

Nellsar Limited

# Lulworth House Dementia Residential Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection was carried out on 18 and 26 May 2017, and was unannounced.

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.

At the last Care Quality Commission (CQC) inspection on 18 and 19 March 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained Good overall with an outstanding rating in responsive.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people and their relatives was excellent. People that used the service expressed great satisfaction and spoke very highly of the registered manager, deputy manager and the staff. Staff were motivated and committed to ensuring people lived a happy and fulfilled life the way they wanted to. There was an open culture where the management team led by example to ensure people received a high quality person centred service.

People received a consistently high standard of care because staff were led by an experienced and proactive registered manager. The registered manager and staff team were highly motivated, passionate, and committed to ensuring each person had a good quality of life. People were treated as individuals and received a person-centred service, where their wants and needs were placed at the centre of everything staff did. The registered manager and management team were committed to providing a high quality service to people and its continuous development. People were involved in the running of the service and were continually asked for their views, ideas and suggestions.

People received care and support in a personalised way. Staff knew people well, understood their needs and supported people to achieve a sense of self-worth and well-being. People's independence was actively encouraged. The registered manager and staff were committed to making a positive difference to people's lives. Activities for people were innovative, activities and events were well thought through and varied. These were specific to people's likes and interests.

There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service provided. A comprehensive programme of audits and checks were in place to monitor all aspects

of the service, including care delivery, accidents and incidents, health and safety, infection prevention and control and medicines. Feedback was continually sought and acted upon to improve the service people received.

The safety of people using the service continued to be taken seriously by the management team and staff members who understood their responsibility to protect people's health and well-being. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse.

Risks to people's safety had been assessed and measures put into place to manage any hazards identified. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. The premises were maintained and checked to help ensure people's safety. Medicines were managed safely and people received them as prescribed.

People's needs had been assessed to identify the care and support they required. Care and support was planned proactively with people and their relatives and regularly reviewed to ensure people continued to have the support they needed. People were treated with dignity and respect by staff who also maintained people's privacy.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same members of staff who knew them well. People were fully involved in the care and support they received and, decisions relating to their lives. Staffing levels were kept under constant review to ensure that the right staff were available to meet people's assessed needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People had access to the food that they enjoyed and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs and received specialist training where required.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. Systems were in place to ensure medicines were ordered, obtained, stored and returned as required.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The management team and staff understood their responsibilities under the Mental Capacity Act 2005.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service was very responsive.

People consistently received person centred care. People and their relatives were involved in decisions about their care and support needs.

The service used innovative ways to increase people's sense of well-being.

People were provided with opportunities to participate in a variety of activities to meet their needs and interests both within the service and out in the local community.

Systems were in place for people to raise concerns or make suggestions, to improve the service.

### Is the service well-led?

Good ●

The service remains Good.

# Lulworth House Dementia Residential Care Home

## Detailed findings

### Background to this inspection

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

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated as Good at least once every two years. This inspection took place on 18 and 26 May 2017. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Instead we gathered this information during the inspection. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with 15 people living in the service and 12 relatives about their experience of the service. We spoke with seven staff including, the registered manager, the operations manager, the deputy manager, a senior carer and three care staff. We asked four health care professionals for their feedback of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at four people's care files, four staff files, the staff training programme, induction programme and feedback from annual surveys.

## Is the service safe?

### Our findings

People told us they felt safe with the staff that supported them, and confident that staff ensured their safety at all times. One person said, "I have always felt safe here. I know there is someone to help me." Another said, "I am very happy here. I have never heard them (staff) shout at anyone." A relative wrote, 'My sister and I feel absolutely that our father is safe and secure at Lulworth House.' Another wrote, 'It is definitely safe. The staff are vigilant, responsive and quick to intervene. Mum's care has been exemplary in this respect.'

People continued to be protected from harm or abuse. Since our last inspection all staff had received refresher training in safeguarding adults, which was held yearly. Staff had a comprehensive awareness of potential abuse. They knew the possible signs of abuse and what action to take if they suspected abuse, such as, reporting any concerns to the registered manager, local authority safeguarding team and the Care Quality Commission (CQC). Staff had access to and followed a safeguarding policy and procedure, which gave information and guidance on the action that should be taken. Staff were aware of whistleblowing (telling someone) and told us they had attended training in this subject. Information was available to staff within the office and staff room, giving the local authorities safeguarding procedure and contact numbers. The registered manager completed a monthly audit of safeguarding concerns that had been raised, identifying any themes or patterns.

People continued to be protected from any potential risks and avoidable harm. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, medical needs, mobility and accessing the gardens. Each risk had been assessed to identify the potential hazards which were then followed by guidelines to inform staff how to minimise the risk. Risks relating to the environment were assessed and recorded. For example, risks relating to the use of plug in heaters, slips, trips and falls, the lift and electrical hazards. Systems were in place to ensure these were reviewed on a regular basis. People and staff were kept safe by detailed individual risk assessments for staff to follow.

The premises and equipment continued to be maintained and checked to help ensure the safety of people, staff and visitors. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. The service employed a maintenance person who was available seven days a week. A system was in place to monitor and record any maintenance issues that were found within the service. Records showed that issues that had been reported had been responded to promptly such as, a blocked toilet and light bulbs requiring changing. Portable electrical appliances, boiler checks, fire fighting equipment, lifting aids and specialist equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order.

A fire risk assessment was in place and the service had a contingency plan which was to be followed in the event of an emergency. Regular inspections and audits took place of people's rooms, the kitchen and the laundry. Any issues that were identified were acted on quickly. These checks enabled people to live in a safe and adequately maintained environment. People had a personal emergency evacuation plan (PEEP) located in the emergency evacuation bag and a copy kept within their care plan. A PEEP sets out the specific

physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. This included a safe route of evacuation and a plan of the building. People's safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents continued to be monitored, recorded and investigated. Staff completed an accident form recording the exact details regarding what had happened. All accidents and incidents were then investigated by the registered manager or a member of the management team. A seven day 'resident pathway following a fall' checklist was then completed, this gave staff the opportunity to assess and record any delayed injuries. The registered manager completed a monthly analysis of all incidents and accidents; this enabled the registered manager to detect any patterns or trends that developed. This report was sent to the operations manager which enabled the registered manager and senior management team to see, at a glance, whether accidents and incidents were decreasing or to highlight any trends.

The registered manager continued to ensure there were enough staff available to meet people's assessed needs. Records showed a consistent number of staff were on duty each day to meet people's needs. Call bells were answered promptly and staff were available to give people support when they needed it. The registered manager used the monthly audit of call bell times to continuously review the staffing levels. Extra staff had been placed on shift when people were accessing the community on certain activities.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and consider an applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. Each member of staff had a new starter document in place which enabled the registered manager, the management team and the provider's HR department to track each member of staff and ensure the correct documentation was in place.

Medicines continued to be managed safely and people received their medicines as prescribed by their GP. Since our last inspection staff administering medicines had received refresher training in medication administration, which was an annual course. Staff completed an in-house yearly competency check with a member of the management team, which included observation and questioning. Systems were in place for ordering, recording, administering and disposing of prescribed medicines. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them.

Some people had "as and when required" PRN medicines. Guidance was in place for senior staff administering medicines to follow which included the dosage, frequency, purpose of administration and any special instructions. Information leaflets regarding people's medicines were kept within people's medicines files for staff's reference. These processes gave people assurance that their medicines would be administered safely.

## Is the service effective?

### Our findings

People told us they were given enough to eat and drink, regularly throughout the day. One person told us they thought the food was "tasty." Another person said, "The food is alright, we get enough."

Throughout our inspection people were offered a variety of drinks and snacks. The provider employed a fulltime cook and assistant who worked across seven days. The cook had an awareness and understanding of people's dietary requirements, such as people who were diabetic or who required a pureed diet. Staff were observed supporting people to eat their meal, this was relaxed and not rushed, enabling people to eat as much as they wanted. People were offered a choice of three hot meals with other options such as jacket potatoes and salad. We observed the lunch service; there was a calm atmosphere within the dining room, and very little food wastage. People commented whilst leaving the dining room that they enjoyed the meal.

People who were at risk of malnutrition and dehydration continued to be assessed and clear guidance was in place to ensure people's needs were met. The food and fluid intake was monitored and recorded for any person who had been assessed as a high risk of malnutrition and dehydration. People had their weight checked regularly and staff monitored and recorded people's food and fluid intake. Guidance was available to inform staff of the recommended total amount of fluid people should be drinking per day. Health care professionals were involved to advise staff how to ensure people remained as healthy as possible. People's care plans contained information relating to any dietary requirements, food preferences and any specialist equipment that was required. Staff knew the action they should take if they were concerned about a person's nutrition or hydration such as, contacting the doctor, for advice.

People continued to be supported to remain as healthy as possible. Each person had detailed guidance in place which included information of the support from health care professionals and guidance for staff to follow. Relatives told us that their loved ones specific health needs were met, and they were kept informed about any changes in people's needs. Two members of staff were observed transferring a person from their wheelchair to an arm chair, using an electric lifting hoist. Both staff informed the person what they were doing throughout the transfer and offered reassurance to the person.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals, such as doctors, district nurses, chiropodist and opticians had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. During our inspection staff noticed one person was not their usual self, staff called the emergency services to ensure the person received the medical attention they required. People had been supported to remain as healthy as possible and any changes in people's health were acted on quickly.

Since our last inspection, records showed and staff confirmed that they had undertaken training in subjects relevant to their roles. Staff spoke highly of the training they attended. Comments included, "We get loads of training, and I have been offered dignity champion training." Another said, "We are provided with suitable training. We can also ask for additional training if we want to and they do encourage it." Additional training

was provided to meet people's specialist needs such as dementia, managing pressure wounds and end of life care. The deputy manager completed a train the trainer course in 'dementia person centred care'; staff completed this qualification over a six month period. Staff spoke passionately about how this course had supported them in their role. One staff member said, "It is important to understand that all people are different and individual, and that dementia acts differently in each person." Another said when talking about the dementia training, "It made me more aware of different triggers that can make a person worse, and how we should manage it as each person is different." Staff were given the opportunity to complete a formal qualification during their employment. For example, the QCF in Health and Social Care, which is an accredited qualification. These additional courses enabled staff to feel confident in their role and provide people with a quality service.

Staff told us they felt supported by their line manager and the management team. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff received an annual appraisal with their line manager, this gave an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff completed the provider's induction which included role specific training and an orientation to the company. This was then followed by an 'in-house' induction where new staff worked alongside experienced staff, getting to know people and their routines. One member of staff said, "The senior will allocate them (new staff member) a buddy (permanent, experienced staff member) who will help them throughout their probation." New staff completed competency based assessments with a member of the management team to develop their knowledge and skills further.

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 people lack mental capacity to make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any application or authorisations to deprive a person of their liberty had been made. At the time of our inspection 12 people were subject to DoLS authorisations. People subject to DoLS had this clearly recorded in their care records and the service maintained a good audit of people subject to a DoLS so they knew when they were due to expire and reassessment was needed. Where relevant, people had been supported to access independent mental capacity advocates and had their rights upheld.

When people were deprived of their liberty we saw that staff used the least restrictive options available. For example, some people were unable to leave the service independently, however people were encouraged and supported to go out into the garden area. We saw that staff directed people out into the garden to enjoy the fresh air, plants and 'la piazza' coffee shop. We saw that people enjoyed being out in the garden and had the freedom to walk around.

The registered manager, management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). They had been trained to use these in their everyday practice. We observed people being asked for their consent before being offered support from the staff. Mental capacity assessments were available in care records, which identified that people lacked capacity to be involved in their care planning process and decisions surrounding their care. Staff, family and other professionals were involved in making best interest decisions where this was the

case.

## Is the service caring?

### Our findings

People, relatives and professionals praised staff and told us about the excellent care provided at Lulworth House. One person said, "The staff are lovely, kind and cheerful." Another said, "The staff are always kind and helpful." A relative said, "This is a lovely home, the staff are excellent, caring and friendly and I am thankful my wife is here." Another wrote, 'The support workers at Lulworth House are all very caring in the way they talk with and help all of the guests (people). They really get to know each guest's character and needs.' A third wrote, 'For me it was one of the hardest decisions of my life to put my mother into a home, but I have to say that Lulworth House was a good choice. She is well looked after by the staff who treat all residents with dignity and respect.'

During the inspection we observed interactions between staff and people who used the service. There was a calm and relaxed atmosphere; we saw staff interacting with people in a very caring and friendly way. We heard staff speaking to people about topics that interested them, whilst looking at photographs. One member of staff chatted with a person about aeroplanes and the music they were listening to. Another member of staff chatted to a person about the reminiscence newspaper they were reading. A third member of staff spoke to a person who had recently moved into the service: this person appeared anxious and unsettled. The member of staff spoke about the activities which went on at the service; this appeared to calm the person down. Staff knew people well with many staff having worked at the service for a number of years. Staff were knowledgeable about each individual and were able to use this knowledge to have meaningful interactions with people in a very caring way.

The service had a strong, visible person centred culture and supported people to express their views. People and their relatives were supported to take part in regular house meetings within their service. This gave people the opportunity to discuss any areas for improvement within the service or to plan for the activities people wanted to participate in. People and their relatives were given copies of the minutes which included agreed actions such as, organising a 'pub afternoon' within the service and a summer barbeque. People were asked for ideas and suggestions for new colours in the lounge, which was to be refurbished. One person had written to the registered manager requesting they go out on a shopping trip; this included a shopping list of items they wanted to purchase. The registered manager arranged for the person to be taken out shopping as they had requested. People and their relatives could be assured that their views would be listened to and acted upon.

People were supported to have as much contact with their friends and family as they wanted to. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. Relatives told us they always felt welcome by the staff when visiting their loved one. The registered manager said, "My door is always open, relatives can speak to me at any time." This was confirmed by the relatives we spoke with.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. People were supported to remain as independent as they wanted to be.

For example, clear guidance was included within people's care plans regarding what people were able to do for themselves, and the support they then required from staff. One person said, "When I came to the home I could not wash or dress myself but, with encouragement I am now able to do this, which makes me very happy." Staff explained how they protected people's privacy and dignity whilst meeting their needs. For example, shutting doors, closing curtains, covering people up and using a portable privacy screen if needed. We observed staff knocking on people's bedroom doors and waiting for a reply before entering.

People had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own, spending time in the garden and in the lounges. This was respected by staff and helped to ensure that people received care and support in the way that they wanted to.

At the time of our inspection no-one was receiving end of life care. However, some people had spoken about the specific way they wanted to be supported at the end of their life. For example, specific music, flowers and people they wanted to attend their funeral. Some people had chosen to stay at Lulworth House and receive end of life care and support from the staff team and local district nursing service. The registered manager accommodated people's wishes as far as they were able to. Compliment cards had been received from relatives of people who received end of life care whilst still living at Lulworth House.

## Is the service responsive?

### Our findings

People who used the service and relatives constantly praised the staff, care and service provided. One person said, "I am a very lucky person because I have a good life here." Another said, "There is a lot of laughter here." A relative said, "It is a great pleasure to give feedback on Lulworth House, (name) is so well cared for and stimulated, more than she ever could have been had she continued to live at home." Another said, "Our dad is thriving at Lulworth House. The daily support and interaction with the carers is brilliant. They (staff) all understand his character and needs in terms of discussions and banter."

During the inspection we received information from two case officers from the local authority who wrote, 'Lulworth House appears safe, clean and the workers are very professional, approachable and the residents appear happy every time I visit the place. The environment is homely and very conducive to residents.' Another wrote, 'I have always found them to provide a good service and found them to be very caring and a supportive environment. Whenever, I have been there I can see it is well led, well organised and clients are much respected in all areas of their daily living needs.'

The service used innovative ways to increase people's sense of wellbeing and offer a person centred service to people. Some people living at the service enjoyed gardening and were keen gardeners, as a result a refurbishment was completed of the outside space. The garden was levelled out to enable access for everyone living at the service. A number of raised flower beds were made and people were supported to plant a variety of plants and vegetables. One person said, "I love the garden, I have already been out there weeding and planting." A relative commented that their loved one appeared much happier and enjoyed the gardening. Feedback from another relative from the annual survey completed in November 2016 said, 'I am impressed with the new garden, summer house and water fountain; all very tranquil.' Some people had chosen to sit in the garden to have their lunch on the second day of our inspection. People were supported to plant their favourite flowers and the fruits, herbs and vegetables people grew were used in the cooking of their meals.

A summer house had been converted into a coffee shop within the garden, called 'La Piazza'. People were able to access 'La Piazza' with their loved ones and were served hot beverages and cakes by the staff. The area manager told us that people and their relatives were able to spend time together, in an environment which felt like they were out in the community, however within the safety of the service. The registered manager said, "The goal is to ensure people are not isolated, staff need to go the extra mile. I have a drive and vision to inspire people to live life to the full." Six people were observed sitting out in the garden using 'La Piazza' enjoying beverages, snacks, reading the newspaper and listening to music. People were observed laughing and smiling with one another and the staff. One person said, "It's lovely to enjoy the sun, I feel quite lady like" whilst drinking her cappuccino. Staff noticed one person was struggling to hold their coffee cup, staff responded quickly transferring the coffee into a cup the person was able to hold independently.

Following feedback from people the registered manager and staff team organised a valentine's day lunch, this included live music from a local singer and saxophonist. People who had a spouse were offered the opportunity to enjoy a candle lit lunch with their loved one. The registered manager converted the

conservatory into an ambient restaurant with wine on the tables, decorations and a two course meal. Feedback from people and their loved ones was a positive and enjoyable occasion was had by all. Complement cards from spouses who attended read, 'A very big thank you for the Valentines lunch, it was a very thoughtful thing. The staff who served it made it special, the setting and those lovely thoughtful extras. (Name) and I were able to share a special day.' Another read, 'I am sending my thanks and good wishes to you and your lovely staff for making us all such a lovely memory. It's a very long time since I have been out to lunch with my lovely (name). It was all such a joy.'

People and/or their relatives were supported to complete a 'daily activity preferences assessment'. This included detailed information about the specific likes, dislikes and preferences for that person. The activities coordinator employed by the service used information from the assessment to tailor activities to people's individual preferences. A comprehensive programme of activities was available to people on a daily basis; these included activities within the service and out in the local community. Activities within the service included dance classes, seated dance, pet's therapy, cinema club and religious services. Activities out in the community included, trips to local castles, wild life parks, local pubs and trips to the coast. People were able to join in any of the activities on offer however, each person had a weekly allocated hour of one to one interaction with a member of staff. We observed one person using their one to one session with staff to look through old photographs and talk about various aircrafts. Records showed that people used their time with staff in a variety of ways such as, pamper sessions, reminiscence sessions, talking and reading. People's histories and interests were used to create activities people enjoyed. Some people had previously been keen dancers; as a result a dance club was set up for people to access. Staff told us people thoroughly enjoyed the session and some people 'danced all afternoon.' A pub afternoon was set up on a monthly basis, this enabled people to socialise with one another whilst having a glass of their favourite tipple.

The registered manager told us that some people's health care needs had deteriorated over time and people were becoming frustrated and, at times angry. As a result, a sensory room was created within the conservatory with guidance from the activities coordinator who was an occupational therapist. A weekly sensory session in small groups was facilitated by the activities coordinator. People who did not want to join in with the group were offered a one to one sensory session within their room. Records showed and the registered manager confirmed that people appeared calmer, relaxed and less anxious following the sensory session.

The registered manager was passionate and committed to providing an individualised person centred service to each person. This meant the service put people at the centre of all decisions relating to their lives to achieve the best possible outcomes. Staff were extremely knowledgeable about people's life histories, likes, dislikes and preferences. Staff spoke positively about people's past occupations, hobbies and interests, which they used to engage people in conversations. One member of staff said, "One lady worked as a seamstress making dresses, when I got married we had many discussions about my dress." Another said, "(Name) was a teacher in a secondary school, she is always telling me off when I say thing wrong." A relative wrote, 'The carers who work there are always on hand to support guests (people) staying there and are very responsive to needs. They really get to know each guest's character and needs. They know how to work with each resident so that they can get the best out of a situation.' The registered manager and the management team worked alongside and completed observations of the care staff, to ensure the values and ethos of the service was embedded in everyday practice.

People's care and support was planned proactively in partnership with them and/or their loved ones. Each person's needs had been individually assessed, people had in-depth admissions form which included the exact care and support they required, and how they wanted staff to meet these needs. The information that was gathered from the initial assessment/admissions form was then transferred into a care plan which the

staff followed to ensure the person's needs were met. Care plans were individualised and contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's specific daily living routines and preferences, health and medical information, communication and life histories. One person said, "I am very happy here. I can get up when I want and go to bed when I am ready and they (staff) let me do things for myself but help me if I need help." A relative wrote when talking about their love one, 'They know her better than I do, and respond to her needs accordingly. They know what she enjoys doing and what she doesn't like.'

People and relatives told us they had been involved in making decisions about care and support and developing the care plans. Care plans provided consistent and up to date information about each person's individual preferences. For example, the care plan for one person detailed how they liked to stay in bed until mid-morning, when they would then be supported by staff. This was respected by staff and observed in practice during our inspection. The registered manager explained how they made sure that staff worked together to ensure staff understood, "We are guests in their home." The registered manager said, "It is not about meeting people's basic needs it's about going the extra mile."

Systems were in place to ensure people's care plans were regularly reviewed and updated as required, with them and/or their loved ones. Reviews were completed on a monthly basis or more frequently if persons' needs had changed, by their 'key worker'. A key worker was a designated member of staff who had responsibility of reviewing and updating people's care plans, this was overseen by a member of the management team. Records showed and relatives confirmed that they had been involved in the development and review of their loved ones care plan. A health care professional wrote, 'I have just carried out a review for a client who has dementia and has advanced in the last year, and could see she is being well cared for and all her needs are being met. The family were present and they were very happy with the care she is receiving.'

People and their relatives were actively encouraged to give their views and raise any concerns or complaints. A complaints policy and procedure was in place which was followed in the event of a complaint being made. The registered manager had developed an accessible version to enable people, to understand what to do if they were not happy. Records showed there had been one complaint made since the last inspection which had been dealt with promptly and appropriately, following the providers procedure. The service also kept copies of the compliments they had received from people and/or their relatives in the form of letters and cards. One card read, 'Thank you for the wonderful work you do, and for looking after our mum. She is so very happy and content and we are all extremely grateful for the kindness you always show our family.' Another read, 'Thank you so much for all your dedication in looking after dad, it made his life more worthwhile.' A third read, 'Thank you for the amazing care you gave my mum over the years.'

## Is the service well-led?

### Our findings

The service was led by a registered manager who spoke passionately about providing a person centred service to people and ensuring each person was treated as an individual. People, relative and health care professionals spoke highly of the registered manager and the deputy manager. One person said, "The staff here do a good job and I can speak to the manager about anything." A relative wrote, 'The manager at Lulworth House is amazing, she is so loving and caring. She has high standards that she maintains and expects the team to work to and she is keen to continually improve things.' Another wrote, '(Manager) and her senior staff run the home with the upmost care and professionalism. It is clear that (registered manager) puts the needs of the residents first and work tirelessly with her staff to ensure they are properly trained to make the residents feel that Lulworth is their home.'

The service had an experienced and skilled registered manager in post, which provided stable and consistent leadership. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a clear management structure in place at the service. The registered manager was supported by an operations manager and a deputy manager, each member of the management team played an effective part in the running of the service. The registered manager empowered staff to continuously improve and develop by recognising the individual skills of staff and effectively using these skills through effective delegation.

Observations with people and staff showed that there was a positive and open culture between people, staff and the management team. Staff spoke highly of the registered manager and management team. Staff were motivated and felt there was a person-centred open culture and they were kept informed about any changes. One member of staff said, "We have a really great manager, she keeps on top of things and is very passionate about the people and staff." Another said, "The (registered) manager is very visible throughout the home." A third said, "I have been working here six years. It is a lovely place to work; I am fully satisfied with my work here. There is good support from management and I enjoy interacting with the people that live here." A relative wrote, '(registered manager) is always quick to listen to our needs and leads her team with a firm but fair hand. I have the upmost respect for her care and dedication to running Lulworth, always going above and beyond what may other managers would do. Her role as care manager is outstanding.'

It was clear from discussion that it was the drive and enthusiasm of the registered manager, deputy manager, staff and activity co-ordinator, that ensured they made a positive difference to people's lives. The registered manager was extremely keen to involve people and their relatives in how the service was run. Records showed that regular meetings were held for people using the service and the relatives. One person had requested that bacon sandwiches were offered at breakfast as well as a cooked breakfast; this had been actioned by the registered manager. The registered manager held formal relative meetings as well as a regular six weekly meeting held within the service. One relative wrote, 'The relatives meetings that are held every six weeks are a really supportive way of helping us manage our way through situations. Also the social events, whether it be Christmas party, Easter afternoon tea or the summer BBQ are all fantastic

opportunities for us to come together.'

The activities coordinator had created a monthly newsletter with people using the service. The registered manager told us that the newsletter was developed for people using the service, with the people using the service. The newsletter included photographs of people enjoying the previous month's activities and informing people what was coming up in the following month. The newsletter included wartime songs, poems, what had happened this month in history and a recipe; the registered manager told us that a number of people were keen bakers and enjoyed various recipes.

Systems continued to be in place to monitor the quality of the service provided to people. The registered manager completed a wide range of comprehensive audits to maintain people's safety and welfare at the service. These looked at quality in areas of the service such as infection control, care plans, complaints, medicines and safeguarding's. The audit was then sent to the operations manager who made comments, suggestions and recorded any action which was required by the registered manager. Feedback was sought from people, relatives and staff through annual surveys. The results from the November 2016 survey showed that people were happy with the care and service they received; and staff were very happy in their role.