

Care Pro (South East) Limited

Lucerne House

Inspection report

Lucerne House
12 Mitten Road
Bexhill on Sea
East Sussex
TN40 1QL

Tel: 01424 224181
Website:

Date of inspection visit: 28 November and 03
December 2014
Date of publication: 08/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Lucerne House provides residential care for up to 10 people with learning disabilities. In addition, they also provide supported living support to two people who live in their own home, one of whom receives support with personal care. The majority of people accommodated were under 65 years of age. People's needs were varied and included autism, diabetes and epilepsy. Some people displayed behaviours that challenged others. Whilst the majority of people had good communication skills, a small number of people had communication

difficulties and were not able to tell us their experiences, so we observed and they were happy and relaxed with staff. At the time of our inspection there were nine people living at the home.

At the last inspection in September 2014, we took enforcement action against the provider and issued a warning notice in relation to the assessing and monitoring of the quality of service provision. We set a timescale for compliance of 17 November 2014. We also

Summary of findings

asked the provider to make improvements in the management of medicines, staff recruitment records and record keeping. An action plan was received from the provider detailing how they would address these areas. We carried out this unannounced inspection on 28 November and 3 December 2014 to check that improvements had been made. We found that the provider had met the requirements of the warning notice. However, we also identified some additional concerns.

There has been no registered manager in post since November 2013. An acting manager was appointed at that time. At the time of our inspection an application for registration was being processed and the manager has since been registered in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Changes had been made to the monitoring of the home and the quality of care provided. Audits were carried out and shortfalls identified were followed up. However, some aspects required further attention to ensure that people were safe. For example, whilst there was an environmental risk assessment in place for Lucerne House, there was no risk assessment for the supported living accommodation.

Risk assessments were carried out to ensure that people were safe and that staff had clear guidance on how to support people. However, there was limited evidence that risk assessments were always updated appropriately to take account of changes to people's needs.

People's abilities to make informed decisions had not been assessed and staff were not following the requirements of the Mental Capacity Act 2005. They had not assessed if an application needed to be made in respect of any person to the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are regulations

that have to be followed to ensure that people who cannot make decisions for themselves are protected. They also ensure that people are not having their freedom restricted or deprived.

We saw records that led us to believe that people were not always treated in a caring manner. We observed staff interacting with people in a very positive way. People told us that the staff respected their privacy and a visitor to the home told us, "Staff have so much patience, they get on well with everyone."

People were happy with the activities provided. Records showed that people had opportunities to participate in a wide range of activities. Some people attended day centres, some had work placements and others told us that they could participate in activities that they enjoyed. One person told us they went swimming every week. People attended a club once a week, and those who chose to, attended a monthly disco.

There were safe systems for the recruitment of new staff and a robust system had been introduced for the management of medicines. Staff had access to a training to meet people's needs. Staff had attended training on dealing with challenging behaviour and diabetes. Further specialist training had also been booked. A staff member told us, "We are always going on training, in the past year we've had more training than we've ever had."

Staff attended regular supervision meetings and told us they were well supported by the management of the home. Staff meetings were used to ensure that staff were kept up to date on the running of the home and to hear their views on day to day issues. Resident's meetings were held regularly to update people on changes, and to provide opportunities for people to have a say about their home and matters important to them.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Risk assessments did not always reflect people's changing needs or take account of incidents and accidents. Staff knew what action they should take if they suspected abuse.

There were safe systems in place for the management of medicines.

Improvements had been made to the recruitment procedures and staff levels were sufficient to meet people's needs.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People's rights were not protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were not followed when decisions were made on people's behalf.

There was a training plan in place to ensure that staff had the knowledge and skills necessary to carry out their roles. Staff attended regular supervision meetings and felt supported by management.

People chose the menus and records showed they were varied and well balanced. People told us and that they could choose alternatives if something was not to their liking. People received support to meet their health needs.

Requires Improvement



Is the service caring?

The service was not consistently caring.

We saw records that that led us to believe that people were not always treated in a caring manner. Staff communicated clearly with people in a caring and supportive manner. It was evident that staff knew people well and had good relationships with them.

People were given opportunities to meet their religious and spiritual needs on a regular basis.

People told that they met regularly with their keyworkers and could talk to them about matters that were important to them.

Requires Improvement



Is the service responsive?

The service was not always responsive.

People were encouraged to have goals and aspirations. However, it was not always evident that there was a consistent staff approach in ensuring the people were supported to develop new skills and to promote their independence.

Requires Improvement



Summary of findings

People had opportunities to engage in meaningful hobbies or activities related to their interests.

Care plans included detailed information about how people communicated and how they expressed their emotions.

Is the service well-led?

The service was not consistently well-led.

Improvements had been made to develop the systems to assess the overall quality of the service provided. There was no environmental risk assessment for the supported living accommodation and therefore no system for monitoring if the accommodation was safe.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and shortfalls identified were addressed.

Feedback was sought from people, staff and relatives about the care provided in the home and action had been taken in response to the feedback received.

Requires 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.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated

Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All new inspections will only be completed against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out this unannounced inspection of the home on 28 November and 3 December 2014. The inspection team consisted of two inspectors. Before our inspection, we reviewed the information we held about the home. This included complaints and concerns, notifications of incidents and accidents that the provider is required to send us by law.

We spoke with the owners. In addition we spoke with the four people, the manager, three staff members and one relative. We observed care and support in communal areas and also looked at the kitchens and people's bedrooms and ensembles. We reviewed a range of records about people's care and how the home was managed. These included the care plans for three people, the staff training records, people's medicine's records and the quality assurance audits that were available.

Is the service safe?

Our findings

One person told us, “I feel safe, if I hear the fire bell going I go out the back door.” A visitor told us that they felt their relative was safe in the home. People told us that they were always enough staff on duty to support them to do the things they wanted to do.

At the last inspection in September 2014, the provider was in breach of regulations 13 and 21 of the Health and Social Care Act 2008. This was because we were concerned about the management of medicines and procedures for staff recruitment. We asked the provider to make improvements in these areas. We received an action plan from the provider telling us how they were going to achieve this. During this inspection we found that progress had been made in both areas.

Previously the provider had failed to have robust procedures in place to ensure that staff were of good character, and had the skills and qualifications to fulfil their roles within the home. During this inspection we found that changes had been made to ensure that there were safe recruitment procedures. We checked five staff records. Each file had a completed application form listing work history and details of staff skills and qualifications. References had been obtained and with the exception of one file there were forms of identification present. This did not have any impact for people as the staff member provided identification to obtain a criminal records check, and this had been done. There were criminal records checks in all staff files. However, within a file for a bank staff member who had started work a few days prior to the inspection, there was no documentation to show they had a permit to work in the country. This had been identified in a staff file audit and the staff member had been asked to bring this in before their next shift.

At our last inspection we asked the provider to make improvements in the management of medicines. During this inspection we found that staff had received medication training and an annual competency check had been completed for those staff who had responsibility to administer medicines. Medicines were stored appropriately and there were systems in place to manage medicines safely. Stock checks were completed when medicines were delivered to the home to ensure people received their medicines as prescribed. There were protocols in place for

the use of medicines prescribed on an ‘as required’ basis. Guidelines were in place for the management of epilepsy and diabetes for one person, and epilepsy guidelines for another person were due to be reviewed.

Records of accidents and incidents showed that one person had 15 falls since 31 August 2014. We were told that the local ‘Falls team’ were due to visit the home to carry out an assessment. In addition, further specialist advice was being sought to establish the cause of the falls. In the interim, there was a risk assessment in place which had been reviewed. However, the reviews said, ‘no change’ and did not comment on the increase in falls. The risk assessment did not assess if there were any lessons to be learned as a result of the incidents, or actions staff should take if the person hit their head or fell on the stairs. Records showed that both situations had occurred. As the likelihood of further falls in the short term was high, it was not clear if staff had the most up to date guidance on how to keep the person safe.

There was a risk assessment for one person who used taxis independently. The assessment did not clearly describe any problem, the risks or the level of risk. We discussed this with the manager, who provided context to the assessment and said that they would update the assessment to make sure it clearly described the problem, the level of the risk and actions to be taken by staff if a situation occurred.

We found that the registered person had not protected people as they failed to ensure that risk assessments clearly defined the risks and the actions to be taken to minimise accidents/incidents occurring. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people displayed behaviours that challenged. When this was the case their care records identified how this may present. Triggers were identified and there were both proactive and reactive strategies that staff could take to prevent behaviours escalating. During our inspection a staff member told us that they anticipated one person could be upset, as the person had been due to have a visitor that day but this had been postponed. The staff member acted in accordance with the person’s care plan by explaining to them what had happened and they provided an alternative activity for the person. The situation was managed well and the person had an enjoyable day.

Is the service safe?

Since our last inspection a safeguarding investigation into institutional abuse at Lucerne House that had been raised in January 2014 had been concluded and substantiated. A safeguarding plan was in place and the local authority was continuing to monitor the home to ensure all areas were addressed. A further safeguarding referral had been raised regarding a medicine error and this had also been substantiated. Staff had a good understanding of safeguarding and what actions to take if they suspected abuse. They were confident that any matters raised with the manager would be dealt with appropriately. Staff training records confirmed that eight staff had completed training in safeguarding adults at risk and another four staff

had been booked to attend this training. The policies and procedures for safeguarding and whistleblowing had recently been updated and staff had signed that they had read them.

Staff levels were safe to meet people's needs, as people and staff told us that staffing levels were sufficient. People told us they could go out when they wanted to, and records showed that people had opportunities to go out daily and that they led busy lives. It was evident that when people had appointments or when people went to clubs or a disco, additional staff were on duty to ensure people were supported. Staff had clear advice on how to gain support should this be necessary outside of normal office hours.

Is the service effective?

Our findings

One person told us that they always had enough to eat and drink. They said, “Spaghetti bolognese is my favourite and I get it, we can have something else if we don’t like what’s on the menu. I don’t like liver, so I have something else.” People told us that their needs were met by the staff team. If they needed to see a doctor or specialist the manager contacted them on their behalf. Although we observed areas of care that were effective we also found areas of practice that were not effective.

In March 2014, changes were made by a court ruling to the Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The home had yet to assess if anyone living at the home required an application to be made under the DoLS. Whilst some staff had completed training on DoLS, this had been carried out before changes were made to the legislation. Staff had no understanding of DoLS and we had to explain the changes to legislation and how this could potentially affect care delivery. As staff did not have a clear understanding of DoLS people could potentially be at risk of being deprived of their liberty unlawfully.

There was no specific policy on mental capacity. The manager and another staff member had completed training on the Mental Capacity Act 2005 (MCA). The manager confirmed that she was looking for an on-line course for staff to attend. It was evident that some work had been carried out with people to determine their capacity to make decisions, however, records showed that there were gaps. For example, the home had identified that they had not carried out mental capacity assessments regarding people’s ability to understand and manage their finances. There was a risk assessment for one person which stated that the person was supported to get their money from the bank. The person went to the bank with staff, and carried out the task independently until they received their money. At this point they handed their card and money to the staff. It was not clear why the person had to hand over their money before returning home. The manager was not sure why this procedure was in place. The process did not promote independence or dignity.

We found that the registered person had not protected people as they had not sought people’s consent in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a health action plan (HAP) in place for one person, but it was not up to date. There was information in the person’s care plan about a particular medical condition, but this was not mentioned in the health action plan and it was noted that the person was in receipt of treatment for this condition. Anyone reading this document would not have a clear picture of the person’s health needs. A hospital passport had been signed by the person, but the document had not been completed. It was a concern that staff had asked a person to sign a document that had not been completed as the person would have had no knowledge of the document once completed. (A hospital passport is used to document key information that a hospital would need to know about the person should they require an admission to hospital.) We have identified this as an area or practice that requires improvement.

Staff told us that they had worked closely with healthcare professionals to assist them in meeting the changing health needs of people. For example, two people had received support from the local speech and language team (SALT). SALT teams provide advice and guidance for people who have difficulty with communication, eating, drinking and swallowing. For one person this had been particularly beneficial and they now carried pictorial cues to assist them in communicating with others. A staff member told us that the SALT team had helped give them a good insight into one person’s level of understanding.

There was a training plan to ensure that staff had the training necessary to carry out their roles. Staff had opportunities to undertake a range of training. The majority of staff had undertaken recent training on health and safety, infection control, food hygiene, safeguarding and record keeping. Staff told us that they attended training regularly and the manager was able to confirm that additional training was booked to address shortfalls. Whilst

Is the service effective?

the provision of core training was working well, the home had encountered problems in ensuring that specialist training was provided for staff to meet the specific needs of people in the home.

Staff told us that they had completed training on epilepsy, but there was no written documentation to provide evidence that this had taken place. The manager said that the training had been provided within the last two years and that refresher courses would be booked for staff. Two staff members had recently attended training and there were certificates in place for them. Staff were able to tell us how they dealt with seizures and there was clear guidance in place for staff. We have identified this as an area of practice that required improvement.

A number of staff had received theory training on diabetes and further training was booked. However, the manager had yet to obtain a definite date for staff to have practical training in this area. This meant that only a small number of staff were able to administer insulin. We were told that there had been no problems with ensuring that insulin was administered daily, but this also constituted an area of practice that required improvement.

Staff had received training on dealing with behaviour that might challenge. Four staff had completed a health related qualification and another two staff were working towards the qualification. Staff also told us that training was sufficient to meet their needs. One staff member said, "We are always going on training, in the past year we've had more training than we've ever had."

There were records to show that the majority of staff had attended a supervision meeting since our last inspection. Supervision is a formal meeting when training needs, objectives and progress for the year were discussed. Staff told us that they felt supported and could say what they wanted to talk about in supervision. They said that supervision meetings were helpful.

People were involved in making their own decisions about the food they ate. They told us that they took turns to cook the evening meal. A staff member told us, "Every month we get the cook books out and people choose what they would like on the menus. Each person chooses a meal and people can choose an alternative." The menu was displayed in the kitchen and this showed that people had a varied diet. People chose and, were supported to make their own breakfast and lunch. During our inspection we observed one person independently making their lunch to take with them when they went out. Most people could make drinks when they wanted them and staff supported those who needed assistance.

There was information in each person's care plan about their individual dietary requirements and preferences. One person told us that they wrote their own menu each week with staff support, and went shopping for the ingredients. They then decided on a daily basis which meal they wanted.

Is the service caring?

Our findings

One person told us, “Staff always knock on the door before coming in. If I want to talk to staff privately I can.” Another said, “I decide what time I get up and go to bed.” Staff told us they always asked first if they could go into a person’s room. A relative told us, “Staff have so much patience, they get on well with everyone.” Whilst we observed staff’s caring approach, we also saw evidence that led us to believe that support provided was at times, less caring. People told us that they were treated with respect. However, there was evidence that this was not always the case.

In one person’s daily records there was a statement, “Was reminded of the privileges (they) will lose if (they) doesn’t comply with the care plan.” We raised this with the manager as this statement did not demonstrate that the person had any choice in what they were being asked. The manager said that she had not previously read the daily record so was unclear about the context of the conversation. She said that she would investigate why this type of language was used to communicate with a person.

One person had a behavioural plan that stated that if they were ‘unacceptable during the day/night then they wouldn’t get their laptop at any point the next day’. In another area of the care plan there was specific advice for staff about how to manage a particular time of day. The person had signed their consent and agreement to this approach. There was also a reward chart in place dated 02/08/14. This stated that the person should receive a star each day if they did not display a particular behaviour and after five days they would receive a reward. We asked if there was a risk assessment in place if the person did not achieve the reward or advice for staff about how to tell the person. The manager told us no, as the star chart was no longer in place and the care plan should have been updated. There was evidence that staff still awarded stars, but there was no reference to the use of a reward. Whilst it was clear that this person liked clear boundaries, there was no clear criteria for implementation and the system was open to misinterpretation. In addition, the person was not treated with respect in that appropriate behaviour was not rewarded as agreed. The manager said that the use of the star chart would be reviewed.

We found that the registered person had not protected people as they failed to ensure that people’s independence

and dignity was always promoted and that they were always treated with respect. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home enabled people to fulfil their religious and spiritual needs. One person attended church services independently, and three others were supported to attend religious services in churches of different denominations locally. Another person had recently been supported to attend a religious service in line with their beliefs. Staff said that the person really enjoyed the experience and lots of photos had been taken to aid communication about this subject in the future.

People were listened to and had decisions about their care respected. For example, a staff member told us that as a result of professional advice the home reviewed the morning routine to make it less busy as one person found this time of day difficult to cope with. The result had made a big change to the person who now found this time of day less stressful and as a result the number of incidents had reduced. On both mornings of the inspection, whilst staff were busy organising for people to go out to various activities, there was a calm and relaxed atmosphere.

Staff assisted and spoke with people in a kind supportive manner and care was not rushed. One person told us that if they didn’t want to do something staff respected their decision. They told us that they decided what time they wanted to shower. They said, “A shower is very important to me. Staff help, and I can choose who to support me. I prefer having a man to support me.”

People had opportunities to participate in the care planning process. Those who were able had read their care plans and others told us that staff had read their care plans to them. Two people had written their own life histories. They said that they were involved in the reviews of their care plans and they decided who they wanted to be invited to their review. Staff told us that changes to care plans were communicated to them at handover meetings and a message was put in the communication book to read the changed care plan. This ensured that staff were kept up to date with all changes to care practices. One person told us,

Is the service caring?

“I meet regularly with my keyworker and we talk about my plans and if I need any support she organises this for me.” Some people wrote their own daily record of what had happened each day.

Staff knew people’s needs well. One staff member told us that making repeated requests to one person could cause them to be very upset. They knew that they needed to give the person time to process information and that they should try again at a later time.

When necessary, people were supported to maintain their personal appearance. People told us they chose the clothes they wanted to wear each day. One person told us that they chose to go to a hairdresser when they visited their parents, others told us that they were taken to hairdressers locally.

Is the service responsive?

Our findings

People had their recreational needs met. One person told us that they had several voluntary jobs. They said, “I like to keep busy, I enjoy it.” People knew who to talk to if they had any worries or concerns. A relative told us, “Niggly things raised are addressed straight away.” Although we saw that staff responded well to people’s needs, we also saw evidence that at times staff were less responsive.

Within resident’s meeting minutes it was noted that people were told, ‘Not to swear or make racist comments’. We discussed this with staff who said that this was becoming a problem, so it was addressed in the meeting as some people had found this upsetting. Whilst records showed that there had been incidents that involved swearing, the extent of the problem, including the impact on people, had not been assessed. In addition, there was no advice for staff on how to deal with the issue. Lack of clear guidance could mean that the real extent of the problem would not be established and addressed promptly with a consistent staff approach.

Notes of keyworker meetings for another person showed that the person had a new goal in relation to self-administration of medicines. There was no date on the notes and this person continued to receive support to take their medicines. There was a self-administration of medicines assessment form in the person’s care plan, but this had not been completed. The person told us that they were hoping that they would be able to start administering their own medicines soon. It was not evident that the person had been supported to develop new skills and to promote their independence in this area.

We found that the registered person had not protected people as they failed to ensure that people always received care that was appropriate to their individual needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People assured us that they could raise concerns. One person told us, “I have meetings with my keyworker about my care plan and I can tell them if I have concerns.” We observed that people regularly came to the office if they wanted to discuss anything. In addition to keyworker meetings, resident’s meetings were also held and this gave

people regular opportunities to share any concerns or worries. The complaints procedure was not displayed and there was no easy read version of the policy to ensure that people knew how to complain if they had a problem. We have identified this as an area or practice that requires improvement.

A staff member told us that since our last inspection a number of improvements had been made. For example, two people had new flooring in their bedrooms and new carpet was fitted on the stairs. Staff told us that the new flooring had been requested to meet people’s needs. They had raised this in staff meetings and were pleased that this had now been addressed. One person wanted a new mattress and this was provided.

Each person had a weekly plan of activities that was based on their individual preferences. Some people attended day centres, some had work placements and some had activities arranged on a daily basis. One person told us that they were looking for a job, as they did not want to do voluntary work. This person was in touch with the local job centre and staff supported them by giving advice as requested. One person told us that they had plenty to do to keep busy, they attended a day centre four days a week and enjoyed trips out with staff on their day off. People told us that they often went to a club once a week and to a disco that was held monthly. Others said that they could go to the pub if they wanted to in the evenings. One person told us that they went swimming weekly.

A number of people had planned trips to London with an overnight stay included. One person told us they were going to the London Eye and to the Zoo, and another said they were going to Madame Tussauds and a show. One person told us they looked at lots of options with their parents and then a staff member supported them to plan their trip. Some people came and went throughout the day independently. They called into the office before going out and staff discretely checked where people were going and what their plans for the day were. They checked that people had mobile phones and knew when they could be expected to return.

People were involved in care planning and relative’s views were sought as part of this process. Within the care plans there was detailed information about how people communicated and about how they managed their emotions. There was advice about how to support people when they were happy, sad or angry. This meant that care

Is the service responsive?

could be adapted as and when needed in response to a person's emotions at any one time. People's preferences for going to bed and getting up were clearly stated. A relative told us they were always invited to reviews.

Is the service well-led?

Our findings

There was a relaxed and welcoming atmosphere in the home. One person told us, “The manager is very good, I knew her before she started working here.” Another said that the manager, “Is here all the time. She is very nice.” A staff member told us, “If I have a problem, I raise it with the manager and it’s sorted.” A visitor to the home told us, “Staff have a good rapport with residents, it’s a happy home, I don’t hear shouts or anyone crying, there are lots of parties.”

At the last inspection in September 2014, the provider was in breach of regulations 10 and 20 of the Health and Social Care Act 2008. This was because we were concerned about the monitoring of the quality of care provided and record keeping. We took enforcement action against the provider and issued a warning notice in relation to the assessing and monitoring of the quality of service provision. We set a timescale for compliance by 17 November 2014. We also asked the provider to make improvements in relation to record keeping. During this inspection we found that changes had been made to improve systems for monitoring the quality of the care provided and in relation to record keeping. The provider had met the warning notice. However, although improvements had been made, we still had some areas of concern.

An environmental risk assessment was in place for Lucerne House along with a maintenance checklist. The manager assured us that any shortfalls were brought to the owner’s attention and that timescales were set for addressing matters. The majority of shortfalls identified had been signed off as completed, and the remainder were ‘work in progress.’ It was noted that there was no environmental risk assessment for the supported living accommodation and this meant that potential risks had not been assessed. One person raised a number of concerns about their environment and these were brought to the attention of the manager. They told us that the fan wasn’t working so they used a towel to prevent the fire alarms sounding. They said that their TV was not working and there was paint peeling from the external window ledges. By the second day of our inspection arrangements had been made to address the problem with the TV. However, there was no system in place to support the person to raise environmental issues with their landlord and this could have placed the person at risk.

We found that the registered person had not protected people as they failed to ensure that there was always an effective system in place to regularly monitor the quality of care provided in the supported living service. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that she had not discussed the owner’s vision for the home with the staff and there was no documentation in place detailing the culture or ethos for the home. She said that her vision for the home was to, “Keep processes running smoothly, to work hard on documentation for service users and to make care more person centred.” A staff member told us, “I’m not sure about values but we are clear about what we have to do.” Staff were not clear about the home’s vision and values in order to deliver against them in everyday practice. We have identified this as an area or practice that requires improvement.

The systems for recording complaints were not robust. There were two complaints recorded. In relation to one, the manager had taken appropriate actions to resolve the issue, but had failed to record that the complainants were happy with the outcome. In respect of the second complaint, whilst the manager told us the actions taken to resolve the concerns, these had not been recorded and we could not see what had taken place, the learning involved and evidence of how the home wished to improve in light of the complaint.

Systems for auditing the home had been introduced and a wide range of audits including medicines, health and safety, fire safety, staff files and finances had been carried out. Following each audit an action plan was drawn up detailing actions to be taken, who had responsibility and a timescale was set. Follow up audits were then carried out to monitor that actions had been taken. For example, a medication audit was carried out on 07 November 2014 and a number of shortfalls were identified. A further audit was then carried out and demonstrated that although a few new shortfalls had been identified, the matters raised in the first audit had been addressed. Additionally a daily quality audit of room checks was carried out in relation to cleanliness and décor.

Since the last inspection the provider arranged for a registered manager from a sister home to visit the home

Is the service well-led?

regularly to monitor the running of the home and to assist with addressing shortfalls. The manager told us that they carried out weekly visits and were available for advice and support as needed. Records showed that they carried out an unannounced visit to the home and spent five hours assessing the running of the home. The report of this assessment detailed the findings, any shortfalls identified, actions to be taken, who had responsibility to address the issues and within what timescale.

Surveys to obtain the views of people, staff and relatives had been carried out and it was evident that the home listened to what was said and took action to address any shortfalls identified. The relative's survey was unanimously positive. There were records to show actions taken as a result of the staff survey, for example staff had requested additional training and this had been booked. As part of the resident survey one person had requested a roast dinner on a Sunday and records showed that this was provided, even if others chose not to have a roast dinner.

At the time of the last inspection there was a problem with excessively hot water temperatures in some areas of the home. Since then a new boiler had been fitted and a system for checking water temperatures on a daily basis had been introduced. As no problems were identified this had then been moved to weekly checks. The risks to people had therefore significantly reduced as a result of the measures taken.

Outstanding actions in response to a fire risk assessment carried out in February 2014 had been completed. A fire safety officer had visited the home, minor issues had been identified and addressed. New systems to ensure checks

were carried out regularly in relation to fire safety had been implemented and audits demonstrated that these were effective. One person did not respond to a fire drill and the evaluation stated that the person's fire risk assessment should be reviewed. This had been carried out and showed that the manager took action to deal with shortfalls identified through their monitoring of the service. There was an up to date gas certificate in place to show the gas supply and appliances were safe.

We were told that residents meetings were held regularly. Records of a meeting held on 13 November 2014 showed that people were updated on a range of matters and had opportunities to share their views. It was noted that fire safety had been discussed at the meeting and that staff checked that as far as possible people knew what to do in the event of a fire.

A staff member told us, "There is good teamwork, everyone knows what to do, no one is lazy." We were told that staff meetings were held regularly and that they were used as an opportunity to ensure everyone was kept up to date with changes in care delivery. Staff told us that the meetings were used to discuss incidents that had occurred to assess how they had been handled and if they could have been managed differently.

A new policy and procedure manual had been introduced and the majority of the staff team had signed to say that they had read it. There were specific reasons why those who had not signed required extra time to do so. For example, a staff member who was a bank worker who had not worked in the home since the manual had been introduced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not always take proper steps to ensure that service users were at risk of receiving care that was inappropriate. Regulation 12(1)(2)(a)(b)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have an effective system in place to regularly monitor the quality of care provided. Regulation 17.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The registered person did not ensure service user's independence and dignity was promoted and that they were always treated with respect. Regulation 10

Regulated activity

Accommodation for persons who require nursing or personal care

Personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. Regulation 11.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person did not always take proper steps to ensure that service users were not at risk of receiving care that was inappropriate. Regulation 9(3)