

The Lombrand Ltd

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Lombrand is a care home that is registered to provide accommodation and personal care to a maximum of 21 people who have mental health needs. The property is a large house which is situated close to transport links and other local amenities in Bridlington, in the East Riding of Yorkshire. At the time of this inspection there were 15 people using the service.

At the last inspection in March 2015 the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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.

Risks to people and the environment were assessed and plans put in place to mitigate any identified risks. Policies and procedures were in place to manage medicines. The provider had safe recruitment procedures in place and ensured there were sufficient numbers of staff on duty to support people's needs. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns.

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

The provider had a plan of training in place to ensure staff had the correct skills to meet the needs of the people using the service. Staff were supported through supervision and received an annual appraisal. People were provided with a balanced and varied menu to meet their nutritional needs.

Staff provided care and support in a meaningful and caring way. They knew the people who used the service well. People were involved in the planning of their care and support.

People's care and support needs were detailed, reviewed and met by staff who had a good understanding of how and when to provide people's care. Staff respected people's choices and independence.

There was a complaints procedure in place and people told us they knew how to complain.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 comprehensive inspection took place on 29 June 2017 and was unannounced. The inspection was carried out by one adult social care inspector and one 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. The expert by experience who supported this inspection had knowledge of mental health services.

Before our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are when registered providers send us information about certain changes, events or incidents that occur. We consulted with the East Riding of Yorkshire local authority safeguarding and quality monitoring teams to ask for their views on the service.

The provider submitted a provider information return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time with people in the communal areas of the service. We joined people for a meal and observed the meal time experience and staff interactions during the visit. We spoke with eight people who used the service. We also spoke with the registered provider and manager, three care staff and two visiting health care professionals. We looked at three people's care records and nine medication administration records, staff rotas, meeting records, staff training records and other records about the management of the service. We also had a walk around the home.

Is the service safe?

Our findings

People remained safe living at The Lombrand. All the people we spoke with told us they felt safe and well cared for. Comments from people included, "I wouldn't want to live on my own. I feel safe here," "I have always felt safe here and I like it" and, "I am very happy at Lombrand Care Home. I feel safe here."

People were protected from the risk of abuse because staff knew how to identify abuse and understood their responsibility to report any concerns to keep people safe. Staff had received training in safeguarding adults. They were confident any concerns raised would be investigated. One member of staff told us, "I would be comfortable alerting. I did a course which covered how to alert. It could be anything from verbal to physical abuse. I have called the safeguarding team in the past to discuss a concern." Appropriate safeguarding procedures were in place and followed to ensure concerns were reported and investigated.

Individual risk assessments were in place for people. Examples included, assessments in relation to people accessing the community, medicines, behaviour and the home environment. The risk assessments included management plans that provided clear guidance for staff on how to monitor and manage identified risk. Risk assessments were up to date and reviewed on a regular basis.

We saw the manager monitored and analysed all accidents and incidents for further analysis. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

The home was clean, tidy and free from any unpleasant odours. The manager told us that staff members were responsible for ensuring that the home was cleaned and the provider visited twice each week to support staff with this. We saw that cleaning schedules were in place and completed. Audits had taken place that included reviews of infection control and health and safety to ensure associated systems and processes remained effective.

During the inspection we observed that people were able to move around freely and safely in the communal areas of the home. We saw that people came in and out of the house as they wished without restrictions in place.

We saw that there were two care staff, and the manager on duty and available to people. We looked at the rotas from recent weeks and saw there were adequate members of staff on shift to support people if they required this.

Medicines were managed safely and stored securely in a locked cupboard in a medicines trolley. We found associated medication administration records were up to date and completed correctly with no gaps. Stocks of medicines were checked daily, meaning any errors would be identified in a timely and efficient way. One member of staff was the 'medication champion'. The purpose of this role was to support and improve staffs understanding of medicines. We saw the medicine champion had completed a presentation to staff and completed spot checks on their practice. One person told us, "The staff manage my medication

and it makes me feel better."

Is the service effective?

Our findings

People spoke positively about the care and support they received. Comments included, "Before I lived here I used to have to go out looking for food but now The Lombrand is my home and I choose to live here", "I have lived here for three years and I like it here. We get a good choice of food and I am independent but get looked after here" and, "I would say The Lombrand meets my needs 100%."

People confirmed they had access to health care services. One person told us they had felt poorly and told the staff. The staff had phoned for an ambulance. The person went on to tell us, "I was happy with their response to my situation." Another person told us, "I see a psychiatrist and I like him." A health professional told us, "The clients certainly have their needs met. They [staff] liaise with us well and if they have any concerns they work collaboratively with us."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this visit we found that the home was meeting the requirements of the MCA and DoLS. We saw that assessments of people's capacity to make decisions were contained within their care files and that these were updated on a regular basis. No one who lived at the home was subject to DoLS. People had signed their care plans, and progress in relation to these was discussed with them at key worker meetings.

Staff we spoke with told us they received regular training. One member of staff told us they had training throughout the year and if they felt they needed specific training they were confident the manager would provide it. Another member of staff told us, "I am due to complete my medicines training and I have done the NCFE paperwork training. If I said to [Name of manager] I needed another refresher they would sort it. [Name of manager] is high up on training." NCFE is a national awarding organisation.

Staffing records we looked at showed that staff had received regular supervision sessions with the manager. Team meetings took place on a bi-monthly basis and the records showed that these were used to discuss practice issues as well as staff progress. Concerns in relation to people who lived at The Lombrand were also discussed at these meetings.

We observed the lunchtime meal in the dining area. People were offered a choice of hot soup and a warm roll or a sandwich followed by fruit, yoghurt or both. Hot and cold drinks were also available. People told us they enjoyed the food, one person said, "I am happy with the food here, I like my dinners and I get a choice." One member of staff acted as a 'Nutrition champion' and managed a 'nutrition file' which we looked at. This contained an overview of the champion role and regular checks of people's care plans, weights and any changes in people's body mass index. We saw the service supported people to maintain a healthy balanced diet and two people had individual menus to support their personal nutritional needs.

Is the service caring?

Our findings

People told us that the service was caring. One person said, "They [staff] gave me the best day of my life on my birthday because they came in on their day off and took me to see my sister in Doncaster" and another told us, "I needed some new clothes last year so [provider] took me shopping and spent £150 on me."

People told us they liked the staff. Comments included, "The staff here are nice people. I get on with all of them" and, "We all get on well here, we are like one big family." Staff were consistently positive and encouraging and talked enthusiastically about the support they delivered. One member of staff said, "One person is managing their own medicine and is doing really well with this. We provide care to people and make sure people have good days, it's all about them [people who use the service]."

Staff demonstrated empathy and an understanding of people's support needs and challenges. There was genuine thought for people's well-being. Staff were committed in supporting people to be as independent as possible. One person told us, "I used to go to the gym every day but now I only go a couple of days because of my health; the staff were worried about me overdoing it" and, "I like to keep active and involved and I help the staff by taking the bins out and cleaning the garden." A member of staff told us, "Some people do housework like hoovering, washing up and a couple of people do their own laundry."

Support plans to develop people's independence as far as possible were followed by the staff. Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff told us, "We complete people's care plans with them and they are fully involved."

To ensure their needs were met, people had access to their own key worker. This provided one-to-one time with the person to discuss their needs. Following work with their keyworker and including other staff support, one person was now administering their own medicines. People had access to advocates when required and the manager told us the service was supporting one person to access advocacy services at the time of this inspection. An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.

We observed that people's privacy and dignity was respected at all times. For example, we saw one person received a telephone call at the service. The staff member brought the person the telephone and asked them if they wanted to take the call in a more private area.

We observed that people frequently came to the manager's office to seek advice and reassurance. One person came to speak to the manager about their cigarettes and another came to talk about an upcoming medical visit. The manager provided appropriate information and reassurance to both people.

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw staff provided people with person-centred care. This is when treatment or care focuses on people's individual needs and preferences. For example, staff knew people's needs well and provided them with choices, one member of staff told us, "One person likes to have their medicines in bed every morning."

Detailed assessments of people's needs were carried out before the service started to provide their care. People and where appropriate, other interested parties were involved in planning their care. This ensured the service could meet people's needs and that staff had the right skills and experience to meet people's needs. Care plans reflected the assessed person's needs and were personalised to the support each person required. Care records for people contained information about their background, mental and physical health, likes, dislikes and preferences.

Regular reviews of people's needs ensured staff provided appropriate support. Care records were up to date and support plans contained appropriate guidance for staff to meet people's changing needs. Records confirmed the involvement of healthcare professionals in reviews of people's needs to ensure they were fully supported with their health and wellbeing.

Staff knew people's mental health diagnosis and the signs to be aware of that may indicate this was deteriorating. One member of staff told us, "Signs of deterioration may be people forgetting their clothing and sometimes a reduced appetite may be apparent." Staff told us the service had a close relationship with the mental health team for additional support if people needed this. A healthcare professional told us, "Staff are fantastic; they are both accessible and approachable."

People's needs were met by an experienced dedicated staff team who worked together to offer the best support they could. People received good care that was personal to them and staff assisted them with the choices they made. We observed that people appeared content and they received the support they required. One person told us, "I know if I had a problem the staff would help me."

People undertook some activities personal to them and were supported in what they wanted to do. For example, we saw one person reading a book during the inspection and one person told us, "I go out walking every day; I like it" and another said, "I am able to come and go as I please. I go to a car boot on a Tuesday and Thursdays to get the bargains." During the inspection we saw three people playing a game of bingo with staff and others left the service to go out into the local community. One member of staff told us, "One person regularly goes to the gym and another goes to a gardening group" and another told us, "The level of activity in house is quite low as people like to do things themselves. Today was arts and crafts and two people joined in. We sometimes play games like bingo and other board games and we have a pool table we sometimes get out." Where appropriate people were encouraged to maintain contact with their family to ensure they were not isolated from those people closest to them. A healthcare professional told us they felt there could be a better experience for people at the service to do more activity. We fed this back to the manager at the end of the inspection who told us they would discuss ways to try and encourage people to

take part in more activities with the staff team.

The provider had systems in place to receive, monitor and address any complaints that were made. During 2017 the service had not received any formal complaints. The complaints policy was accessible and displayed on the residents notice board in the main lounge.

Is the service well-led?

Our findings

There was a registered manager in post who was able to give us a good account of the service. They provided us with all of the information we needed, and it was well organised and easy to follow. 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.

Everyone we spoke with consistently described the manager in a positive light. People told us they could talk to the manager at any time. One person said, "There has been a lot of changes here, but good ones that is because of [Name]; the manager." Staff told us the manager was supportive and approachable. One member of staff told us, "Management is brilliant; ten out of ten. [Name of manager] is onto everything, they give 100% to people. They are hands on and will support us if needed. I never worry about talking to the manager or the owners."

The manager led by example in their role and was not restricted to the organisational side of management. They worked alongside staff which allowed them to observe the care and support that was provided. They told us this helped people and staff to know they could talk to them at any time. The manager had completed a Level 5 Health and Social Care qualification. They told us they received regular local authority forum meeting minutes and regular health and social care sector magazines to keep them updated with best practice. They spoke positively about the provider. They told us the provider was easy to talk to and they could access them at any time.

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in March 2015 was displayed on a notice board in the service.

The manager encouraged an open line of communication with the staff team. Regular staff meetings were held. We viewed minutes of the previous three staff meetings and saw issues directly involving the running the service were discussed, such as policies, medicines, paperwork, supervisions, staff rotas and cleaning. One member of staff told us, "We discuss any information for staff and have general chats about the residents." Regular residents meetings were held to seek people's views on the service and their thoughts on issues such as menus, key working and activities.

Systems were in place to ensure that the staff team communicated effectively throughout their shifts. Communication books were in place for the senior staff team. We saw that these detailed the necessary information relating to people, such as appointments, activities and visitors. This meant that staff had all the relevant information at staff handover.

The quality of the service was subject to regular checks to drive improvement. There were monthly checks of various aspects of the service to ensure staff had followed best practice and the provider's procedures. Records of the audits on the quality of care included care plans, fire safety, infection control, complaints,

safeguarding, staff training and medicines. The manager identified any shortfalls and put actions in place to ensure these were addressed.

The premises were well maintained and decorated. Maintenance checks were being completed regularly and we could see that any repairs or faults had been highlighted and acted upon.

The service worked in partnership with other healthcare professionals and external agencies to ensure people received care that was coordinated and appropriate.

All services that are registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the manager had made appropriate notifications.