

# Majesticare (Lashbrook) Limited

# Lashbrook House

## Inspection report

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

Tel: 01189401770  
Website: [www.majesticare.co.uk](http://www.majesticare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lashbrook House is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 46 people over two floors.

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

The provider had recruited a new manager since the last inspection who was making significant improvements to the quality of the service. The improved systems had identified issues we found on this inspection. However, the provider had failed to take effective action to ensure they were meeting the regulations in line with the action we told them to take following the last inspection.

Medicines were not always managed safely. People were not always supported in line with their care plans which meant risks to people were not always effectively managed. People's care records did not always include consistent information.

People felt safe and were protected by staff who knew how to report concerns relating to harm and abuse. There were sufficient staff to meet people's needs. There were improved systems in place to monitor accidents and incidents.

Staff felt supported by the manager. The manager had arranged a range of training to enhance staff skills and knowledge. People enjoyed the food and individual dietary needs were met. People were supported to access health and social care professionals when needed.

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 enjoyed a range of activities. People knew how to make complaints and complaints were dealt with effectively. People were supported with end of life care and benefitted from access to the community palliative care team.

Everyone was positive about the manager and felt the quality of care was improving. The manager was committed to improving the service and was being supported by the provider to ensure improvements continued.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 9 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We carried out a targeted

inspection on 17 October 2019 (published 6 November 2019) to follow up on the enforcement action we took in relation to people's safety. At this inspection we found some improvements had been made, however the provider was still in breach of regulations which has resulted in requirement notices.

#### Why we inspected

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

#### Follow up

We will request an action plan from the provider to understand what they will do to continue to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# 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.

#### Inspection team

This inspection was carried out by one inspector, one assistant inspector 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.

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.

#### 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 local safeguarding team. 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.

#### During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with 13 members of staff including the home manager, deputy manager, operations manager, nurses, care practitioners, care staff and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from two health care professionals.

# 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 inadequate. At this inspection this key question has now improved 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.

### 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 Act 2008 (Regulated Activities) Regulations 2014.

Although we found significant improvements had been made at this inspection the provider was still in breach of regulation 12.

- Risks were assessed and there were plans in place to manage those risks. However, we found people were not always supported in line with their care plans. One person was at high risk of pressure damage. The care plan stated the person required repositioning two hourly. Records showed the person had not always been repositioned as required.
- Care plans identified where equipment was required to manage the risk associated with pressure damage. Equipment was in place but was not always monitored to ensure it was set correctly. One person was at risk of pressure damage and had a specialist mattress in place. Records showed the mattress setting was not set appropriately for the person's weight.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems for monitoring risks associated with people who experienced distressed behaviours had improved to ensure risks were managed effectively. The service worked closely with health and social care professionals to identify effective methods to meet the needs of people when they demonstrated these behaviours.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found some improvements had been made at this inspection the provider was still in breach of

regulation 12.

- Staff administering medicines did not always follow good practice guidance. Staff did not always use no touch techniques when handling medicines.
- Systems for monitoring the application of topical medicines was not always effective. Records did not always show that people received their medicines as prescribed.
- Staff did not ensure equipment that posed a risk to people was stored safely. A syringe was left unattended in a communal area of the service which put people at risk of a needlestick injury.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

At our last inspection the provider had failed to have effective systems in place to monitor accidents and incidents. 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 section of regulation 17.

- Accidents and incidents were reported and recorded. Records showed that all action had been taken to minimise the risk of a reoccurrence.
- Accidents and incidents were recorded on an electronic system which enabled the home manager to have an overview.
- The provider received a monthly report which enabled them to look for trend and patterns.

#### Staffing and recruitment

- The provider had effective recruitment systems in place to enable them to make safer recruitment decisions.
- During the inspection there were sufficient staff to meet people's needs. People's requests for support were responded to in a timely manner and call bells were answered promptly.
- Some people felt there were not always enough staff, whilst others raised concerns about the frequent changes of staff and the use of agency staff.
- Staff told us there were enough staff and were positive about the progress in staff recruitment.
- The manager was aware of the importance of using consistent agency staff to reduce impact on people. The manager was actively recruiting staff and told us there were several new staff waiting to start.

#### Preventing and controlling infection

- The home was clean and free from malodours.
- There were improved systems in place to monitor the cleanliness of the service.
- Staff had access to personal protective equipment and used it effectively.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the service. One person told us, "Oh yes, I feel safe living here."
- Staff had a clear understanding of their responsibilities to identify and report any concern relating to harm



and abuse. One member of staff told us, "I would report to care practitioner or straight to [manager]. I could report to CQC."

- The provider had policies and procedures in place to protect people from harm and abuse. The manager investigated and reported all concerns 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 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's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the provider did not ensure health professionals were suitably involved in people's care to ensure the health safety and welfare of people. 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 this section of regulation 12.

- Health professionals told us the service contacted them in a timely manner when people's condition changed and were responsive to advice and guidance given.
- The manager worked closely with health professionals to ensure the best outcomes for people. This included the Care Home Support Service (CHSS), mental health professionals and the local hospice palliative care team.
- Care records showed that where advice and guidance had been given this had been included and was being followed.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection we recommended the provider consider the MCA codes of practice relating to staff

knowledge and records to ensure they met the requirements of the MCA. The provider had made improvements.

- Staff had completed training in MCA and understood how to support people in line with the principles of the Act. One member of staff told us, "We assume they have capacity. We do as the resident asks e.g. want to have breakfast before getting up out of bed."
- Records identified where people had appointed a legal representative to make decisions on their behalf.
- Mental capacity assessments had been completed and records showed that best interest decisions had been made on people's behalf where they lacked capacity.

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

- Care records identified people's needs and how they wished their needs to be met. This included assessments and care plans that reflected good practice guidance and current standards.

Staff support: induction, training, skills and experience

- Staff had not always received regular supervision. However, staff told us they felt well supported. One member of staff said, "[Manager] is always there if you need her. I can talk to her at any time." The manager had identified the issue relating to regular staff supervisions and had an action plan in place.
- During the inspection there were new staff completing their induction. This included shadowing experienced staff and completing fire training. One member of staff told us, "Staff now get a proper induction."
- The manager had identified gaps in staff skills and had arranged training to ensure staff had the skills and knowledge to meet people's needs.

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

- People enjoyed the food and were given a choice of meals. One person told us, "The food here is very, very good in fact I would say it was excellent".
- Care plans reflected people's dietary needs and people received food in line with their care plans.
- The dining experience on the first floor of the service had improved. People were supported by staff who knew them well and took time to encourage them to eat and drink.

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

- Some areas of the service had been refurbished and there were plans in place to continue to improve the environment.
- The manager had recognised that the environment on the first floor was not suitable for people with distressed behaviours and was in the process of making changes to ensure people were being supported in an appropriate environment.

# 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 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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person said, "I am very happy here, the staff are fantastic, this place is excellent."
- Staff supported people with kindness and compassion. There was a warm, relaxed atmosphere with staff taking time to speak with people and explain what was happening. One member of staff was leaving a communal area, they smiled brightly and told people where they were going and reassured people they would return. People smiled in response.
- Staff knew people well and used their knowledge to engage with them in a way that valued them and recognised them as unique individuals.

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

- People and relatives were involved in their care. Relatives told us they were kept informed of changes. One relative was visiting a person who had just returned from hospital. The member of staff showed empathy and kindness to the relative showing genuine interest in how the person had been in hospital.
- Throughout the inspection we saw staff engaging people in decisions about their care. This included how they wished to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "Everyone is all polite, good and helpful here."
- Staff spoke with and about people in a respectful manner. One member of staff spoke quietly and discreetly with a person as they required support with personal care. They took time to reassure the person and ensured their privacy and dignity was respected.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant care plans did not always accurately reflect people's needs.

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

At the last inspection the provider did not ensure there was complete and up to date information relating to people's needs. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found some improvements had been made at this inspection the provider was still in breach of regulation 17.

- The provider had introduced an electronic care plan system. Care plans contained detailed information about people's needs. However, information was not always consistent. One person's care plan stated they required pureed food. The person's nutrition care plan identified the person required soft, bite sized diet. There was no risk to the person as the nutritional requirement was due to the person's ability to chew and was not a choking risk.
- Care plans were not always updated when people's needs changed. One person had been reviewed by the palliative care team and changes made to their pain-relieving medicines. These changes had not been updated in the person's care plan. The person was receiving the correct pain relief.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17(good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Permanent staff knew people well and were knowledgeable about people's needs and how these needs were met. One member of staff was able to detail clearly the specific needs of the people they were caring for on the day of the inspection.
- Relatives told us the new management team were responsive to people's changing needs. One relative told us their loved one had lost weight previously, but this was now being better managed. The relative said, "I saw [manager] and said he has to have more protein and he is on extra protein food. He has not recovered to his previous weight but it is moving in the right direction now and his happiness has improved, especially since he moved to this nicer room."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information relating to people's specific communication needs and how staff should support people to ensure they received information in a way that met those needs.

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

- Relatives told us they were welcome in the service. Some relatives visited every day and were included in their loved one's care. Staff understood the importance of supporting people to maintain these relationships.
- We saw people enjoying a range of activities during the inspection. This include a quiz, a visit from a community bible group, a singing session and flower arranging. There was much laughter and enjoyment during a bingo session.
- The manager was recruiting additional activity staff to improve the provision of activities in the service.
- Some people preferred to spend time on their own or enjoyed one to one activity. This was respected. We saw one person enjoying dancing with a member of staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Records showed that all complaints received had been responded to in line with the policy.
- Some relatives had raised concerns with the management team and felt they had been listened to and action taken to address their concerns.

End of life care and support

- The service supported people with end of life care to enable them to stay in familiar surroundings if this was their wish.
- The management worked closely with the GP and hospice community team to ensure people experienced dignified, pain free end of life care.

# 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 remained the same. This meant the service management and leadership was not established in the service. Leaders were still developing a culture to 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; Continuous learning and improving care

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 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made at this inspection, the provider was still in breach of regulation 17

- The systems to monitor the quality of the service had improved. Whilst the issues we found had been identified the provider had not taken effective action to ensure they were meeting the requirements of the warning notices issued following the last inspection. This has resulted in continued breaches.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the last inspection, the registered manager left the service and there was a new manager in place. The manager had applied to register with the Care Quality Commission.
- There was a new management structure in place to ensure staff received support and guidance to improve the quality of the service.
- The manager had been supported by the provider to implement improved systems to monitor the quality of the service. The systems were still being embedded.

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

- The culture and atmosphere in the service had improved. Staff were committed to providing care that centred on people's needs. This culture was promoted by the management team.
- The manager and deputy were approachable and available. They interacted in a warm and welcoming way with people, relatives and staff.
- Staff were positive about the improvements made by the manager. One member of staff told us, "It is very

different now. We are all feeling more supported, valued and respected".

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 manager promoted an open and honest culture. They had a clear understanding of their legal responsibility in relation to duty of candour.
- The manager notified CQC of all incidents in line with the requirements of the provider's registration.

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

- The manager was developing engagement processes to better include all those involved in the service.
- The provider had sent out a quality survey and was waiting for responses.

Working in partnership with others

- Health and social care professionals felt that relationships with the management of the service had improved.
- The manager was positively engaging with the commissioners of the service to ensure the improvements needed were in progress.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not ensure the proper and safe management of medicines. The provider did not ensure that risks were assessed and action taken to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not ensure systems were in place to ensure compliance with the regulations. Records were not always contain accurate and consistent information.