

# Greensleeves Homes Trust

## De Lucy House

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

De Lucy is a residential care home that provides care for up to 60 older people. Some people using the service were living with dementia. At the time of this unannounced inspection of 24 April 2018 there were 55 people who used the service. This service was registered on 14 September 2015. This was their first inspection.

A registered manager was in post but not present during the inspection. 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 service was exceptionally responsive to meeting people's needs. People were at the heart of the service, receiving exceptional care that was personalised to them, taking account of their individual needs and wishes. They were actively involved in contributing to the planning of their care and support. This was regularly reviewed and tailored to meet changing needs.

People were actively encouraged and supported to pursue their hobbies, participate in meaningful activities that they chose, enabling them to live as full a life as possible.

People were complimentary about the care they received and the approach of the management team and staff. Staff had developed good relationships with people. Staff consistently protected people's privacy and dignity and promoted their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed a positive meal time experience and were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

People knew how to complain and share their experiences. Their views and opinions were actively sought, valued and listened to. Concerns and complaints were thoroughly investigated, responded to and used to improve the quality of the service.

The service provided a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse, falls and with their medicines.

Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely.

Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

The environment met the needs of the people who lived there. All areas of the service were clean and in good state of repair with equipment maintained.

The management team were accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.

The service had a quality assurance system and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

## 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.

Systems were in place to help protect people from the risk of abuse and harm. Staff had received training in safeguarding and felt supported in reporting concerns.

Individual risks relating to people's health and welfare had been identified and plans put in place to manage these risks.

Risk assessments were in place for the home and these detailed how environmental risks could be managed.

There were sufficient numbers of staff to support people safely.

Safe recruitment processes were in place to ensure suitable staff were employed.

People's medicines were managed in a safe way.

Steps were taken to protect people from the risk of infection.

Accidents and incidents were recorded and reviewed regularly.

Good 

### Is the service effective?

The service was effective.

People's care, treatment and support was delivered in line with best practice and current legislation.

Staff received regular supervision and undertook training relevant to their role.

People were supported to maintain a healthy nutritional intake. Timely referrals were made when concerns were raised about a person's nutritional intake.

People were able to access other healthcare professionals in relation to their health and wellbeing.

The environment of the service was appropriate to meeting the

Good 

needs of the people living there.

Staff acted in accordance with the Mental Capacity Act 2005 and ensured people's rights were fully respected and upheld.

### **Is the service caring?**

**Good** ●

The service was Good.

People were supported by caring staff who were attentive to their needs.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

Staff promoted people's independence and cared for them in a way that maintained their dignity and privacy.

People could have friends and family visit without restriction.

### **Is the service responsive?**

**Outstanding** ☆

The service was outstandingly responsive.

People were at the heart of the service and received exceptional care that was personalised and tailored to meet their individual needs and wishes.

People were actively involved in contributing to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People were encouraged and enabled to pursue their hobbies, participate in activities of their choice and enjoy a quality of life.

People knew how to complain and share their experiences. Their views and opinions were actively sought, valued and listened to. Feedback about the service was extremely complimentary.

Concerns and complaints were thoroughly investigated, responded to and used to improve the quality of the service.

People's preferences about their end of life care were documented.

### **Is the service well-led?**

**Good** ●

The service was Good

There was an open and transparent culture at the service. The management team were approachable and staff felt supported in their work.

Morale was positive within the workplace.

Regular meetings were in place for people, relatives and staff to support continual development of the service.

There was a range of quality monitoring processes in place to monitor and assess the quality of service being delivered.

The service had established strong community links, worked in partnership with various organisations, including the local authority, community nurses and, GP to benefit the people they cared for and the local community.

# De Lucy House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced comprehensive inspection was carried out by two inspectors on 24 April 2018.

Before the inspection, the provider completed 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority, Healthwatch and members of the public.

We spoke with fifteen people who used the service, two relatives and one visiting healthcare professional. The registered manager was not present during the inspection. We observed the interactions between staff and people. We spoke with the management team which included the acting manager and acting deputy manager. We spoke with seventeen members of staff including care, domestic, catering and maintenance. We also received electronic feedback from two health and social care professionals and one person's relative.

To help us assess how people's care needs were being met, we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

People told us they felt safe and secure living in De Lucy House. One person commented, "Yes I do feel safe, staff are always around, people can only come in through the front door; that's locked so we are secure. Got a pendant [personal alarm] I can press it anytime I want help." Another person told us, "I feel safe here, what you want to do, you can do; no restrictions. Staff here just want to help you." A third person told us, "I certainly feel safe and well cared for. The staff are very vigilant and extremely kind." A fourth person said, "They [staff] keep people safe, the building is well looked after. [Maintenance person] does regular fire drills and staff are always checking things like wheelchairs and [other moving and handling equipment] to make sure it is safe." A relative commented about the staff approach, "I'm more than satisfied [person] is safe, we know if [person] rings their call bell it will be answered straight away."

Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings and internal communications, so that prevention strategies could be used to prevent others experiencing similar events. A member of staff told us how they had reporting a safeguarding concern. They described that they were supported by the acting manager to do this and that appropriate action was taken. All the staff we spoke with told us that they had received training in safeguarding. Training records we looked at confirmed that staff had attended this training.

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to maintain their safety. This included helping them to mobilise safely, using appropriate equipment and ensuring they had access to their walking frames to reduce the risks of falls. One person said, "I use my frame to help me get about; am not as quick on my feet as I used to be but I manage."

Risks to individuals were well managed. People had up to date risk assessments to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. People who were vulnerable because of specific medical conditions such as diabetes, Parkinson's, types of cancer and dementia had clear plans in place. This guided staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Electronic feedback received from a healthcare professional that frequently visits the service stated the staff, "Provide a safe environment for residents and undertake risk assessments on a case by case basis to ensure that residents' needs are met."

All known environmental risks had an associated risk assessment in place which guided staff about how to mitigate risks within the service. Moving and handling equipment was regularly serviced to make sure it was safe to transfer people. Gas, electricity and water supplies were routinely inspected to ensure they were safe.

Fire extinguishers and fire alarms were inspected yearly and weekly tests of the fire alarms took place. We saw that each person had a personal emergency evacuation plan in place. This plan detailed the support that each person would require to safely evacuate the building in the event of a fire. On arrival to the first floor a member of staff asked if we were aware of the fire evacuation procedures and went through the process.

The acting manager explained how people who lived in the service were provided with a fire safety handout to aid their understanding and reassure them of the fire systems in place at De Lucy House. This included information on staff training, checks, equipment and evacuation processes and the option to request a demonstration by staff of the fire evacuation equipment. The acting manager told us that ear defenders were available to people who had complained of the noise during the fire drills and staff knew which people required them.

People and their relatives told us that there were sufficient numbers of staff to meet their needs. One person said, "Always staff pottering about. They work hard to look after us but always have time to help you and to have a chat." A relative said, "Staffing levels appear good. Don't use much agency staff but when they do they have worked here before so know how things work." This was confirmed by a member of staff who said, "We have a preferred agency we use for when staffing is short or we need to roster cover. Usually existing staff and management will pick up extra shifts so agency use has gone down."

Our observations showed people were supported by sufficient numbers of staff. People's requests for assistance were responded to in timely manner. Staff told us that they had time to meet people's needs and to spend quality time with them. A member of staff said, "There is enough staff to manage even in an emergency situation. We don't rush people we go at their pace. Otherwise the quality of care becomes compromised."

A dependency tool was used by the management team to calculate the number of staff required based on people's individual needs. The acting manager told us that this was reviewed regularly with systems in place to cover any unplanned staff absence such as sickness. They shared with us recent examples of how they had increased the levels of staff to support people when needed, for example following a discharge from hospital or to attend healthcare appointments. Conversations with staff, information received from health and social care professionals plus records seen confirmed this. This showed that measures were in place to ensure that there were sufficient staff consistently available to meet people's assessed needs.

Safe recruitment procedures were followed. The staff personnel files we looked at confirmed that appropriate references had been sought and that satisfactory checks from the Disclosure and Barring Service had been obtained. This meant the service had checked that prospective staff members were of good character and suitable to work with the people who used the service. Staff told us and records showed they had not started working in the service till all the checks had been completed.

Medicines were safely managed. One person told us that the staff, "Tell me each time what my pills are for as I forget and remind me when to take them." Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. We observed a member of staff administering medicines appropriately and they told us they were confident that people received medicines as they were intended. People's preferences about how they liked to take their medicines were documented in the medicines folder. For example, some people liked to take their medicines with water and another person liked to take theirs with some orange squash.

People and relatives told us that they felt that the service was clean and hygienic. One person said, "It is spotless, always smells nice." A relative said that the service was, "Very clean, never seen the place looking dirty or untidy." People were protected from the prevention and control of infection. Staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. There were systems in place to reduce the risks of cross infection.

The management team made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors for example with medicines had been identified. They had also implemented policy of the month focussing on one of the provider's policy and procedures with an accompanying workbook that the staff had to complete to assess their understanding. The management team followed this up with competency checks to ensure best practice.

## Is the service effective?

### Our findings

People's health and wellbeing was assessed prior to them moving in to De Lucy. This was so the management team could be assured that they could fully meet people's needs. Preadmission assessments detailed people's physical and wellbeing needs, medicines information and their personal history. People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation.

The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Electronic feedback from health and social care professionals confirmed that appropriate referrals were made by the service and guidance was acted on. One visiting professional to the service said, "Following a call to come and check on [person], I received a comprehensive handover when I arrived. It was evident that the staff knew [person] well and understood their care needs."

People told us the care staff were competent and well trained. One person said, "The staff know all about my aches and pains and can tell intuitively if I am in pain and will get me something to help." Another person said, "I don't mind being hoisted, they make sure I am safe and we have a giggle. They are good at getting me to relax. I don't worry about it." A relative commented, "The staff are very well trained and know what they are doing."

Staff were provided with the training that they needed to meet people's needs. The provider had a training programme in place for the staff. New staff completed the provider's mandatory training within the first few days of their employment. This training included fire awareness, moving and handling, infection control and safeguarding. As part of their induction new staff would also spend time shadowing more experienced colleagues as they were introduced to people who lived in the service

Staff told us that they had the training they needed to carry out their role effectively and this was updated regularly. This included training associated with peoples' specific and diverse needs such as stroke awareness, pressure area care, nutrition and hydration and diabetes awareness. Records showed that upcoming training to support staff included, end of life care, managing behaviours that challenge and an accredited course recognising the importance of providing older people with a quality of life through a person-centred approach. A member of staff said, "All my training is up to date, if you think you need anything else you can ask management." Another staff member told us, "Training is relevant to the job and if you want more support or training it is easily arranged you just have to ask."

The management team explained how staff were encouraged with their career progression. This included being put forward to obtain their Care Certificate if they were new to the health and social care industry. The Care Certificate is an identified set of 15 standards that sets out the knowledge, skills and behaviours expected of health and social care workers. More experienced members of staff were supported to complete nationally recognised accreditation courses and or qualifications. Such as the Diploma in Health and Social Care. This diploma gives staff the opportunity to develop their knowledge in topics such as nutrition, communication and person-centred care.

Records and discussions with staff showed that staff received regular supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One member of staff told us that they thought that supervision was useful for identifying their strengths, areas in their role to develop and an opportunity to share if any personal difficulties were affecting their work.

People told us that they enjoyed the food served in the home. One person commented, "The food is beautifully served, I really enjoy it, can't fault it." Another person explained, "The chef is brilliant, restaurant standard served here. Very appetising." A third person added, "I get the best food possible; it's lovely." People's preferences about how they liked their meals to be served were also considered. One person told us the staff, "Give me a smaller plate, I don't have a big appetite, and they remember."

We observed the lunch time meal on both floors at the service. People enjoyed a positive meal time experience with staff attentive to their needs. The atmosphere was calm and relaxed. Staff offered people a choice of drinks and were efficient and well organised in serving people their food. There were two options for the main course on the menu. Where required people were shown both plates of food and supported to choose one. One person decided to 'mix and match' from both plates and this was accommodated straight away. Another person asked for something not on the menu as they were not feeling very hungry. A staff member knowing the person's food preferences made some suggestions which helped the person to decide. They said, "I am going to have an omelette that will be perfect." Food was well presented and where people needed assistance with their meals, this was provided in a sensitive way and with due regard for their dignity. People could choose where they would like to eat and we saw one person being supported to eat their lunch in another part of the service which they preferred.

Where there were concerns relating to a person's nutritional intake, prompt referrals were made to the Speech and Language Therapy Team (SALT). We saw that any advice given by the SALT team was included in people's care plans. The kitchen staff told us that they were kept informed of people's dietary needs and preferences. They explained how they kept records of people's dietary requirements which included how people's food should be prepared to meet their needs.

A member of staff told us that people's food and fluid was monitored if they were concerned about their nutritional intake. We looked at people's food and fluid charts and saw that there were detailed and completed after every meal. People were supported to maintain a healthy intake of fluid. Throughout the day people were offered drinks to keep hydrated and where required their fluid intake was recorded.

Staff worked in collaboration with other professionals to ensure that people's care needs were met. For example, in the event of a person being admitted to hospital, arrangements were in place to support coordinated care. This included staff or a member of management travelling with the person to reassure them and to advocate on their behalf where needed. As part of the transfer process, care staff took key documentation about the person and how to meet their needs. This was made available to the professionals involved in the person's care, support and treatment plans to ensure their needs were effectively and consistently met.

People could quickly access their GP and other healthcare professionals if any concerns were raised about their health or wellbeing. One person told us about being supported with regular hospital appointments, they commented, "The ambulance picks me up and it works well." Other people told us that they saw other professionals such as the dentist, optician and chiroprapist regularly.

People were involved with the decoration of the premises. They told us about choosing the colour of their

bedroom and that they were consulted on changes to communal areas. The environment provided opportunities for people to access communal areas and quieter spaces if they so wished. There were areas for people to meet with their family and friends other than their bedroom. There was also secure and accessible outside space that people could access. The ground floor was primarily designated to provide care for people who were living with dementia. Appropriate signage was in place to enable people to move safely around the service. Activities boards were displayed which showed people the range of activities available. All bedrooms had clear numbers and coloured doors to assist people to find their room. Some had been personalised to aid orientation. Corridors were well lit and had hand rails to assist people to move about safely.

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 so that they can 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 conditions on authorisations to deprive a person of their liberty were being met. Applications to deprive people of their liberty were detailed and included why the application was being made and that the least restrictive options had been considered. Staff had received training in MCA and DoLS and understood the principles of the MCA.

Staff consistently ensured that they sought consent from people before providing any care. Throughout our inspection we observed staff asking people if they would like support with anything. For example, after the lunch time meal we heard a member of staff ask one person if they would like support to go to the lounge to participate in one of the activities and respected when the person declined. Staff demonstrated the importance of offering choice. One staff member commented, "Don't assume anything. You must ask first." Another staff member explained, that if they went to assist a person with personal care, and the person did not want it, they would explain why they wanted to give them support with their care so they could make an informed choice and respect the person's decision.

## Is the service caring?

### Our findings

People were valued and treated with kindness by compassionate staff. Staff had built strong caring relationships with people; interactions were person centred and respectful. One person told us, "I like it here; all the staff are kind and friendly. You can have a laugh and joke with them. The place is very nice." A second person commented, "All of the staff are so kind; they really care." A third person shared with us, "You have to take me as you find me. Staff know this and we have a good laugh together. I like them and trust them. I plan to grow old disgracefully. All the staff get my sense of humour. We have fun here."

There was a warm and friendly atmosphere in the service. People were relaxed in the presence of the staff and management team. Staff consistently treated people with compassion and took opportunities to interact with them and ask if they needed anything. We saw members of staff checking on people's wellbeing, asking if they wanted a drink or a snack and when one person said they were cold, a member of staff went and got their jumper for them. For another person who wanted to speak to their relative a member of staff helped them to use the telephone.

Throughout the day staff and people were seen smiling, chatting and laughing together. Staff helped people to safely mobilise around the service; holding people's hands to gently and patiently guide people to where they wanted to be. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. One person told us, "I wouldn't want to live anywhere else. I have made lots of friends and they [staff] are like extended family to me."

Relatives shared with us their positive experiences of how people were cared for in the service. One relative said, "Staff are ever so friendly and diligent towards people. [Person's bedroom] is like a four-star hotel with all their things in it. Staff are always cheerful nothing is too much of an effort they are superstars." Another relative told us, "Nothing is too much trouble. Staff bend over backwards to accommodate and help people here. I think they are marvellous."

People were encouraged to express their views and opinions. We observed throughout our inspection that people expressed their wants and needs. Within people's care plans we saw that they had been involved in their development. One person said, "I'm quite comfortable to tell staff what I like and don't like. I got my medication changed it was making me feel queer; out of sorts. Told them [staff] I wasn't right and they listened; got the doctor back. I know what [care and treatment] is in place." Information was available to people in formats they understood to assist them in making decisions about their care. This included access to independent advocacy services and healthcare services.

People told us that staff respected their privacy, dignity and independence. One person said, "I don't let them [staff] put me to bed, I can do this myself, it is my choice [respected by staff]." Another person told us, "They [staff] help me to do things for myself that I can't do properly anymore. I can wash certain bits but sadly can't do it all. They help me to do what I can and do the rest." A third person commented, "All the staff treat me with respect and are very polite." A relative shared with us how it was important to their family

member to be smart and well dressed and how staff ensured this happened.

We observed staff speaking with people in a discreet manner with regards to their personal care and knock and wait to be invited into people's bedrooms. Staff knew how to maintain people's privacy and dignity when carrying out personal care tasks. One staff member told us that they always knocked and called out before entering people's bedrooms as well as ensuring privacy when providing personal care by ensuring curtains were pulled.

The acting manager shared several examples with us of where the service had worked closely with people, their relatives and other health and social care professionals, to ensure the person received compassionate care tailored to their individual needs. This included attending meetings to discuss strategies where concerns about had arisen about a person's health and wellbeing.

Feedback from healthcare professionals about the care provided at the service was complimentary. One stated, "De Lucy House provide a very caring service to their residents." Another professional commented, "The staff and management of De Lucy House, as far as I am concerned, are exemplary. There are no issues or concerns about the quality of care they render to their residents. I have observed but also received feedback from residents occasionally during my visits about the good care and experience the residents have had since moving to his facility. The staff are very helpful and attend to their residents while understanding their needs effectively."

We saw visitors arrive throughout our inspection. They were welcomed with staff who recognised them and knew who they had come to visit. There were areas available for people to sit with their visitors without going to their bedrooms. One person's relative told us, "There are no visiting restrictions; we can come whenever we want."

## Is the service responsive?

### Our findings

The service was exceptionally responsive to meeting people's needs. People were at the heart of the service encouraged and supported to live active and fulfilling lives. They received outstanding care that was tailored and personalised, taking account of their individual needs and wishes. People's care plans had been planned, developed and agreed proactively in partnership with them. These were regularly reviewed and amended to meet changing needs. One person told us, "I have regular chats about my health and care with [staff member], together we make it work."

People's care records were highly personalised focussing on positive language and outcomes for people. The records provided guidance to care staff on people's preferences regarding how their care was delivered. This included information about their preferred form of address and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the staff to promote and respect people's dignity.

Where people needed support with behaviours that may be challenging to others, their care records guided staff in the triggers to these behaviours and to the support they required to minimise the risk of their distress to themselves and others. This included prompts for staff to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them. A relative told us, "[Person] can have their up and downs, but it doesn't faze the staff. They know how to manage the situation and what to do to calm [person]."

People were actively encouraged and enabled to pursue their hobbies, participate in meaningful activities to support them living as full a life as possible. The service had an excellent range of activities with highly motivated staff ensuring they were individually relevant and adapted to suit people's changing needs. People spoke exceptionally highly of the service, how they were supported to live the lifestyle they chose, which was based on their individual and unique needs and preferences. One person said, "You do as little or as much as you like here. Plenty to do and it's fun and interesting. We go on trips, off to the Norfolk Broads soon. We went out to the cinema, have entertainers visit, and the salvation army, Hamish the pat dog comes on a Wednesday. Things are planned throughout the year; not a gesture, the staff try really hard to engage with us. If we want to try something different you only have to ask."

There was a café at the entrance of the service where people could freely help themselves to drinks and cakes and socialise with each other, as well as take part in whatever activity may be taking place. Three people when we arrived were sitting there having a coffee and a chat. They told us how they met there most mornings for a 'natter' and to find out what was going on. They told us about an event they had enjoyed that had taken place the day before. One person said, "There was a shopping event yesterday. We had ourselves a fashion show. It was great fun," laughing they added, "I felt like the queen, picking out what I wanted." Another person said how they liked to sit there and, "See all the comings and goings on."

Several people told us how they had enjoyed taking part in the national care home open day on 21 April 2018. This is where care homes across the country invite the local community to visit a care home in the area with the aim of creating lasting links and friendships, whilst celebrating older and vulnerable people. At De Lucy a range of activities was provided on the day. This included some of the people dressing up as royalty, a visiting petting zoo, musical entertainers and a nostalgic sing a long. One person said to us, "I didn't think I would at my age be holding a snake for the first time but I did it; great fun. Best thing about living here: expect the unexpected. Couldn't wait to SKYPE my family to tell them." Another person shared their positive experience of living in the service by posting a message on a care home review website. They commented, "The saying is "there's no place like home" and I agree but De Lucy House is the next best thing. I have now been here for 18 months and apart from the initial trauma of leaving my home, I have enjoyed every day. Because it is a new build, we have every facility i.e. hair salon, cinema room and library. Our excellent team of activities ladies keeps us on our toes with chair exercises, film shows and trips out in the recently acquired minibus, even a day on the Norfolk Broads. Care home day was well attended."

Relatives were complimentary about the range of activities on offer at the service and shared with us examples of the positive impact it had on the people who lived there. One relative was full of praise about the activities coordinator stating, "They organised trips to see the local football club (Diss Town) play, but on one occasion, organised a trip to Ipswich football club on an evening when they were playing Sunderland, as one of the residents was a Sunderland supporter. They organise lots of musical activities and a regular film afternoon, with ice cream served in the interval. I have seen residents with dementia who are normally passive become much more alive as [activities coordinator] encourages them to participate in singing. There have also been sessions with animals brought into the home, and for those residents who can't or don't want to leave their bedrooms [the activities coordinator] has taken the animals to them." They added how they appreciated the communication provided by the activities coordinator to keep relatives informed of what was going on, "They also send out a newsletter with photos and details of activities every two months, which is excellent in particular for relatives of residents with dementia. [Activities coordinator] is also always very cheerful and upbeat."

Feedback from professionals regularly involved with the service shared with us the positive impact the activities had on people. One professional stated, "They provide an extensive activities programme with a great deal of variety. It is not unusual for me to arrive only to find that the residents are busy enjoying themselves! I particularly like the fact that they have animal therapy and it is clear from the residents' response to this that it is very much a valued part of the service they receive."

People's views and opinions were actively sought and listened to. One person said, "The resident meetings are good, we talk more about things we want to do and try rather than problems. Someone suggested a curry night so we had one. Someone said about pampering and that was arranged. Everyone has a view on food and staff are good at getting it on the menu."

People told us their choices were respected and acted on in line with their wishes. One person said, "The staff listen, they care and are very accommodating. Nothing too much trouble. I get up when I please, do what I want, when I want and go to bed when I choose." Another person commented, "I get up when it suits me and that can change daily. Not a problem the staff pop their head in and check and see what I want to do. It all depends on what's going on. If it is a busy day then I have a lie in; conserve my energy."

A complaints policy and procedure was in place, this information was on display in the service and made available in different formats to support people with communication needs such as large print or in easy read or other languages where required. People told us they felt confident to raise any issues or concerns. Comments included, "We talk about any issues and how to complain in our resident meetings. But if

something was wrong I would go and see [acting manager] and they would sort it out." Other people said, "I would go to the office. I wouldn't be afraid to do so. I know [management] would take me seriously and sort it out." Relatives we spoke with also said they could speak with the management team at any time. One relative said, "Informally I feel comfortable to raise minor issues when I visit. Or I would pick up the phone and speak to [acting manager] or email them. I haven't had to do that though as never got that far." Members of staff we spoke to told us they were confident of reporting concerns to the current management and they would be acted on.

No one at the time of our visit was receiving end of life care. However, care records showed us that staff had sought the wishes and preferences of people, including if they wanted to be resuscitated and these were kept under review. Staff were able to tell us how they would ensure that a person had a comfortable and pain free death. The acting manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care. We received positive feedback from a healthcare professional who stated, "De Lucy House provide a very caring service to their residents. I have looked after a number of residents who are receiving end of life care and the staff at De Lucy House have always gone the extra mile to provide care and support to residents and relatives at this difficult time. It is clear that nothing is too much trouble for the staff."

On a care home review website, we noted that De Lucy had achieved a score of 9.9 out of 10. Feedback about the care was positive with one comment stating, "Exceptional. Mum lived here for two years and she did just that - lived! Over time, she lost her entire physical capacity but, her friends at De Lucy looked after her every need with complete dignity, respect and love."

## Is the service well-led?

### Our findings

The registered manager was not present at the service during this inspection. The management team comprised of an acting manager and acting deputy.

Feedback from people, relatives, staff and professional stakeholders was positive about the current leadership arrangements in the service. We found the management team were proactive and took action when errors or improvements were identified. The acting manager was able to demonstrate how lessons were learned and how this helped to ensure that the service continually improved.

The management team had established an open and inclusive culture. Morale was good; the management team and staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Staff said they felt the service was well-led and that the management team were accessible and listened to them. This was recognised in the provider's internal awards where the service was nominated for nine of the eleven awards and won five. The De Lucy House staff team were awarded for 'living our values' and 'excellence in resident experience'. Individual staff members were singled out for the following awards 'provision of an outstanding activities programme', 'excellence in resident experience' and 'unsung hero'. One of the people who lived in De Lucy House was also nominated for volunteer of the year for their contributions to service. This included encouraging people to get involved in the meetings, activities and events as well as helping office staff with paperwork and filing. They alongside several members of staff and the management team attended the provider's awards ceremony.

The acting manager explained that the service had been through a period of change with several staff leaving and new personnel starting. They felt that things had settled down and the recruitment challenges had been addressed and they were working to develop the service further. Staff reflected this in their views, telling us that morale in the service had improved recently and that they enjoyed their work and were motivated to provide a good experience for people. They talked about recent initiatives that the acting manager had implemented based on suggestions from the staff to improve communication. Such as internal memos to senior care staff and a care leader's check list to support the running of the shifts. A member of staff said, "Senior management team are really supportive and the atmosphere in the home is at an all-time high." Another staff member explained, "Acting manager is approachable. Respects the staff, understands the nature of the job and deals with any issues or concerns you have there and then. They do a brilliant job. You can make suggestions about how to improve things and it happens; gets done quickly. I would absolutely recommend working here; very supportive good place to work."

People and their relatives were positive about the service and felt that the management team and senior staff were available if they had any concerns. One person told us, "I would highly recommend it here. Utterly charming; a home from home. Made lots of friends, plenty to do, the food is marvellous. There is plenty of staff who are kind and caring, keep me safe and well; always willing to help you. I have no complaints." Another person commented, "The food is nice, the staff are caring, current management really good. If I feel like talking I can go to anybody; staff or people in the office. Not a problem." A third person commented, "[Acting manager] goes out of their way to make sure you have what you need, everything is okay. I see them

around all the time. They know exactly what is going on." A fourth person said, "I'm very happy here, I waited a long time to move in, the staff are very good." A relative said, "Current manager is good at getting back to you. Very good at keeping you informed; good communicator and follows through on agreed actions."

The management team were aware of their responsibilities regarding notifying us of important events. We looked at the statutory notifications sent to us by the service. A notification is information about important events, which the provider is required to send us by law. The notifications provided accounts of the incidents reported to us and we were informed of these events in a prompt manner.

People and their relatives were given the opportunity to voice their views of the service and to make suggestions on how the service could improve. There was an annual quality survey. Responses for this were positive. Where improvements had been suggested, we saw that there was a plan in place to address any concerns.

Regular 'resident and relatives' meetings were held. These were well attended and had detailed minutes that showed the people who lived there truly influenced what happened at the service. Information included updates on agreed actions, staff changes, training and any planned improvements. It also set out the activities planned for the future and encouraged people to get involved in any way they chose. One person said, "The resident meetings are good. You can say what you feel; safe to do so. Staff listen and go out of their way to fix things, or act on suggestions. Not easy as you can't please everyone."

In addition to the survey and meetings people, relatives and visitors to the service were encouraged to leave feedback on a well-known independent care home review website. At the time of the inspection De Lucy had been rated 9.9 out of a score 10. Complimentary feedback included, "The management and staff could not be more helpful or caring. I would certainly be happy for any of my family or friends to stay at De Lucy House. Well done to the team, excellent service and care."

Regular staff meetings were also held. Records of these meetings showed that issues such as staff support and roles and responsibilities were discussed. Staff we spoke with told us that the staff meetings were useful as they felt involved in the development of the service. A member of staff commented that they were, "Able to raise any concerns they had in a staff meeting."

Robust governance systems to monitor performance were in place. The management team assessed the quality and safety of the service through a regular programme of audits. This included health and safety checks, safe management of medicines and auditing people's care records. We saw that these were capable of identifying shortfalls which needed to be addressed to ensure the service continued to advance. Reviews of care were undertaken and included feedback from people who used the service or their representatives where appropriate, staff and relevant professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

Information relating to the running of the service was shared with the provider through regular reporting by the acting manager. This covered everything from admissions, safeguarding, maintenance of the building, to falls, care reviews and staff training and ongoing development. This information provided effective governance, accountability and oversight of what was happening within the service and contributed towards plans for the continual improvement of the service. Where outcomes and actions were identified, this fed into a development plan for the service providing the senior management team with the governance and oversight to take appropriate action. This included ongoing training and recruitment, workforce development and enhancing communication systems.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. Feedback from a healthcare professional said, "I would have no hesitation in recommending De Lucy House to any of my friends or family needing residential care. I believe that they provide safe, high-quality care with a very personal feel."