

Barchester Healthcare Homes Limited

Lucerne House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Lucerne House is a residential care home providing personal and nursing care to 72 people at the time of the inspection. They provide care to younger and older adults. The service can support up to 75 people. The building has three units. During the inspection Shillingford (also known as Memory Lane) provided care to 30 people living with dementia, Ide provided predominately nursing care to 28 people and Alphinbrook care to 14 younger adults.

People's experience of using this service and what we found

People received an outstanding, personalised, caring service. People told us they received very kind and respectful support from staff who promoted their abilities, knew them well and genuinely enjoyed their company. The whole staff group worked as a team to support people in a person-centred way. Care was planned, risk assessed and put in place with full consultation and involvement of people and their relatives where this was appropriate.

People were valued and placed at the heart of the service. Staff promoted people's privacy and dignity and enabled them to make choices and have as much control and independence as possible which helped build meaningful relationships.

Feedback about the service from people, family and linked professionals always mentioned the service in outstanding terms. People said, "The staff here have time for you. They are always relaxed and happy and have time to chat and even banter with you" and, "I can't fault the care here. I know the care I get here, courtesy of the wonderful staff, is of the highest order."

Relatives commented, "I feel the care my relative receives is individually suited to their needs, and they are very much treated as an individual"; "The staff keep me very well informed about my relative's condition and what's happening to improve things since they moved here from hospital" and, "I visit my relative daily and without fail, the atmosphere is lovely and all the staff are so friendly and welcoming".

People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet people's needs. The provider had a good system to ensure all staff had regular training to keep them up to date with best practice. Training courses and events were relevant to the people living at the service and staff ensured they put learning into practice.

People were assured of their rights being upheld to the maximum level possible. The service applied the Mental Capacity Act 2005 (MCA) to the full. People were supported to have exceptional choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the training, management, policies and systems in the service supported this practice. Every person bar none were seen as individuals and the staff sought to identify goals and aspirations for each person, so they could live their life to the greatest extent of their ability while at Lucerne House. Every effort was then made to

ensure those goals and aspirations could be realised.

The service was accredited for its care of people living with dementia. Staff were trained to understand dementia and were passionate in ensuring they continued to put this into practice. Each person's individual life and dementia journey was important to staff and was used to inform best interests decisions. The service established relationships with and worked with local groups, including schools and tradespeople, to improve the experience and understanding of people living with dementia. As a result of this carers were also supported.

Activities were provided seven days a week by a passionate and experienced activity team. These offered a wide variety of relevant and meaningful activity both inside and outside of the service. Staff got to know people and ensured activities were enjoyed and meaningful, using past interests.

Medicines were generally managed safely. There were clear processes and systems to ensure they were ordered, stored, disposed of and administered safely. The service worked closely with a local GP to ensure people's medicines were reviewed often to prevent over medication. The mood and pain of people was monitored closely to ensure they were well. This meant people living with dementia with behaviour that may challenge were assessed closely, and other approaches were used, like distraction or meeting pain needs, rather than using medicines to suppress these behaviours.

People had access to plenty of food and drinks throughout the day and there were individualised meals according to their tastes and needs. People told us the food was very good and there was plenty of choice. Meals were appetising and served in a calm and organised manner, creating a sociable and pleasant meal experience.

The service was very well-led. The registered manager, management team and staff were extremely open to hearing feedback on the service and acting to correct anything the inspection team identified, immediately. There was an open, caring culture that was passionate about maintaining their Outstanding rating. Everyone told us, that this culture emanated from the registered manager.

The provider's quality assurance processes were effective and there was a focus on continuous improvement and continuously seeking out ways to offer personalised care. People, relatives and staff all felt valued as individuals and partners in their care and the running of the service. The registered manager provided empowering and very good support for staff to be able to do their job effectively. They, the staff team and the provider, acted to ensure continuous excellent quality care for people living at Lucerne House.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Outstanding (The report was published 8 February 2017). On this inspection we found this rating had been maintained.

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector, a specialist nurse advisor, two assistant inspectors and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lucerne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and seven relatives about their experience of the care provided. We spoke with 16 members of staff including the registered manager, deputy manager, heads of unit, nurses, a physiotherapist, senior care workers, care workers, domestic staff and the chef. 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.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training, policies and procedures were reviewed. We spoke with three visiting professionals from the tissue viability and wheelchair services.

We received feedback after the in inspection visit from staff and relatives we had not been able to speak to and other professionals linked with the service. We received feedback from five relatives, three staff and one GP.

After the inspection

We obtained clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. There were clear process and systems to ensure they were ordered, stored, disposed of and administered safely.
- Staff worked closely with the local GPs to ensure medicine reviews took place to prevent over medicating of people and ensure their current prescription was meeting their needs.
- There were clear processes in place to ensure 'as required' (PRN) medicines were given appropriately. This included using a pain scale and mood scoring tool for people living with dementia. This meant people living with dementia with behaviour that may challenge, were assessed closely and other approaches used like distraction or meeting pain needs, rather than using medicines to suppress those behaviours.
- The recording and accounting for topical medicines and prescribed creams was very good.
- We identified staff were not always recording the reason PRN was given or refused. This was immediately addressed by the service, with staff having considered this in their reflective practice.
- Some people had medicines in place that needed to be taken whole. There were instances where medicines had been ground for covert administration on medical advice, that should not have been as this could make the medicine less effective. This has now been addressed by the service, GP and pharmacist. Clear best interests decisions had also been assured. Liquid medicines were ordered for those who it had been identified might struggle to swallow a tablet whole.
- Medicines that required a higher level of monitoring could not always be traced through the recording system. This was resolved quickly following the inspection and staff were reminded of the need to do this and check when auditing.
- The service used homely remedies, which are medicines that can be bought without a prescription. We identified that allergies were not clearly recorded on the Homely Remedy form as they were in their MARs/care plan. This has now been rectified and reviewed to ensure this is safe for everyone.

Systems and processes to safeguard people from the risk of abuse

- Staff knowledge of safeguarding was excellent, records showed that staff had received up to date training.
- Staff knew people very well and could identify if something might be wrong for people by their presentation. The service used an assessment tool to identify the mood of people living with dementia that could identify if further exploration of their mood and wellbeing was needed.
- People and relatives were extremely positive about the safety of the service and how staff ensured they were safe.
- People said, "I do feel safe here, no one has ever upset me or treated me differently. I can do a fair bit for myself but require help with some things. If I ever felt unsafe or abused I would have no fear of reporting it to

the deputy manager"; "I don't think I could feel any safer than I do here" and, "This home felt safe as soon as I first arrived here, and I've felt safe here ever since".

- A relative said, "I am confident that my relative is well cared for. His safety is paramount" and another said, "I feel absolutely confident that my father is in the best possible setting at Lucerne House. They are kind, caring, professionals and communicative of any concerns."
- People and their families told us they felt safe at the service and could talk to the registered manager if they were concerned. Everyone expressed they felt listened to and action would be taken if needed.

Assessing risk, safety monitoring and management

- The service had an empowering approach to risk assessing people's needs.
- People had overarching risk assessments in place to support staff to keep them safe. These were then clearly linked to people's care records, the Mental Capacity Act to measure people's capacity, and were up dated as needed.
- Additional risk assessments were in place that were person and situation specific. These looked at risks specific to a person but also looked at maximising the role the person could have in keeping themselves safe.
- Relatives and key professionals who knew people well were also consulted or involved as necessary.
- People told us they felt safe in staff's care; they felt staff understood their needs and kept them safe from coming to physical harm.
- A person said, "I feel safe everywhere. My room, moving around the home, outside and so on. With the help of the home and the local bus company, they arranged for me to be taught how to use my wheelchair to get safely on and off the bus with its ramp. This has meant I can still enjoy going into town on my own."
- Staff understood people's needs well and expressed how they could then meet individual needs.
- Personal emergency evacuation plans were in place to support people to leave the building safely in an emergency.
- Equipment was checked to ensure they were well-maintained. We identified one unit's air mattresses were not always set correctly. This was immediately corrected and new systems put in place to ensure this did not happen again.

Staffing and recruitment

- Staff were recruited safely and, in enough numbers, to keep people safe. People felt the service ensured the quality of staff was due to excellent recruitment principles.
- The provider and registered manager ensured people's current needs were reflected on when judging how many staff were to be available.
- People with higher need had one to one staffing in place to ensure their individual needs were met.
- People, family and staff were happy that there were enough staff to meet their care needs and spend time with them.

Preventing and controlling infection

- The service was clean and free of adverse odour
- Staff understood their responsibilities to use personal protection equipment (PPE) and keep people safe from cross contamination while giving personal care, in the laundry and preparing food.
- Staff received training and the service ensured consistent practice by auditing and checking that infection control practices remained good.

Learning lessons when things go wrong

- The registered manager and senior management team were reflective of their practice and responded proactively to any feedback, errors and instances that they could learn from.
- Events of this nature were seen as an opportunity to improve staff practice and the care of people. Staff

were supported in supervision and team meetings to review the learning from events

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service fully understood their responsibility to carefully assess people before they moved into the service to ensure they were able to meet that person's needs. This meant they could ensure that the staff had the training, skills and equipment to meet people's needs.
- Initial assessments were very thorough. People were encouraged to share or begin to think of their goals and aspirations. Where people could not do this for themselves, family and people who knew people well were involved or consulted.
- The service was having a positive impact on the care of people living with multiple sclerosis. Two people were supported by the physiotherapist to take part in a study conducted by the University of Plymouth. The research looked at how the ability to stand benefited people and, identified the best equipment to do this with. The people also enjoyed being part of research that will also add value to others lives.
- The service was accredited by the provider's dementia care scheme for their care for people living with dementia. Lucerne House's Memory Lane section was a dedicated dementia unit where we saw excellent care of people living with dementia taking place. An A-Z Directory of Dementia Care, written with Leeds Beckett University was used to ensure people living with dementia could achieve their full potential.
- Dementia care was extended to people in the community living with dementia and their carers. A Memory café had been developed to enable people in the community and service to attend. Support was also extended to relatives and carers.
- The service was featured in the publication The Journal of Dementia Care (July-August 2018) highlighting the views of relatives in respect of the services dementia care as an outstanding service.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was exceptional in adhering to the five principles of the MCA. That is, presuming capacity, providing all necessary support to enable people to consent, people being able to make a decision that others did not think was wise, ensuring best interest decision were made and recorded and, operating the least restrictive practice.
- A fundamental part of the provider's dementia accreditation stated the importance of people being supported to make independent choices as their circumstances and conditions permitted. We saw this on inspection with every effort made to enable people, their representatives and key professionals, where appropriate, to be involved with the decision-making process. This was then clearly recorded.
- The MCA was interlinked into the care planning for and with each person who required their ability to consent to their care and treatment addressed. Specific decisions were made in every circumstance as required. For people who had reduced capacity, every effort was then made to identify what they could consent to. For one service user, this meant with the right approach, time and communication aid, they had regained their ability to have more say about their care and treatment. Staff upheld this right with other professionals. This meant people's human rights were given the highest regard.
- When we spoke with staff, working closely with people living with dementia, they demonstrated they fully understood people in their care and how dementia was impacting on them today.
- Staff used people's personal history and communication with relatives to establish what people would consent to if they had the capacity. This meant best interests decisions were informed fully by how that person would choose to be supported if they could.
- A staff member said, "Some of our residents do not have the capacity to consent, but those with the capacity they have, we encourage them to make all the decisions they can. If people cannot express themselves, we talk to families and we have the 'This is me' booklets."
- A relative said, "I am regularly involved in the details of my relative's care planning and reviewing of their DoLS". Another relative said, "[My relative] lacks the ability to consent anymore and we have POA (Power of Attorney). We are always informed and discuss everything with staff."
- The GP spoke very highly of staff understanding and application of the MCA adding, "Best interest decisions are made with appropriate input from those involved with each patient. Where difficult decisions have to be made the team are very good at arranging meetings where we can explore what is best for patients."

Staff support: induction, training, skills and experience

- All staff had completed the provider's mandatory training and were kept up to date. Other training was available on request.
- Training was viewed as important for staff development and for the quality of care delivered to people. The registered manager explained there were lots of different courses on offer and if staff came to them asking for something specific they would do their best to make this happen.
- All staff had completed level 1 in dementia care training with some also having achieved level 2. Three staff had also completed level 3 training and could act as mentors for other staff to ensure a high understanding and application of their training. A relative of a person living with dementia said, "The level of knowledge and understanding of my [relative's] difficulties from the outset has been excellent."
- A staff member told us, "They do dementia care experience training for the staff here, so we make it like a day in the life of someone with dementia and try and get staff to feel what it would feel like to have dementia. Part of the training, we sit staff in wheelchairs, wheel them around and ignore them and see how

that makes them feel. It just shows staff how just a little chat can make such a difference to people."

- All dementia training was regularly reviewed and reflected on in supervision to ensure staff kept working in the required way.
- New staff completed a five-day induction which was face to face. They shadowed or buddied-up with another more experienced member of staff. This was to ensure new staff were confident to work on their own and had the right attitude and aptitude to uphold the service's high standards. A probation period followed. This was reviewed by the registered manager who advised they would speak to the staff member and their buddy first before confirming their permanent employment.
- Agency staff supporting people on a one to one basis were also inducted into the service and the needs of the individual person they were to support. This included the five-day induction that ensured they understood their roles, responsibilities, standards of care and values of the service.
- Staff were supported to develop and reflect on their practice by regular supervision, competency checks and appraisals. Opportunities to receive this formally and informally were available on both a planned and as required basis.
- A newer staff member said, "The head of unit and seniors have asked me how I am doing, and they always say the door is always open. I did have the shadowing and if there is anything I am not certain about I will ask."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Ensuring people could live healthy lives started at initial assessment with a holistic view of the person's current limitations and health needs.
- The service's in-house physiotherapist became involved at the start and linked with other community agencies to ensure the best package of care was in place along with the required equipment. This was then kept under constant review. Staff were always looking for opportunities for the person to improve their skills. Everyone we spoke with identified how important this has been to them. The only 'complaint' we had was that the person wished they could see more of the physiotherapist. They told us, "If I could change one thing it would be to have more physio time. They keep my mind active."
- The service worked closely with a local GP who attended the service two days a week. They told us, "The timeliness of me being told of residents health needs is very well managed. The staff keep a doctor's round list on each unit and are very good identifying when needs are not urgent and can wait to be managed safely in a routine manner on my weekly visits - this has a huge positive effect on our ability to care for the residents."
- Reviews by the GP also included early and regular medicine reviews to ensure people were not be unnecessarily medicated. This was especially important for people living with dementia who could have behaviour that challenged.
- Staff saw opticians, dentists and foot care specialists at regular intervals and as required.
- People with specific health conditions such as diabetes had their health reviewed to ensure they remained well and had the required support available to them.

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

- Mealtimes were sociable and inclusive with the dining areas presented nicely with table cloths and napkins. This included specially created eating spots for people in special chairs.
- People could choose what they wanted to eat and drink, where and when. Meal times were set but flexibility was available for all.
- People were offered a range of choice which were displayed on a printed menu in people's rooms and outside the dining rooms. Each person spoke highly of the quality and variety of food on offer, and about the flexibility of choice on offer.
- A person told us, "The range of food on offer, the quality and the quantity, and the arrangements for when

and where you choose to eat are impressive. I feel they totally personalise their service to meet my needs and choices. They make me feel that they always hold me in mind."

- People were offered a range of drinks. Staff took time to show, explain choices and asked if people wanted to taste them first before making a choice.
- People on special diets had their needs met and the menu was inclusive; food that was required to be prepared as a soft alternative had its own mention on the displayed menu.
- Plates with yellow edges were used for people living with dementia to help people identify their plate more easily. People were also supported to choose their meal from two different plates. This was in line with recognised good practice.
- Staffing levels at meal times were excellent; this meant people who need prompting had staff available and remained engaged with their meal.
- Snacks and drinks were available to all and offered to people who needed staff support to take as full a part in this opportunity as others. For example, cake was made of a soft consistency for people who needed this.
- People who needed their food and drinks monitored to maintain their health had this completed carefully with close communication with other professionals as necessary.
- People who needed support from staff to eat and drink had this carried out with care and with dignity.
- A relative said, "Since coming here mum's weight has been stable. I do ask for her weight records every two weeks and they encourage me to raise concerns or worries we might have about her nutrition and hydration without feeling we are a bother. Currently her nutrition and hydration are excellent."

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

- People's rooms were decorated as the person desired. They were encouraged to bring personal items and photographs with them.
- The home was purpose built and accessible. It was easy to find your way around due to good use of signs.
- The carpet of the building had been considered from the point of someone living with dementia and certain eye conditions to reduce the possibility this could cause issues for people.
- The garden had been adapted to ensure people had free, safe access by foot or in wheelchairs. People's reduced mobility had been considered and walkways built to be level with railings for people walking alone or with walking frames or sticks. Raised flower beds were available for people to access.
- The garden adjoining Memory Lane had been considered from the point of someone living with dementia and made as safe as possible for people who had the desire to walk and did not like to be contained within a building. People were free to come and go and enjoy the garden and fresh air.

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- We observed that staff always spoke to and about people with the upmost respect. They also spoke about each other and the management with the same care and contentment.
- The inspection team were embraced with the same respect, warmth and welcoming that was offered to people, relatives, professionals and staff.
- People told us, "I am very satisfied and impressed with every aspect of life here"; "The stand out feature is the care and attention I get from the staff"; "I can't fault the care here. The care and courtesy of the wonderful staff is of the highest order" and, "The level of care here is exceptional, and the staff here find nothing too much trouble. It's normal to hear them say that the residents come first".
- Relatives told us, "Most striking is that it feels so homely. I visit on different days of the week, and at different times of the day, and it is always so friendly and welcoming"; "I go home after each visit with peace of mind, as I know my relative is in safe hands in a wonderful environment" and, "I visit my relative daily and without fail, the atmosphere is lovely and all the staff so friendly and welcoming".
- People were absolutely accepted for who they were and wanted to be. People were supported to build and maintain friendships. People's right to a private life was upheld by staff to ensure people could be free to love and be loved by another.
- People's faith and culture were explored, and every effort made for that person to have these needs met. Faith leaders came to the service and people encouraged to maintain those practices which were important to them.
- People and relatives were supported to share any concerns or anxieties and staff responded quickly to a change of mood in someone who could not communicate during our observations.
- Care was extended to relatives. A relative told us, "When my relative first moved in I didn't realise just how low I'd become trying to care for them at home. Things obviously improved for my relative as soon as they moved in, but what I really appreciated was how they helped me just as much as my relative". Another relative said, "They treat me and my wife as a unit. I feel at ease when I leave and not guilty. I feel part of my wife's team; relieved about the level of care, consistent and caring. Nice mix."
- A staff member said, "I always think a smile goes a long way and being warm and friendly and addressing people in the way they like to be addressed and having the time to help them especially if they are showing any signs of distress. If you cannot help them get someone who can, it just about listening audibly and visually and being kind and caring and supportive and you can pick up if people are not well or not having a good day."

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

- People and their relatives told us time and again how needs, desires and wants were met to the highest level. People were encouraged to see themselves as being less 'cared for' at Lucerne House and more being 'cared about' and the staff were passionate about making this happen for people.
- Staff put into practice a fundamental belief that everyone living at the service should have control of their care and treatment for as long and as much as possible. Staff ensured they were following people's care plans but often thought for and about a person to pre-empt a need. For example, a person's child was due to start a new school and staff ensured that this person was able to be there for the first day of school and took them to and from school.
- Another person said, "When it was my birthday they surprised me by organising a trip to the theatre for me. It was lovely but best of all, it showed they'd listened to me as it was some months before that I'd said I would love the chance to go to the theatre again".
- One staff member told us how one person wanted to spend Christmas Day at home with their family as they hadn't been able to the previous five years, and although it was only a short distance it was too difficult for the family to assist them. The staff member went into work on Christmas morning and used the mini bus to take the person home, picking them up again in the evening.
- Another person's relatives wanted to visit their loved ones on Christmas Day but couldn't because there was no public transport and the cost of a taxi was too much. The staff went in their own car and collected the relatives, and another staff member dropped them home at the end of the day. This meant both these families could be together for Christmas.

Respecting and promoting people's privacy, dignity and independence

- People and families were extremely positive about the staff ability to ensure people's privacy, dignity and independence.
- People were supported to maintain or regain their independence wherever possible.
- A person said, "Absolutely they protect my dignity when helping with my personal care and they are very compassionate. When it comes to privacy if I wish to discuss anything personal and private they always shut the door and I don't believe this conversation can be heard outside."
- A relative said, "They understand [my relative], and despite their difficult behaviours (due to their dementia) make them feel special by laughing with them and having jokes which they love. They treat them as one of them; they've absolutely got it right for them."
- Another relative said, "I think they are outstanding. When [my relative] first came here it was thought they would only last a few months but in fact they have improved. We are convinced it is the standard of care they have received here that has de-escalated their rate of deterioration. My [other relative] and I had a bad chest infection recently so couldn't visit however, we had the confidence that [my relative] is being cared for and well looked after. We would not want them cared for anywhere else."
- A staff member said, "Independence is important. It is about empowerment and if people can manage to do tasks then we will encourage people to do it for themselves. Obviously if there are days when they are struggling we will help. Encouraging people to stay mobile, if they are able, is important."
- Another staff member said, "I always refer back to myself and how I would want to be talked to or treated, would I be happy? And then I always remember and that you are looking after people and some people do not have anyone and the little things you are being their family as well. Like one person, who can become quite distressed when broaching personal care, but he loves singing and music, but we put on the music and sing along with him and they relax, and you can begin."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was extremely personalised with each person viewed as an individual with abilities that just needed the right care planning and approach in place to bring out the best in and for them. A relative said, "I feel the care my relative receives is individually suited to their needs, and they are very much treated as an individual." A staff member said, "My number one priority is to ensure that everyone here receives care that is individual to them and of the highest quality".
- People told us, "My care plan is discussed with me by the unit leader, and I don't ever have to explain my needs to any of the carers as they all know me so well" and, "There is choice about everything. Getting up, going to bed; my choice. Meals and where to eat them; my choice. Going out to the pub; my choice".
- Every member of staff we spoke with knew the people they were caring for very well and wrote people's care plans from the person's view point. People and their family were fully involved in this process. Communication with family was excellent with a sense of working as a team together. A relative told us, "The communication is spot on". A staff member said, "We don't do institutionalised care".
- People and relatives were always involved in the care planning. For example, one care plan had been reviewed with the person, they had signed to confirm they were happy with the care plan and commented, "Food is excellent, everybody excellent, get on with everybody". A family member said, "I am always present when their care plan is being discussed or changed."
- As the person moved in, and staff got to know the person better, the emphasis was on identifying what was required to support them to improve their condition or enhance their life regardless of the reason for admission.
- Initial care plans were in place quickly on the person starting at the service to support staff to meet people's needs. Staff were also fully informed in handover and other opportunities to ensure they could meet the person's needs straight away.
- Initial plans were quickly reviewed and checked to ensure accuracy while getting to the know the person better. Full care plans then followed that were reviewed monthly or more often if needed.
- Everyone told us that the unit leads were very much in control and acted promptly if there was a concern. Relatives told us that when they had gone to raise a concern, action had already been taken or was taken immediately. One relative added, "There was an immediate response from the team and our concerns taken seriously."
- Following input from the physiotherapist and care staff one person who needed to use a hoist on admission, could now weight bear sufficiently to use a stand aid. Another person was admitted with very

limited mobility, and after regular exercises was now able to walk around independently.

- A younger adult was struggling to find a service that could meet their needs near their home. At Lucerne House, they have had their needs met. This person could only move three fingers following a year in a specialist rehabilitation unit. Now, after working closely with the community occupational therapy team and the in-house physiotherapist, they could operate an electric wheelchair and they were on track to reach their goal of going home. They were also able to attend a much yearned for pop concert of their favourite singer. They told us, "When I was in hospital I was really frightened, here I feel very safe."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed at admission and on a regular basis. How the person needed to be supported to communicate and be understood were assessed and staff informed and trained where needed. We saw how this worked for one person who had experienced a stroke. This person had electronic means to communicate by eye movement but had been working on their speech with the SaLT (speech and language team) and staff. The choice of communication was led by the person. When speaking, staff ensured they gave them time to communicate; their key worker acting in a respectful way to repeat. This meant the person could communicate without becoming frustrated by not being understood. Their relative said, "They are doing exceptionally well; the staff that care for them are wonderful and seem genuinely fond of them as they are of them."
- People's form of communication also formed part of this assessment. For example, exploring how this person living with dementia communicated with the staff? Staff made every effort to understand this for each person where they could not talk for themselves. Communication aids were used as needed but mostly, it was about understanding the person. This was achieved by checking on their wellness using a range of tools and knowing people very well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The desire to know about people's past and future attainments were gathered at initial assessment and was a continual process.
- Lucerne House employed a dedicated and extremely passionate activity team. They had excellent links to the outside community including voluntary groups, churches and schools.
- There was always something happening for people. Regular activities included a quiz night, coffee morning, 'gentleman's club', yoga, music sessions, 'chatterbox' intergenerational sessions and, church services. People could also attend their own church supported by staff each week.
- On the first day of the inspection we observed staff, a group of people and a visitor making cakes and scones in the Shillingford unit. They then enjoyed eating the warm scones.
- An activity staff member said, "Activities are not just music and quizzes; it's life" and that is how the activity programme was designed. They added, "We are trying to make it so this home, along with the church, is at the heart of the community'.
- Activities were provided in groups and on a one to one basis. Staff used their dementia awareness training to ensure people living with dementia needs were met fully.
- Activities staff offered people a day out of their choice to celebrate their birthday, where they were able. For example, one person recently visited Exeter museum to celebrate. Another person said, "If it's your birthday they arrange a party for you, and last time they agreed to change the day to allow my sister to be here too."
- Staff told us, "One person had been in hospital and was struggling with their diagnosis. They loved swimming but thought they could not do that anymore, but we took them. We arranged to take them to a

local swimming pool and supported them with carers. They couldn't swim but we supported them to spend time in the water and float on the water. You could see the difference it made to them."

- People were taken out weekly and to a "chatterbox café which meant they could have some social chat. A carer came in on their day off and took a person for a cake and coffee. Staff told us, "It was really important they could do this, and it had a really good effect on them."
- Another person loved animals. Staff took a guide dog in to see them. Animals came into the service three times a month and as they were unable to come and see the animals staff took the animals to this person.
- A further person was supported to make a Christmas card for their three children which they signed with their known pen name. The children were thrilled as they said that was the way they always signed cards and they were so happy. Staff said, "The next year they passed away, so it was lovely that they were able to get one last card from them. It is about the small things - they all add up."

End of life care and support

- People's end of life needs were met with the greatest dignity, respect and were as pain free as possible.
- People had advanced plans in place that detailed how they wanted their end of life needs to be met. This included their faith, culture and who or what they wanted to have with them at this time.
- People complimented the service on how discussions about end of life needs had been approached by staff. They described how this had been achieved with the greatest of sensitivity.
- A relative said, "When mum first came here we were told she was end of life, but they have gone beyond care; guided me through funding and been generous with their time and helpfulness. They have the physio and nursing staff involved in her care they talk to mum and I about what is required. Mum in spite of not being able to move has no pressure sores and has not had any since she came here."
- Staff were available for people at their end of life if needed. This was especially important for people who did not have family.
- One staff member told us a person nearing the end of their life had called them to their room, asked them to raise their hand and make a promise that they would sit with them and be there with them when the time came for them to pass away. The staff member added, they were proud to have kept this promise and be there for the person as they wished.
- Staff and people were supported to grieve for people who had passed away. One of the heads of unit kept a folder containing all the orders of service from funerals of people who had lived in the service. Staff and management from the service always attended people's funeral and supported other people to if they wanted to attend.
- Staff told us that following someone passing away, a week later they held a "happy half hour", where people and staff get together, raise a toast and discuss memories of the person. The orders of service were used to reflect and remember people.
- Staff told us the families of people who had lived in the service often continued to visit and volunteer after their loved one had passed away.
- We saw many compliments and thank you card sent to the service by family expressing their high regard for how the service met people's needs at their end of life. It extended to the relatives, with support offered to them to help with their loss.

Improving care quality in response to complaints or concerns

- The service had complaints processes in place for people to utilise. There had been no formal complaints since the last inspection. However, we observed that issues were identified and picked up quickly and dealt with straight away.
- Learning was taken from any concern which was discussed with staff and looked at as an opportunity to improve the service for everyone.
- People said, "I have never had to make a complaint but would do so if ever the occasion arises. I have

raised issues and they do their best to listen and resolve them"; "I regularly see and speak with the unit lead and the overall manager. If ever I had any concerns or complaints I would raise them with the management and I feel totally confident that they would listen and respond as necessary" and, "I have not made any complaints but if the occasion arose I would consult the policy document they gave us".

- A staff member said, "We occasionally have concerns raised, but our approach is to make sure that we deal with them very quickly and make life for the residents as enjoyable again, as soon as we can".

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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The management team was made up of a registered manager, a deputy manager, three unit leads, a head chef and, a maintenance lead. All worked well and respectfully with each other and were extremely clear about their role and responsibility.
- The outstanding practice we have reported on in effective, safe and responsive were due to the excellent running of the service.
- Without exception, everyone expressed high levels of satisfaction with the management of Lucerne House, identifying the registered manager, deputy manager and unit leads by name. All who gave feedback were united in their support and praise for them.
- We observed that the registered manager had an empowering management approach that enabled staff to make decisions in line with their role and responsibilities. He retained oversight and acted when required. A staff member said, "It's a good company to work for. I have a monthly budget and I like that I am trusted to use it as I need. It's great when your boss trusts you".
- People told us, "I regularly see and speak with the unit lead and the overall manager. If ever I had any concerns or complaints I would raise them with the management and I feel totally confident that they would listen and respond as necessary"; "Before retiring I spent 30 years in management, and I can tell you that the staff here are only doing such a great job because of the way they are led and managed" and, "Management here are fabulous. I have never heard any member of staff say a bad thing about the registered manager. He is very helpful. They have gone beyond care and guided me through funding applications. He is generous with his time and helpfulness."
- Quality assurance processes, such as audits, were instrumental in driving and maintaining standards of care to an outstanding level. Monitoring systems were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided and identify where improvements were needed.
- Staff at the service had been nominated for regional and national Good Care Awards 2019 and had been shortlisted as finalist. This included two heads of unit, the activity lead and another for their end of life and palliative care standards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- A relative said, "The home is not all front and less substance it is quite evident that the registered manager's standards and beliefs cascade down through to the unit leads. We know if we are worried we can phone or talk to them in person and know it would be taken seriously."
- There were many examples of how the service linked with others to improve the care of people in the service and the community. For example, staff made contact with a local dementia friends champion and worked with them to speak with tradespeople in the village. Information was given about dementia and how they could help make the life of people living with dementia from the service and in the community better. This was so people could access the community more easily and have their needs understood.
- A Memory Café was held once a month, where people from the home and the community spend time together, supporting each other and accessing information.
- A group called "Lucerne Friends" met regularly in the local pub; an opportunity for families and friends of people living in the service to spend social time together and support each other.
- Local school children visited the home and discussed VE (Victory in Europe) day, some people from the service then visited the school in return. This built cross-generational understanding of each other.
- All the professionals and relatives we spoke with spoke about being part of the multi-disciplinary team in meeting people's needs; working for the same aim of improving people's lives and outcomes to the highest level possible.

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

- People told us they were involved in giving feedback about the service. They had the opportunity by attending residents' meetings and completing questionnaires but also had many informal times when they could approach any of the staff and management.
- A person said, "I've the job of Residents' Ambassador, so I regularly liaise with the registered manager. He listens, acts and let us know what's happening. He's a promise keeper, and that's a strength and a quality."
- A relative said, "Yes, I can make suggestions but generally I don't need to. However, I am always listened to" and another, "I made a suggestion about how the home could improve the care my relative was receiving and share it with others. The management listened to me and took up my suggestion, and it's now common practice".
- Staff could contribute ideas to the running of the service.
- Staff spoke of feeling well supported by their seniors and the management team. They felt able to approach any member of senior staff for support or with any concerns. One said the registered manager "is the best manager I have ever had".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager acted to fully ensure they met the legal requirements in respect to of the Duty of Candour. They demonstrated, and feedback confirmed, that they would apologise and act to put a situation right should this be required.
- We found the management team and staff were excited to have an inspection taking place. They were passionate about wanting to show their service in the best light and learn from the inspection team.
- Any minor issues brought up during the inspection were explored, plans put in place to address these and to improve the service further as a result.
- Reflective practice was used by staff to the full to continually stay fresh in their approach to care and about people's needs.