confidentiality policy that was updated in March 2015. This included the use of mobile phones and the use of social media. The importance of respecting confidentiality was outlined in staff handbooks and was discussed regularly at team meetings. People's care was discussed confidentially by staff in the manager's office and people's records were held securely.

The staff promoted independence and encouraged people to do as much as possible for themselves. People were dressing, washing and undressing themselves when they were able to do so. They had choice about when to get up and go to bed, what to wear, what to eat, where to go and what to do. Their choices were respected. Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. For example, people had expressed their wish to go to bed at certain times. The staff we spoke with were aware of this and told us they checked with people whether they had changed their mind. Times relating to people's routine were recorded by staff in their daily notes. As daily notes were checked by key workers any significant changes of routine were identified and monitored to ensure people's needs were met. People went shopping or visited a local pub whenever they wished, accompanied by staff to ensure they remained safe. A person who wished to assist staff in their tasks was given the responsibility to lay tables at mealtimes.

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

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

People were involved in their day to day care. People's relatives or legal representatives were invited to participate each time a review of people's care was planned. A relative told us, "We get invited well in advance so we can attend and bring our opinion about how our family member is

Good

Is the service caring?

cared for". People's care plans were reviewed monthly by key workers who sat with people and their relatives to discuss people's care and support. Key workers are staff who have special responsibility to ensure effective care is delivered to a named person. A person told us, "I have a special carer who sits with me more than the others and we talk about anything and everything together".

Lulworth House provided end of life care, the manager told us that this was a person's home for the rest of their life when they moved in, if that was their choice. People who required end of life care were referred to specialist nurses who worked with the staff to ensure people remained comfortable. People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

Good

Is the service responsive?

Our findings

People said, “I have never had any problems with staff” and “staff help me to keep independent and they are never rude or abrupt”.

People’s individual assessments and care plans were reviewed with their participation or their representatives’ involvement. A relative told us, “We are informed and involved every step of the way”. Two people told us, “They (the staff) listen to me if I want something changed” and “I decide what’s what”. A care manager said ‘I think the care is individual, very focussed on needs.’

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

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

People’s care plans included risk assessments with clear recommendations to staff about how to reduce the risk that was identified. A person who experienced falls was provided with equipment that alerted staff when they stepped out of bed so they could provide help and reassurance. People were placed under seven days observation following a fall and their progress was recorded. This example showed that management and staff responded to people’s changing needs whenever required.

Staff ensured that people’s social isolation was reduced. Relatives and visitors were welcome at visit the home any time. A relative said, “We are encouraged to keep in contact by phone, visits, meals and birthday celebrations.” People attended church services of their faith when they wished. The registered manager told us, “Two key workers are allocated to each person and once a week a key worker will spend time on a one to one basis with the person, to chat or accompany them where they want to go”. One person told us, “I don’t get lonely here; there are plenty of people I can talk to and things to do”.

Four different activities took place daily. The activities coordinator consulted people and took their preferences and suggestions in consideration before planning the activities programme. Gardening was organised for a person who had requested this. There were group activities and one to one sessions for people who preferred or who remained in their room. Activities included card games, identification of photographs and reminiscence, boules, exercise, music, dancing and arts and craft. One to one sessions included arms and hands massages, reading aloud and sing-along. Some members of staff assisted people to take part in the activities and were sharing jokes and laughing with people. The activities coordinator told us, “It is so rewarding to see how we can contribute to people’s enjoyment and play a part in keeping them stimulated and interested”. There were themed activities such as ‘Valentine lunch’, and a monthly ‘pub afternoon’ where people enjoyed an alcoholic beverage and played darts in the lounge which was decorated to recreate a pub atmosphere.

The main activity in the afternoon on the day we inspected was a religious service, which occurred every month. It was very informal and involved people participating in prayers and hymns. The theme for the day was St Patrick’s Day celebration and was provided by a local church. People told us they loved it. At the same time, we observed people who were not interested participating in other activities such as board games in another room. This showed that people’s choices and diverse needs were met.

People who used the service and relatives we spoke with told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. No complaint had been received in the last 12 months before this inspection. The registered manager said that most issues were brought to her attention verbally and were

Good

Is the service responsive?

addressed swiftly. This open approach was confirmed by people, relatives and staff. The registered manager described to us the process they would take in the event of a formal complaint.

Residents meetings were held every six months to gather their feedback about the service. We looked at the record of this meeting that informed how issues raised in discussions were actioned and by whom. Annual satisfaction questionnaires were provided for people and their relatives twice a year and at each care plan reviews. All comments were positive about the overall quality of the service. The results of the surveys to seek people's views were collected, analysed by the provider and communicated to the registered manager to identify any improvements that needed to be made.

The provider sought formal feedback from staff once a year and welcomed suggestions for improvements. Staff comments were positive and included, "This place is a good size for efficient communication and good quality care", "Well managed friendly environment" and "Homely atmosphere". Some of the staff had suggested department meetings and this had been implemented by the registered manager. For example, night staff and kitchen staff meetings were started in addition to the main staff meetings. This enabled staff to discuss issues in more detail, which promoted individualised care for the people.

Good

Is the service well-led?

Our findings

People told us the registered manager was very approachable and responsive. They said, "The manager is great, I can talk to her anytime" and "She is like a captain, this is a good ship". We asked healthcare professionals to tell us what the service does well and they said, 'Openness'.

Relatives told us that the home was well managed. They said, "The manager is clear and firm with staff but compassionate with the residents. She knows what is going on, on a daily basis" "Staff are on the ball and there are always staff in the lounge with people" and "I would recommend here to anyone".

The registered manager inspired the staff to maintain excellent standards of practice by laying example for staff to follow. The staff told us, "She is a force of nature, so dedicated to people's wellbeing and she motivates all of us to be the same" and "She is more than approachable: she approaches us before we approach her because she knows what is going on and she acts quickly". The operations manager told us, "The registered manager is very passionate and brings positive energy into her role". A case manager who visited the service said, "This manager is definitely 'on the ball', very organised and knowledgeable about people's needs". The registered manager demonstrated these to us by her knowledge of every person that lived in the home, including their needs. We saw that they operated an 'open door' policy which meant that staff could speak to them if they wished to do so.

The provider had a clear set of vision and values. These stated 'We believe every one of the individuals we support deserves dignity, choice and independence, as these values lay the foundations for a high quality of life'. Our observations showed these values had been successfully cascaded to the staff who worked in the home. The registered manager was pro-active and advocated on people's behalf when necessary. For example, the manager had challenged a healthcare professional's practice which did not meet their expected standards of quality of care. They told us, "Whatever needs to be done, will be done to ensure people who live here are properly taken care of and that their rights are respected". We saw records that confirmed that the person's involved needs were reviewed and additional resources requested were provided. This showed that the registered manager promoted people's quality of life in a person centred way.

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

The management team at Lulworth House included the registered manager and the deputy manager. Support was provided to the registered manager by the operations manager, in order to support the home and the staff. The registered manager oversaw the day to day management of the home. Both the registered manager and deputy manager knew each resident by name and people knew them and were comfortable talking with them.

The registered manager told us they were well supported by the operations manager who provided all the resources necessary to ensure the effective operation of the service. For example, the operations manager supported the registered manager to have all staff trained in essential courses such as dementia for the home. They also invested in staff undergoing varied levels of Health and Social Care Qualifications (HSC). The operational manager visited the home twice a month. They told us, "I aim to know each person who lives here so I can support the manager effectively when there are particular concerns that need to be discussed". The operations manager visited the service to carry out her monthly service audit while we inspected. This showed that the registered manager and staff were well supported by the provider.

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

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to people who lived in the home.

Communication within the home was facilitated through weekly and monthly management meetings. This provided

Good

Is the service well-led?

a forum where clinical, maintenance, catering, activities and administration lead staff shared information and reviewed events across the home. Staff told us there was good communication between staff and the management team and they were encouraged to share their views. We saw records to confirm that this was the case.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the home were responsive to people's needs and ensured they made appropriate referrals to outside agencies appropriately. They felt the management team worked in a joined up way with external agencies in order to ensure that people's needs were met.

There were systems in place to review the quality of service in the home. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents, and medication. Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

The provider had updated policies and procedures that covered every aspect of the service in March 2015. These comprehensive policies were specific to the home and to the needs of people who lived in the service. For example, they included a policy on diversity and social inclusion, empowerment, anxiety, and end of life care. The registered manager ensured updates of policies were communicated to staff without delay. This enabled staff to care for people according to laid guidelines and regulations.