Care Pro (South East) Limited

Lucerne House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:
Lucerne House is a residential care home for up to ten people living with a learning disability and/or autism. The organisation also supports two people who live in their own home, (known as Flat 6). At the time of our inspection these people were not in receipt of personal care so we did not carry out an inspection of the support they received. People living at Lucerne House had learning disabilities and their needs were varied. Some people needed support with living with autism, diabetes, dementia and epilepsy. Some people displayed behaviours that challenged others.

People's experience of using this service:

Lucerne House was registered before Registering the Right Support (RRS) had been published. Nevertheless, we found the care service reflected the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. 'People with learning disabilities and autism using the service can live as ordinary a life as any citizen' – Registering the Right Support Policy.

● There were good recruitment procedures and enough staff to meet people's individual needs. People told us they felt safe. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Incidents and accidents were well managed.
● People's medicines were managed safely and the registered manager worked with health professionals to make sure people were only prescribed medicines that were needed.
● People's needs were effectively met because staff had the training and skills to fulfil their role. This included training to meet people's complex needs in relation to epilepsy, diabetes and behaviours that challenged.
● Staff attended regular supervision meetings and received an annual appraisal of their performance.
● Staff supported people in the least restrictive way possible. People were encouraged to be involved in decisions and choices when it was appropriate. Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training.
● People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them.
● People were supported to attend health appointments, such as the GP or dentist. If assessed as appropriate and in line with individual needs, appointments were held at Lucerne House.
● People told us they had enough to eat and drink and menus were varied and well balanced. People's meals were served in a way that respected their specific needs and beliefs.
● People were supported to take part in a range of activities to meet their individual needs and wishes. Some attended college courses and day centres and others preferred to choose a daily plan of activities arranged with the support of staff. People also told us they enjoyed visiting their friends and inviting friends

and their family members to their house. A social care professional told us, "In my experience (staff) have been very supportive of the relationships the people who live at Lucerne House have with their family members."

● The environment was clean and well maintained. The provider had ensured safety checks had been carried out and all equipment had been serviced. Fire safety checks were all up to date.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis.

● People and relatives were given information on how to make a complaint and said they would be comfortable raising a concern or complaint if they needed to.

Rating at last inspection:
This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at the last inspection:
Good. The last inspection report was published on 27 April 2017.

Why we inspected:
This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up:
We will review the service in line with our methodology for 'Good' services.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Lucerne House

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Lucerne House is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was an unannounced, comprehensive inspection.
The inspection started on 31 January 2019 and finished on 1 February 2019.

What we did:
We reviewed information we had received about the service since the last inspection. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

Some people living at Lucerne House could tell us about their experiences living at the service and we spoke with four people. We also spent time observing staff with people in communal areas during the inspection.

We spoke with the registered manager and three care staff.

We reviewed a range of records. This included three people's care records and medicine records. We looked at recruitment records, supervision and training records of all staff. We reviewed records relating to the management of the home including audits and provider reports and meeting minutes. We received comments from a social care and a healthcare professional. Following our inspection, the registered manager sent us details of a complaint investigation.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse. A staff member told us, "I would report to the registered manager but, if need be, we could follow the procedure to report directly to social services."
- People told us they were safe. One person said, "Yes I am safe living here." Another said, "Yes, I like living here and I like my room." One person's care plan stated they wanted to be checked on hourly at night. We discussed this with the registered manager as records showed the person slept well at night. The registered manager told us the person had specifically said they wanted this as this made them feel safe. The person was still relatively new to the service and the registered manager said they would keep this under review.
- The registered manager had made appropriate referrals to the local authority safeguarding team as needed.

Assessing risk, safety monitoring and management.

- Where risks were identified there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, one person liked to ride their bicycle on the seafront and a risk assessment had been carried out to determine any risks to their safety.
- When people displayed behaviours that were perceived as challenging, an antecedent, behaviour and consequence (ABC) chart was completed. These were used to assess and understand what led to the incident and to ensure lessons were learned to minimise the risk of incidents reoccurring.
- People had positive behavioural support plans. These helped staff to recognise signs that indicated a person's anxiety was increasing. For example, one person shouted when they were anxious. This enabled staff to change the environment and adapt their approach which helped the person to relax and prevent an escalation in behaviours.
- One person had a sensor mat on their bed to alert staff should they experience a seizure at night. There was a call bell system in each bedroom so people could request assistance if needed.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal emergency evacuation plan (PEEP).
- People lived in a safe environment because the service continued to have good systems to carry out regular health and safety checks. These included servicing of gas safety, electrical appliance safety and

monitoring of water temperatures.
● A maintenance tracker was kept that showed when work was needed and that it had been addressed in a timely manner.

Staffing and recruitment.

● Staff were recruited safely. Checks had been completed before staff started work at the service including references and a full employment history. A Disclosure and Barring Service (DBS) check had also been carried out to help ensure staff were safe to work with adults in a care setting.
● There were enough staff to meet people's needs and keep them safe. Some people received funding to have one to one staff support and the rotas showed when these hours were provided.
● There were no staff vacancies.
● There was a staff board on display that showed photos of the staff on duty each day and this meant people knew who would be supporting them.

Using medicines safely.

● Staff had received training in the management of medicines and had been assessed as competent to give them.
● Medicines were correctly ordered, stored, administered, recorded and disposed of. We checked people's medicines administration records (MARs) and found medicines were given appropriately and there were no missing signatures.
● Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There was appropriate guidance to ensure these were given when needed and the reason recorded to the rear of the MAR.
● There were body charts to demonstrate where creams should be applied. People's records clearly stated how they chose to receive their medicines and we saw this happened in practice. For example, one person chose to receive their medicines in the office.
● People's medicines were reviewed regularly by healthcare professionals and people had been supported to reduce their medicines. One person who had been given a medicine for several years had recently been taken off the medicine and there were no ill effects.

Preventing and controlling infection.

● People were protected from the risk of infection.
● All areas of the house were clean. Staff had received training in food hygiene and infection control. ● There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
● People were supported by staff to clean their bedrooms. They also assisted in tasks such as hoovering and dusting.
● Audits were then carried out to ensure tasks had been completed. Disposable gloves and aprons were available for staff use and these were used during out inspection.

Learning lessons when things go wrong.
● Records were kept of all accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring.
● Analysis had been completed by the registered manager to review the time and location of accidents and incidents. As a result of an increase in falls for one person a referral had been made to the local falls team recently via the person's GP and the home were awaiting a visit.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Most people had lived at the service for a long period of time. Their likes, preferences and dislikes were all known, documented and observed by the staff.
- Since the last inspection two people had moved to the service. Both moves were arranged urgently and this prevented a planned transition to the service. The local authority provided a detailed assessment of people's abilities and needs. In both cases the service carried out their own assessment of needs and included the views of the people and their families.
- The assessments were used to inform more detailed plans of care which had been reviewed regularly.

Staff support: induction, training, skills and experience.

- The provider had ensured that staff had the skills, knowledge and experience to deliver effective care and support.
- New staff completed the provider's induction process. This included working supernumerary to get to know people and understand the policies and processes at the service. A staff member told us they felt well supported throughout their induction.
- The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.
- New staff had completed effective communication training. The registered manager said feedback on the training had been positive and that the remainder of the staff team would now complete this training.
- Specific training which reflected the complex needs of people who lived at Lucerne House was also provided. Training included positive behaviour support (PBS), autism, diabetes and epilepsy. PBS is a person-centred approach to supporting people who display behaviours that challenge. It involves understanding behaviours and why they occur, considering the person as a whole and implementing ways of supporting them. It involves teaching new skills to replace the behaviours that challenge.
- The registered manager told us staff received annual training on caring for people living with dementia.
- Staff had completed health related qualifications. Two senior staff were studying for a level five qualification in management.
- Staff told us the training programme was very good. We asked a staff member how the PBS training had helped them when supporting people. They told us, "PBS is about turning a negative into a positive." They gave an example of when one person started shouting in a shop because they wanted to buy something they did not have enough money for. The staff member said. "I stayed calm and persuaded them to look at some items they could afford. I didn't feel daunted, they listened to what I said."

● Staff told us they were supported through supervisions and records confirmed this. Records showed staff had received supervisions as well as appraisals. A member of staff said, "You can come in confidentially about any worry and (manager) is supportive."

Supporting people to eat and drink enough to maintain a balanced diet.

● People had enough to eat and drink. Menus were decided on a weekly basis. There was a three-week menu available.
● Menus were in a pictorial format to assist people in making informed choices.
● Each person was informed about the menu for the day but staff told us if people wanted something different this was easy to provide.
● One person had their own menus as they chose to follow a specialist diet.
● People were offered a choice of drinks throughout the day. Some people made their own drinks, others indicated when they wanted a drink. We saw people were offered drinks regularly throughout the day.
● People's dietary requirements related to religious or cultural beliefs were met. For example, one person liked to have curry regularly and the meat used was in line with their religious preferences. Records demonstrated these preferences were met.

Adapting service, design, decoration to meet people's needs.

● The service continued to meet the needs of people living there. There were a number of spaces for people to enjoy. People could choose to spend time in the communal lounge. If they wanted a quiet space they could use the conservatory or spend time in their bedrooms. There was a large garden to the rear of the house. People told us they liked to use this area in the summer months.
● The registered manager told us a long-term plan was to turn a summer house in the garden not currently used into a sensory area. This would offer another option for people to choose where to spend their time.
● People's bedrooms were personalised with photographs and individual furniture.
● Three people had recently requested to have a mobile phone and these had been bought and people successfully shown how to use them. This meant people were able to make calls independently to families and friends. This gave them more control over their own lives and who they chose to be in contact with. One person used video calling with their family.

Supporting people to live healthier lives, access healthcare services and support.

● People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at the service. The dentist was well known to people and visited without their uniform to assist people in feeling relaxed about the support they received.
● The registered manager supported one person to attend a weekly slimming club. The person was very proud of their achievements to date and told us they enjoyed their diet and the additional exercise they were doing.
● People received chiropody as needed. Arrangements were made for those who required ongoing review in relation to diabetes and epilepsy to attend appointments as needed.

Staff working with other agencies to provide consistent, effective, timely care.

● Where appropriate, referrals had been made for specialist advice and support. One person had been assessed by the speech and language team recently and another person had attended a specialist epilepsy clinic.

● Each person had a hospital passport that would be used if they needed to go into hospital. This included important information hospital staff would need to be aware of, to provide care in a person-centred way that suited the individual.
● One person was in hospital at the time of our visit and it was noted that there was a staff member from the home with them 24 hours a day. This ensured a stressful time was less daunting and provided security for the person. It also meant their care needs were provided by staff known to them.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Staff ensured that people were involved as much as possible in decisions about their care, and understood the procedures to make sure decisions were taken in people's best interests. Best interests meetings had been held when there were complex health decisions that people could not understand or give their consent to.
● One person had a medical need that required attention but they were unable to give consent and had a fear of hospitals. Staff took the person to the hospital café on a number of occasions to help desensitise their fear. The person then managed to attend the hospital willingly for an examination. A best interest meeting had since been arranged to discuss the findings and to reach a decision regarding the best form of treatment for the person.
● Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
● The provider had up to date policies and procedures in relation to the MCA.
● People were asked for their consent prior to any personal care being undertaken or assisting them with their medicines. This was confirmed by staff and by reading care documentation. We saw staff offering people choices of drinks and offering them choices of activities. One person was due to go swimming but changed their mind and opted to go shopping instead. Their decision was respected.
● Where possible, people, or if appropriate their next of kin, had signed the care records to show that they had consented to their planned care, and the terms and conditions of using the service.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People were supported by staff who knew them well.
- Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.
- They communicated well with people and in a way they could understand; people responded warmly to them. For example, some people used pictures to aid their meal choices and activities.
- We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us, "We respect that people are individuals. We use different approaches to help people to calm when they are unsettled. We offer people choices and opportunities to make decisions about the food they eat and the clothes they wear."
- A staff member had recently taken on the role of dignity champion. We asked what impact this would have for people. We were told that they had signed up to the local council's 'dignity code' and would receive regular updates which would then be cascaded to staff. There were also plans to introduce dignity workshops for all the staff team. The registered manager and dignity champion carried out regular observations of staff performance to assess if staff treated people with respect and dignity.
- Two people had also completed training to become dignity champions and there were certificates confirming this in the hallway. One person told us, "If I see any staff member on their phone I would ask them not to be. If I see anything wrong I would tell the manager."
- There was a list of 'Dignity Dos' on the notice board that people had agreed to be aware of. These included to, 'Stand up and challenge disrespectful behaviour rather than tolerate it, to be a role model and to listen and understand views and experiences of people.' People were proud of this new role and took it seriously.

Supporting people to express their views and be involved in making decisions about their care.

- People had a say in the colour schemes used in the house. We noted people had decided they wanted the lounge painted green and collectively chose the colour. When the room was first painted they did not like the colour. The room was painted three times in total until people were happy with the outcome.
- There was a 'You said, We did' board displayed in the hallway. Examples included that people had decided they did not want staff to wear uniforms and this had happened. People had requested china bowls and new table mats and these had been bought. New sofas had been requested and bought.
- Keyworker meetings were held with people monthly and these meetings were an opportunity for people to share their views about the support they received and to discuss any goals they wanted to work on. One person had said they wanted to join a football club locally. They were taken to a local club but did not want to attend. Arrangements were being made for them to try out a new club that was being set up locally.

Respecting and promoting people's privacy, dignity and independence.

● The service promoted people's independence. One person rode a bike. When they moved to the service, they did a road safety course and completed a workbook. The registered manager also did some shadowing to assess the person's safety. A risk assessment was written to determine any particular needs and to minimise the risk of any accidents occurring. The person now independently took their bike to the seafront most days.
● People were encouraged to take part in activities around their home and chores were divided up daily. Tasks included sweeping the floor, laying the table, taking recycling out, taking plates to the kitchen, helping to make teas and wiping the table.
● People were supported to develop skills such as making lunch, food preparation and doing their laundry.
● Bedrooms were decorated as people wanted them and reflected their individual tastes and personalities. People's privacy was respected and staff knocked on people's doors and only entered when permission had been given. Care plans referred to the need to ensure people's dignity was maintained and that doors and curtains should be closed when personal care was provided.
● One person's care plan stated staff should ensure they gave the person enough time to undress and dress in private and to ask if the person would like staff to wait outside the room.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns.

● Details of an investigation into a complaint that had been carried out by a staff member from a sister home, could not be located. Following the inspection, the registered manager wrote to us to confirm the complaint investigation had been located and would be sent to us. On 18 February 2019 we received a copy of a letter sent to the complainant detailing the outcome of the investigation into their concerns. Records kept in relation to this concern were not detailed. However, it was noted that the procedure for dealing with complaints had been revised following this complaint.
● All other complaints were recorded and responded to as per the organisational policy. A complaints log was kept and monitored by the registered manager. There was evidence that complaints were fully investigated and responded to appropriately.
● The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format. Each person had been given a copy of the procedure.
● Records showed the registered manager had raised concerns on behalf of people, with external agencies, when appropriate.
● People told us they could share their worries or concerns. One person told us, "I would tell my mum if I wasn't happy. Another said, "I would tell my keyworker and they would sort it out for me."
● Key workers asked if people had any concerns when they met with them each month. Staff knew people well and understood if people who were unable to verbally share their concerns, expressed their emotions of sadness, anger and anxiety. Staff told us they always tried to find out the cause to resolve the matter.
● When compliments and thank you cards had been received these were shared with staff and displayed on a notice board in the home.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

● A new electronic care planning system had recently been introduced and this enabled record keeping to be kept up to date more easily.
● Care plans were reviewed regularly and when people's needs changed and were up to date. Where possible staff discussed care plans and changing needs with people and their relatives.
● Staff knew people well, and people's likes, dislikes and background, and used this information to support them.
● We observed staff supporting people in a person-centred way; they adapted their approach from person to person.
● Each person using the service had detailed care plans that identified and recorded their needs and any goals they had. People met with their key worker each month; during these meetings people and staff talked

about the care plans, goals, concerns and ideas for activities.

● All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. One person had a hearing impairment and they were supported to use hearing aids.

● There was guidance about how people communicated their needs and how staff should engage through sign, verbal communication or body language. Picture prompts were used so that people could make an informed choice. There was information about how people presented when they were happy, sad, angry or scared. This helped staff to get to know people and provide appropriate care.

● People were supported to take part in meaningful activities. People's activities varied from person to person. Activities included attending day centres and colleges and some people chose to plan their activities on a day to day basis.

● Some people told us they liked to attend swimming, clubs in the evenings and a monthly disco held locally. One person was supported to attend a slimming club and they told us they had a job there, assisting with the raffle tickets and getting cards readying for people being weighed. They told us they really enjoyed this.

● One person liked to ride their bike on the seafront daily. They told us they also liked to go bowling in Eastbourne.

● People told us they went to the theatre locally on a regular basis. Three people had been to see a show in London recently. People said they had a take away meal once a week and occasionally went out for a meal. People said they visited friends and invited their friends around for a coffee or a meal.

● People were supported by staff to attend to their spiritual needs if this was important to them. Three people were supported by volunteers to attend two different churches in the local area when they wished to. This was a long-standing arrangement.

● Seven people had gone to the Isle of Wight for a holiday and there were plans for five to return to the Isle of Wight this year. Two people had chosen to go to Disneyland Paris instead. Others had chosen to have days out rather than a holiday.

● Sensory lighting was provided in the lounge area and this provided a calm and relaxed ambiance. People told us they liked watching DVDs and enjoyed having popcorn for movie nights.

End of life care and support.

● No one was assessed as requiring end of life care at the time of inspection. No one was subject to a Do Not Attempt Resuscitation order. This had been discussed with one person whose needs were changing but they chose not to have one and this decision was respected.

● The registered manager told us a number of relatives had not wanted to discuss this topic and this had been reflected in people's notes.

● Some relatives had said that if their relative needed end of life care in the future this would be discussed at the time.

● The registered manager said they would raise this subject at each person's review throughout the year to try to get views.

● All staff had completed eLearning about end of life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.
- People felt they were able to talk to the registered manager and staff at any time. Staff meetings were held regularly and provided an opportunity for staff to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices.
- The provider visited regularly to check on the running of the service and documented the results of their visits. Records demonstrated they had a look around the home to assess if any maintenance was needed. It showed they looked at a range of documentation and the visits were an opportunity for the registered manager to raise any issues of concern they might have. Although we were told and saw during our visit that the providers spoke with people and staff, these interactions were not recorded and this is an area for further development. However, we assessed the impact of this as low as there were a range of methods for people and staff to share their views.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There was a clear management structure and lines of responsibility. The provider had clear expectations of the registered manager and met with him regularly to assess the running of the service.
- A staff member told us, "The manager is firm but fair." Another told us, "The manager is very supportive. If he sees you doing something incorrect he will pick you up on it, but it is always done in a supportive way. I like that he is organised."
- Staff had clearly defined roles and were aware of the importance of their role within the team.
- The registered manger told us they felt, "Massively supported by the owners." They said, "If I need them day or night they are always there for advice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Service user questionnaires were completed every three months to hear people's views. The most recent

survey results had yet to be analysed. However, actions from the previous surveys had been actioned. For example, the lounge had been painted at people's request. The most recent staff survey included very positive comments. One staff member had requested staff days out and as a result the providers had arranged a bingo activity for staff. There was a low response from the relatives' survey but those received were very positive. One relative said, "Everything is very good. Management and all staff are very caring." Another said, "We can't praise (manager) enough, he is a wonderful manager who goes above and beyond for his residents and is always available to talk to when there are any concerns."

● Staff felt that any suggestions or concerns would be listened to and acted on. The provider encouraged staff to do additional training and to become champions. There were champions for dignity and for medicines. Staff that had taken on these roles had completed additional training and were able to provide other staff with advice and guidance. People's role as dignity champions was also respected and they were given clear advice about how they could fulfil their role.

● A health professional told us that when they visited Lucerne they noted, "People who lived there were answering the front doors to visitors. I also became aware that the manager's office had an 'open door policy' and during my visits the people who lived there frequently came in to speak with the manager. It was apparent that the manager, had developed really positive relationships with people and I noticed how he appeared to empower them with his responses to their questions and queries."

Continuous learning and improving care.

● The registered manager had signed up to STOMP (Stopping the over medication of people with a learning disability, autism or both). We asked what benefit this had for people who used the service. The registered manager told us they had worked with a local pharmacist to significantly reduce the amount of medicines prescribed. For example, on person had been prescribed a medicine for several years and had been taken off this with no ill effects. A number of people had been prescribed laxatives and other medicines on a long-term basis and these had been reduced and stopped. A health professional said, "I have observed (manager) showing patience, kindness and consideration to the clients on my visits. The manager is keen for medication reviews to be carried out and to reduce the use of medications which are no longer needed. I was treated with kindness and respect."

● Audits and checks were carried out in relation to a range of areas including medicines, infection control and health and safety. The registered manager acted on any shortfalls identified. For example, when rooms were highlighted as needing to be redecorated, these had been addressed.

● The registered manager told us that when they introduced the new electronic care plan system they stopped completing ABC charts. However, they reviewed this practice recently as they felt incident reporting on their own did not provide the level of detail they needed and ABC charts had been reinstated. There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them.

Working in partnership with others.

● The registered manager and staff worked closely with health care professionals, including GPs, dentists, opticians and chiropodists.

● The registered manager had joined a social media forum for sharing ideas and suggestions with other registered mangers locally. They told us the forum was very beneficial as it enabled freedom to discuss general problems and therefore seek solutions. For example, how to set up new systems or practices. They also shared learning from inspections.

● A social care professional told us, "I found (staff) to be respectful of the people they were supporting and their family members. In my experience they have been very supportive of the relationships the people who live at Lucerne House have with their family members."