

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Lulworth House Dementia Residential Care Home

Queens Avenue, Maidstone, ME16 0EN

Tel: 01622683231

Date of Inspection: 11 February 2013

Date of Publication: March 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard

## Details about this location

Registered Provider	Nellsar Limited
Registered Manager	Mrs. Mary Frances Lyons
Overview of the service	Lulworth House Dementia Residential Care Home provides personal care and accommodation for up to 42 adults. There are two lounges and a dining room. Lifts access the upper floors. Four bedrooms have en suite facilities. There are gardens with a patio area. The house is located in a quiet residential area of Maidstone. Local shops are nearby with the town centre approximately one mile away.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Lulworth House Dementia Residential Care Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Cleanliness and infection control
- Safety and suitability of premises
- Staffing

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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We conducted an inspection of this service on 5 July 2012. The provider sent us an action plan following that visit telling us what they were going to do to achieve compliance where we had found shortfalls in the service. During this visit we found that improvements had been made. This meant people's privacy and dignity was respected, their care needs were met and they were protected from risk of harm. Improvements in signage around the home meant that people were able to find their way around more easily. People were protected from risk of infection through the improvements in cleanliness in the home.

We highlighted some areas in the report which the provider may find it useful to note to make sure compliance is sustained.

People who lived at the home were experiencing dementia and were not always able to tell us about their experiences. We used a number of different methods to help us understand the experiences of people using the service. We observed how people interacted with staff and the management of the service. We saw the atmosphere in the home was calm and relaxed.

People we spoke with told us that staff were "very kind". People told us they liked their meals at lunchtime.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved as far as possible in making decisions about their care and treatment. People's diversity, values and human rights were respected.

We spent time with people in the lounge and dining room and spoke with some people in their own rooms but their feedback did not relate to this standard. This was because people who lived in this home were experiencing dementia and were unable to tell us about their experiences of how they were involved in decisions relating to their care and treatment.

We saw that staff were respectful to people who lived in the home and encouraged people to make their own decisions about what they wanted to do and how they wanted to spend their time through offering choices in ways that people could understand. For example we saw people being offered choices about which lounge they would like to sit in or if they would prefer to go to their own rooms. There was a choice of meal at lunchtime, choices included sweet and sour chicken with rice and vegetables. Scotch eggs or quiche with baked potato and salad. We spoke with the cook who told us that, although people were asked to choose what they would like earlier in the morning they were again offered a choice at the time the meal was served because people may have forgotten their previous choice. The provider may find it useful to note that not all staff showed people what the choices were at the time the meal was served. We saw that people were offered a choice of drinks throughout our visit including plain water for those who preferred it. People who needed help to eat or drink were supported discreetly. Staff knew what people needed support with and what they were able to do for themselves. This meant that people were helped to make choices and retain as much of their independence as possible.

Staff took time to explain what was going to happen before helping people who needed support to move around the home. We saw that staff were careful to close doors and communicate discreetly when helping people with their personal care needs. Staff knew

each person well and treated each person as an individual. This meant that people were treated with respect.

There was an activities co-ordinator employed by the service who was trained in dementia, therapy for older people. They worked with people in the home five days a week for six hours each day. We saw that people were involved as far as possible in planning activities. For example during our visit a discussion was taking place with people about doing some baking later in the week. There was a minibus available for outings when the weather improved. Shopping trips and trips to local places of interest had taken place since our last visit. Some people had enjoyed a boat trip. There were photographs of these events displayed around the home. Future trips and events were advertised on the notice board. This meant that people were offered opportunities to take part in outings from time to time.

People's religious preferences were recorded in their care plans. Church services were offered in one of the lounge areas once a month for those people who wished to attend. These services were advertised on the notice board and staff told us they reminded people at the time so that people knew when and where to go if they wanted to join in.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spent time with people in the lounge and dining room and spoke with some people in their own rooms but their feedback did not relate to this standard. We also spoke with the new manager, the deputy manager and other members of care staff on duty. The majority of people who we observed and spoke with were content. People told us that staff were kind and they liked their meals.

We looked at three people's individual care records. We found that people's needs were assessed before they moved in to make sure their needs could be met in the home.

Each person had individual risk assessments These included falls, moving and handling, and nutrition. People were weighed every month and their weights were recorded. Records showed that advice had been sought from health professionals where there were any concerns about people's health. Charts were completed where there were concerns that people might not be eating or drinking enough to maintain their health. This meant that people were protected from risk of harm.

The activities coordinator was working with people to update information about peoples' interests, preferences and life histories. Staff knew people well and were able to demonstrate that they understood people's individual needs and preferences. We saw conversations taking place between staff and people who lived in the home about their families and interests. This meant that people were treated as individuals.

Some people who lived in the home found it difficult to move around without support. We saw that staff had received training in moving and handling and were helping people in a safe and appropriate way during our visit. There was guidance in people's individual care plans to make sure all staff knew how to help people to move around safely. This meant people were protected from risk of injury.

There were procedures in place within the care plans to identify pressure ulcers. These included risk assessing people and using body maps to identify risk areas. We saw that a

recently identified wound had been promptly referred to the district nurse who was in the home during our visit to provide advice and treatment. We saw that care plans identified where preventative action was needed to maintain people's pressure areas. We saw that air flow mattresses were in place where needed. Repositioning charts and food and fluid charts we looked at were up to date and completed accurately. This meant that people were protected as far as possible from the risk of developing pressure ulcers.

We saw that routines in the home were flexible and relevant to the people who lived there. There were opportunities for people to take part in a variety of activities if they chose to. These included games, music, films and baking. There was an activities programme. Staff told us they reminded people when and where activities were taking place. This meant that people knew what was happening in the home each day so they could join in if they wanted to.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection.

We saw that there was an infection control policy in place. The laundry was situated in a separate part of the building, this area was well equipped, clean and organised in such a way as to make sure contaminated items did not come into contact with clean laundry. The manager confirmed that all items of clothing were labelled and only used for the named person. This meant that people were protected from risk of infection.

When looked around the home we saw that all areas of the home were clean including bathrooms and toilets. We spoke with one of the cleaners who told us that they had a schedule to follow to make sure all areas were cleaned effectively. The manager told us that a deep clean of the premises had taken place since our last visit. The cleaner confirmed that it was now easier to maintain hygiene standards throughout the home since the deep clean had taken place. There were no unpleasant odours. This meant that people benefited from living in a pleasant, clean and hygienic environment.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

We saw that there was a maintenance person working in the home during our visit. There were environmental risk assessments in place and the new manager had carried out an audit of the premises to make sure that all areas were safe for the people who lived there. Where the need for any repairs had been noted these were logged so that the maintenance person was able to address any issues in a timely manner. There were suitable signs on toilet and bathroom doors to make it easy for people who were experiencing dementia to locate these facilities. Each person had a personalised sign on their bedroom door to help them to identify own rooms. This meant that people were protected from harm and helped to find their way around the home.

We looked around the home and found that most of the areas of concern identified in our last report had been addressed and there were plans in place to complete all the work needed. Repairs had been made to a damaged stair gate. There was no unstable furniture in the home and a number of areas had been redecorated. The manager had carried out an audit of all the mattresses in the home, most of which had been replaced. In the corridors where there were pieces of metal with sharp edges fixed to the corners of walls, work had begun to replace these with a safer alternative. The provider may find it useful to note that a number of metal edges were still in place, particularly outside lift doors. Obstacles which had prevented people moving freely and safely around the home had been removed. Improvements in risk management systems and the environment meant that people were better protected from risk of harm.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs.

We saw that people were comfortable with staff and the manager and interactions we saw between staff and people who lived in the home were friendly, cheerful and respectful. We saw rotas which showed that staffing levels had been increased since our last visit to make sure there were adequate numbers of staff on duty to meet people's needs. The manager told us there were three members of bank staff who could be called on in the event of staff sickness or absence. This meant that there were enough staff available to cover each shift to make sure people received the care and support they needed.

We spoke to the area manager who told us that a consultant had spent six weeks in the service following our last inspection to monitor the quality of the service and advise on a variety of areas including appropriate staffing levels. The provider may find it useful to note that there was no ongoing analysis of the needs of people who lived in the home to show that numbers of staff were regularly reviewed as people's needs changed. However we found there were enough staff on duty during our visit to provide appropriate levels of care and support to people who were living in the home.

We saw that there were enough staff on duty to make sure people were supervised adequately. Where people exhibited challenging behaviours we saw that staff were quick to intervene and provide reassurance and support to diffuse situations. This meant that there were enough staff on duty to keep people safe.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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