

The Lombrand Ltd

The Lombrand Limited

Inspection report

52-54 Tennyson Avenue
Bridlington
Humberside
YO15 2EP

Tel: 01262677149

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Lombrand is a residential care home providing accommodation and personal care. The service accommodates up to 21 people living with mental health conditions. At the time of our inspection 16 people were living at the service. The Lombrand is one building with 3 floors.

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

The service had made significant improvements and changes since our last inspection, but these practices were not yet embedded. The manager acknowledged, "There was further work to be done".

Improvements to governance systems had been made since the last inspection, however, these were not always fully effective and had failed to identify issues raised during the inspection. Further improvements were required to ensure documentation was consistently accurate. Care plans were not always reflective of people's current needs.

There was not enough staff to ensure people received personalised care. Staff had received training and were clear about their role. Staff had good knowledge of safeguarding and told us they felt confident raising concerns.

People told us the food was good and people had enough food and drink provided.

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

People who used the service told us they felt safe. One person said, "It's a lovely home".

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 8 April 2022) and there were breaches of regulations. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 8 April 2022. During this inspection the provider demonstrated some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We have identified continued breaches in relation to governance and oversight of the service and in relation to the deployment of staff.

At our last inspection we recommended the provider review their systems and processes to ensure access to healthcare services are consistent. At this inspection we found the provider had acted upon this recommendation and some improvements had been made.

At our last inspection we recommended the provider review their systems and practice relating to complaints. At this inspection we found the provider had acted upon this recommendation and improvements had been made.

At this inspection, we have made recommendations relating to achieving better outcomes for people.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Lombrand Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 3 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.

Service and service type

The Lombrand is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. The Lombrand is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 of their relatives. We spoke with 10 members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed documentation relating to staff recruitment and the health and safety of the service. We looked at the governance arrangements in place and reviewed 5 care files for people. We looked at medicine's records and medicine stock.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed but no evidence people had been.

Staffing and recruitment

- At the last inspection we highlighted to the provider shortfalls in their recruitment processes to ensure staff were of suitable character. At this inspection we found some improvement had been made, however further work was required to ensure documentation was consistently completed. We have reported on this within the well-led section.
- The staffing levels remained the same as the previous inspection; there were 2 staff members on each shift to support 16 people. Staff said, "We have to do all the cleaning, then cooking, then do the medicines, then put away any orders that come, make drinks, answer the phone, laundry, we don't really have time to talk to people never mind to take someone out or play a game."
- People told us the staff were always busy and didn't get much time to do anything stimulating, such as activities or "Even just a chat". One relative observed, "They seem to work flat out." We have reported on the impact of this in our responsive section.
- The provider had recently restructured the staffing system and was actively trying to recruit to address the shortfalls in staffing.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to assess and monitor risk to keep people safe from the risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Risks to people had been identified and mitigated effectively. At our last inspection, there were concerns about fire safety; these had been resolved. Appropriate paperwork was now in place and reviewed regularly and staff were knowledgeable about what to do in an emergency.
- The provider was in the process of reviewing and updating each person's care plan and risk assessments. These required further work as they did not always reflect people's needs to ensure staff provided safe and appropriate care. For example, one person's care plan stated they required a soft diet, but this was no longer required. We have reported on this within the well-led section.

Using medicines safely

At our last inspection, the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- Medicines were managed safely and stored securely.
- One person had periods away from the service, however there was no clear process for how medicines would be managed and documented.
- Two people self-administered their medicines, however for one person there was no risk assessment in place. We have reported on medicines records in the well-led section.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure effective infection and prevention control measures were in place. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- The service was clean and the provider managed the risk of infection well.
- Staff were knowledgeable on how to control and prevent the spread of infection. Staff told us, "We wear masks, and in the kitchen, we were extra PPE. Obviously basic stuff like washing our hands, checking temperatures and wearing face masks."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people were safeguarded from preventable harm and systems were not robust enough to demonstrate learning from incidents This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were safe from avoidable harm because staff were aware of the safeguarding policy and processes.
- Staff demonstrated a good understanding of safeguarding, what to report and when to report it. Incidents had been reported to the local authority safeguarding team appropriately.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection, we found staff did not have sufficient training, or were suitably skilled to meet the needs of the people using the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 18.

- Since our last inspection, staff had received training relevant to their role and were clear about their responsibilities. The provider had completed competency checks and had developed a new induction programme for staff which was tailored to the needs of the people who use the service.
- Most staff we spoke with told us they felt supported despite the lack of formal and recorded supervisions. One staff member told us, "We don't have the staffing to allow for a sit-down chat or supervision, but we can talk to [The manager] about anything."
- The provider evidenced their plans to implement a new supervision structure and appraisals which promoted reflective practice. This had not been implemented the time of our inspection.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found systems were not in place to ensure consent was always achieved, in accordance with the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff ensured people were involved in decisions about their care.
- Consent forms had been implemented within the service for various aspects of people's care. Where a person could not consent to their care, the appropriate legal guidelines had been followed.
- Staff were able to demonstrate their knowledge and the importance of gaining consent and the MCA.

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

At the last inspection we found, systems were either not in place or robust enough to ensure service users nutritional and hydration needs, having regard to the service user's well-being and choice. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were provided with sufficient food and drinks; these were no longer limited to a set amount or a set time each day.
- People told us they really liked the food. One person said, "It is always hot and tasty."
- Staff were aware of people's nutritional needs such as diabetes, but the provider did not offer low sugar or diabetic alternatives and therefore, people with additional needs did not always get the same choice as others.

We recommend the provider seeks support and guidance from a reputable source and considers adapting the menu choices available to people with specific dietary requirements.

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

At the last inspection, we recommended the provider reviewed their systems and processes to ensure access to healthcare services were consistent for people. The provider had made improvements.

- People had been referred to healthcare services in a timely manner, where recommendations were made, these were acted upon swiftly.
- Staff told us when they would seek and/or offer medical attention to people. Staff encouraged people to attend routine appointments.
- The provider had provided advice and guidance to people about healthy eating and encouraged people to join the local gym.

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

- Care was planned and delivered in line with current guidance and legislation, but further work was required to support people to achieve their best outcomes.
- People were not always consulted or provided with opportunities to learn new skills, there was no care plans around improving people's skills and independence.

We recommend the provider reviews their processes in line with best practice guidance to ensure people's outcomes are identified and care is developed and designed to improve people's outcomes.

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

- The service was clean and suitable for the people who lived there. One person said the service was

"Homely" and another said, "It always clean and my room is amazing."

- The provider had made improvements to the service's décor and taken steps to ensure it was safe and appealing. Any issues identified in the last inspection had been actioned and remedied. Some areas of the home still required updating but the provider had already identified this and had an action plan in place.

Is the service caring?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people were not always supported with respect and their independence was not always promoted.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection we found systems were either not in place or robust enough to ensure people were being supported to promote their dignity and independence. This was a breach of regulation 10 (Dignity and respect) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's independence was not always promoted.
- Staff told us they did not have the time to support people to be independent and often did things for people for ease. One staff member said, "I don't think we do a lot to promote independence, not one bit. If anything, we do the opposite, we do everything for them."
- People received support from familiar staff who understood their needs and had a positive relationship with.
- People told us they were always treated with dignity and respect. One person said, "Staff are nice and kind, they speak to me kindly."

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

- People were involved in shaping the service and encouraged to provide feedback about their own care.
- The provider had created a comments box for people to raise any issues or suggestions. The provider had taken steps to ensure this was anonymous to encourage people to use it.
- People were invited to 'resident's meetings' and asked to complete surveys of their experiences to help shape the service.
- People told us they felt valued.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Staffing levels did not always allow for staff to provide personalised care to people. Staff told us they were task focused and did not have any time to invest in developing people's skills or promoting independence.
- We reviewed the staffing dependency calculator which was used to calculate staffing levels. The staffing dependency calculator identified the need for an activities coordinator. Whilst the provider was actively recruiting into this post, no provisions had been made to address the shortfall in hours.
- Feedback from staff included, "We still don't have any activities during the day, not encouraging people to go out, we are still short staffed" and "People do nothing meaningful at all. At best, they have a walk around the block".

The provider had failed to ensure there were sufficient staff deployed to provide personalised and safe care. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had identified there was a need for an additional member of staff to work specifically with people to ensure they were supported to take part in activities, follow their interests and avoid isolation. The provider was actively recruiting for this role at the time of our inspection.

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

At the last inspection we found the provider had failed to plan and provide care in a personalised way. This was a breach of regulation 9 (Person centred care) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 9.

- People had choice and control over their how they received their care. For example, where it was safe to do so, people had been provided with their own fob so they could leave and access the service as they liked. One person said, "I go out two or three times a day, don't like it when it is raining but get out whenever I want."
- The provider and the staff recognised the need to provide care in an individualised way and had removed

any blanket restrictions, policies and ways of working.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At the last inspection we found the provider failed to ensure people received information in a way they could understand. This was a breach of regulation 9 (Person centred care) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 9.

- People had communication care plans and access to information in a way they could understand. For example, there was easy-read formats available for people where needed.
- We observed staff interacting positively with people and it was clear staff understood people's communication needs.

Improving care quality in response to complaints or concerns

At the last inspection we recommended the provider sought advice and guidance from a reputable source, about the management of and learning from complaints.

- The provider had a complaints process and policy in place but had not received any complaints since the last inspection.

End of life care and support

- People at the home had a personalised end of life care plan detailing their preferences to equip staff to support them at the end of their life.
- The provider was not supporting any people with end of life care at the time of our inspection.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection, we found systems and processes were not established to identify and mitigate risk. This was a breach of Regulation 17(Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems had been introduced and implemented to identify and monitor risk, but these were not yet embedded or fully effective. For example, audits failed to identify inconsistencies relating to medicines found on inspection and had failed to identify some gaps in recruitment records, such as missing interview records and recent photographs.
- Improvements had been made to documentation however further work was required. Care plans for people did not always reflect their current needs or provide detailed guidance for staff on how to manage risks relating to people's health. For example, one person with diabetes had a risk assessment instructing staff to look for signs of low blood sugar level but did not outline what the signs of low blood sugar levels were.
- Care plans did not always provide staff with guidance on how and when to escalate a health concern. This meant we could not be assured this was being monitored effectively. For example, where a person's weight was being monitored, there was no guidance for staff when a weight loss or gain would become a health issue requiring further action.
- The provider now understood the need for quality assurance systems and had implemented these to measure the delivery of care against good practice guidance. However, these still need embedding to ensure a high-quality service is consistently achieved.

Systems and processes to ensure good governance of the service were not robust. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At the last inspection we found the provider had failed to seek and act on feedback of relevant people. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- The service had a positive culture and the provider actively sought people's views and the views of people important to them. Where people's views had been sought, the provider acted upon these to improve the service. For example, people told us they missed pork pies from the summer menu, so these were added to the winter menu too.
- People were proud to tell us they had been asked for their feedback and felt able to voice their opinions without worry of any consequences. One person said, "I feel I can stand up for myself now."
- Staff told us they felt able to raise any concerns and were actively encouraged to do so. One staff member told us, "When I first started, [the owners] were there too. They asked me how my first days had been and if anything could be improved. They took it on board too."

Continuous learning and improving care

- The provider had invested significant time and effort to address the issues raised at the last inspection and to drive improvements at the service.

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

At the last inspection we found the provider had failed to inform CQC of notifiable events. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

Enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider was able to demonstrate they understood their responsibilities under duty of candour; but had not needed to apply this since the last inspection.
- The CQC had been informed of all notifiable events by the provider.