

Majesticare (Lashbrook) Limited

Lashbrook House

Inspection report

Mill Road
Shiplake
Henley-on-Thames
Oxfordshire
RG9 3LP

Tel: 01189401770
Website: www.majesticare.co.uk

Date of inspection visit:
26 August 2020

Date of publication:
23 September 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Lashbrook House is a residential care home providing personal and nursing care for up to 46 older people, some of whom lived with dementia. At the time of the inspection, the service was supporting 26 people.

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

The provider had made improvements since the last inspection. Overall medicines were being managed safely at the home in line with national guidance. We have made a recommendation about ensuring the electronic medicines system fully reflects people's allergies.

Care records were detailed and up to date. This meant risks to people were assessed and managed to minimise potential harm.

Improvements had been made since the last inspection in relation to governance and oversight. Systems were effective in identifying and addressing quality concerns.

People were positive about living at Lashbrook House. Their relatives were also confident in the care their loved ones received at the home. They were supported by sufficient numbers of staff who were knowledgeable about their needs and had time to spend with them.

There were effective infection prevention and control systems in place to ensure the risk of infection was managed.

Everyone we spoke with was positive about the new home manager and complimentary about how hard the home manager and staff had worked during the COVID-19 pandemic to keep people and staff safe.

Relatives told us they had regular contact with the service throughout the COVID-19 pandemic and they felt confident to raise any concerns.

There was an open culture and staff were complimentary about the improved staff morale that had been achieved with the support of the home manager.

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

Rating at last inspection: The last rating for this service was requires improvement (published 9 March 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

We undertook this focused inspection to check the provider had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to the key questions of Safe and Well-led which contained the previous breaches. The key question Responsive also had a breach but we ensured this was met by reviewing the Well Led section of the inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lashbrook House on our website at www.cqc.org.uk.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lashbrook House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

This was a focused inspection to check whether the provider had met the actions of the requirement notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection activity was completed by two inspectors, a pharmacist specialist advisor and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lashbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was not a registered manager in post. However, the manager was in the process of registering with CQC. 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.

Notice of inspection:

We gave a short period notice of the inspection because we wanted to be sure that people and staff at the service were not showing signs of Covid-19. The management confirmed there was no-one at the service with symptoms or a positive test result for Covid-19. The site visit took place on 26 August 2020.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We spoke with the provider and requested a range of documentation relating to the safety and management of the service and training data. We looked at six people's care records. The ExE spoke with seven relatives by telephone. We used all of this information to plan our inspection.

During the inspection

On the day of the inspection, we spoke with two people who lived at Lashbrook House. We spoke with six members of staff including the home manager, the provider's company engagement lead, two nurses and the chef. We followed up information we had reviewed whilst planning the inspection. We also reviewed nine medicine administration records and seven medicines related care plans. We observed the staff give medicines in the morning.

After the inspection: We continued to seek clarification from the provider to validate evidence found. We received feedback from nine staff on their views about the service. We discussed our initial findings via a teleconference call the day after the inspection with the manager, chief operating officer, quality development lead and the engagement lead.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- ☐ Allergy status was not always evident on the Medication Administration Records (MARs) we printed out. Allergy status was recorded on various places on the electronic medicines management system. However, for some residents the allergy status was not recorded on the MAR when it was printed. This meant if there was a problem such as power failure and staff were not able to access the electronic system, the MARs would not have allergy status printed for everyone at the home on the MAR.

Recommendation: The provider should review information on the electronic system used for medicines to ensure it is accurate and up to date.

- ☐ Medicines were stored securely and at appropriate temperatures including controlled drugs.
- ☐ The staff were polite, gained permission when they gave medicine to people. They signed for each medicine on the electronic medicine administration record (MAR) after giving it.
- ☐ Some people at the home were given their medicines covertly. The staff had completed appropriate records to ensure medicines could be given covertly. Covert administration is when medicines are administered in a disguised format, hidden in food or drink.
- ☐ There was information in people's care plans to help the staff monitor or manage side effects of high-risk medicines such as anticoagulants or insulin.
- ☐ Some people were prescribed medicines for Parkinson's disease. These medicines need to be given at specific times or intervals. MARs for these medicines provided evidence that staff members had given these medicines at specific times as prescribed.
- ☐ There was a medicine policy in place to support medicines management.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care

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

- The management team had an electronic care plan and risk assessment system in place which was up to date with risk assessments to ensure all was being done to reduce the risk of harm. For example; assessment of falls and hydration.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. For example, skin integrity was optimised with clear documentation on equipment and topical medicines to reduce the risks. This meant staff were clear about actions required to reduce the risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the service. One person said, "Oh yes. I'm very safe here. I can see the doctor if I need to, but I've not needed him." A relative told us, "If there were any problems or I just needed to speak to anyone I know I could speak to [manager]. She has a medical background and I think it has been very useful. [Manager] is an incredible person."
- The provider had systems and processes in place to ensure all concerns were reported and investigated.
- Staff had completed training and had a clear understanding of the action to take in the event of any safeguarding concerns. A member of staff said. "From the recent retraining I had, I refreshed my knowledge in regard to better recognise the abuse at work, and the ways we have to deal and report in case there is abuse."

Preventing and controlling infection

- Staff and management had a clear understanding of the required COVID-19 infection control precautions and followed current guidance.
- There was enough personal protective equipment (PPE) in stock. Staff wore PPE in line with current guidance.
- Staff had access to guidance and training on infection control to ensure safe working practices.
- The service was clean and free from malodours. There were cleaning schedules in place to ensure all areas of the service were kept clean.

Staffing and recruitment

- The provider had safe recruitment processes in place to ensure they recruited appropriate staff to work in the service.
- People told us there were enough staff. One person said, "Staff are very good and always there when I need them. I don't use my bell often but if I do, they come quickly."
- Throughout the inspection staff were attentive and had time to speak with people.

Learning lessons when things go wrong

- The provider had made significant improvement since the last inspection. A relative commented, "The carers are certainly much happier now there is a change in management and some that left have now come back."
- The provider had systems in place to monitor accidents and incidents and look for ways to improve the service and reduce the risk of further occurrences.
- An audit of all accidents and incidents identified areas for improvement and actions needed as a result of the audit.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to ensure systems were in place to ensure compliance with the regulations. Records did not always contain accurate and consistent information. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a breach of regulation 17 in the Responsive section of the last report. We ensured we reviewed the information of concern within the Well Led key question to ensure the breach had been met.

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

- Although we found an issue relating to mattress checks and repositioning charts on the electronic records, the provider's auditing system had already identified this and they were taking action to minimise the potential risk.
- Medicine audits took place internally and externally to improve medicines management at the home. Care plans were regularly audited. All staff were involved in reviewing a particular person's care plan each day to ensure all records were accurate and all risks were being minimised.
- Where audits had identified issues, action plans had identified when actions needed to be completed and by whom.
- Although a registered manager was not in post, the manager had applied to CQC to become registered. We received positive comments about the management of Lashbrook House from people, relatives, staff and external professionals. □

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had started at the service in December 2019, just before the last inspection. Progress had been made since the January 2020 inspection and this was during the Covid-19 pandemic which brought about some difficult challenges. We received positive feedback from relatives about this period of time. One said, "It has been a tough year for [manager] with the pandemic. We as a family have been updated regularly as to what their plans are."

- Relatives told us they had been supported to stay in touch with their loved ones during the pandemic. A relative said, "I have been able to visit [name] several times now, at first it was through the window and since July it has been in the garden. It has been organised so very well, there has been plenty of space so we can keep the metre distance."
- We received many positive comments from relatives about Lashbrook House, These included, "It's a lovely home and I would be more than happy to be there myself. My [relative] feel it is their home and we can visit any time of day, I could stay there all night if I needed to"; "I would recommend the home to others, they are a very friendly team and care for the residents very well indeed" and "I would recommend the home to others, it's a lovely set up. The carers are good to me and to the residents."
- We observed the manager interacting with people and working alongside staff throughout the day. Where we had identified issues during this inspection, the manager was already aware of them and had plans to address them.

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

- The provider understood the responsibilities of their registration. Providers are required to notify CQC of important events such as allegations of abuse, serious injuries or deaths. Records showed that where required, the provider had notified CQC of these incidents.
- Relatives told us they were always contacted to inform them of relevant information. One said, "They have always informed me by phone if [name] has been ill or if anything has occurred."

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

- People were engaged in the service. People and relatives had been kept updated and involved about the impact of Covid-19. The service had put in measures to ensure people still had a good quality of life.
- Relatives told us they had regular contact with the home manager and prior to the Covid-19 pandemic they had regular meetings where they had the opportunity to share ideas and voice concerns. One commented, "I haven't had meetings recently but did in the past. I have had conversations over the phone for updates recently."
- Staff told us they had regular engagement with management. One commented that management, 'Listened to the suggestions of the others of how to make the home better. Allowing the workers to give feedback about the home and to be able to suggest improvements in the home. To support and suggest improvements that allow the staff to become more effective over their work and help the residents to have a more enjoyable and quality life in the home.'
- Staff told us they felt supported in their roles. One said, "Any concerns raised, and any support asked, it is dealt with effectively and followed up."

Working in partnership with others

- The service worked closely with commissioners and health professionals supporting people living at the service. One health professional provided feedback stating, "Since (the last inspection), I have seen an overall improvement in the way things are going at Lashbrook'. They went on to say, "[Manager] has always been responsive and proactive in the interests of improving things."