

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

About the service

The Lombrand is a residential care home providing accommodation with personal care. The home accommodates up to 21 people in one house. At the time of our inspection 16 people were living at the home who had mental health conditions.

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

People were kept safe from the risk of abuse and avoidable harm. Staff were recruited safely and there were enough staff to keep people safe. People received their medicines as prescribed and staff followed good infection control practices.

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 told us the care they received was effective. We saw people's needs and choices were assessed in line with standards, guidance and the law. Staff worked proactively to ensure people were supported to live healthier lives and have control within their lives. Staff told us they had access to training and felt supported in their roles. People's nutritional needs were met.

People received care from staff who knew them well as they had worked with them for several years. People liked staff and had developed good relationships with them. Staff treated people with dignity and respect.

People were involved people in their care and their plans were based on their needs and preferences. Staff engaged people in activities they were interested in. The provider had a suitable process to respond to any concerns or complaints.

The provider, registered manager and staff team were open, approachable and focussed on providing person centred care. Systems were in place to monitor the quality of care provided.

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 good (report published 7 August 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our

reinspection programme. If any concerning information is received, 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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Lombrand 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.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present during this inspection. The inspection was supported by the provider, and staff on duty.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information received about the service. We sought feedback from the local authority. We used all of this information to plan our inspection. 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 four people who used the service and one visiting healthcare professional about their experience of the care provided. We spoke with two members of staff and the provider. We reviewed a selection of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment, induction, training and supervisions. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. They said they were safe living at the home. One person told us, "It's a safe environment and this is our home and the staff care and are lovely."
- The provider had effective safeguarding systems, policies and procedures in place.
- Staff understood their responsibilities in relation to safeguarding, and they received training to keep their knowledge current.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- A selection of risk assessments underpinned each person's care plan which provided staff with enough information to support people safely.
- Accident reports were analysed by the registered manager. This enabled any safety concerns to be acted on.

Staffing and recruitment

- There was enough staff to safely care for people. One person told us, "There are enough staff as there is always someone to talk to, and they are all lovely."
- Effective recruitment practices were followed to help ensure only suitable staff were employed.

Using medicines safely

- Systems were in place for people to receive their medicines in a safe way.
- Staff received training in the safe management of medicines and the registered manager regularly reviewed staffs practice.

Preventing and controlling infection

- Staff supported and encouraged people to help keep their home clean.
- Staff had received training in infection control practices and personal protective equipment was provided.
- There were several hand-sanitising points around the home and we saw staff, people living at the home and visitors used these.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed so care could be delivered in line with standards, guidance and the law.
- Care needs continued to be routinely assessed and monitored, and plans were updated when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were supported in their role. They received an induction, training, supervision and regular monitoring of performance to ensure they had the right skills to meet people's needs.
- There was a training programme in place. Staff told us they completed all the necessary training. One said, "I'm happy with my training."
- Staff felt supported by the registered manager. They told us they could approach the manager at any time. One said, "[Name of manager] is very supportive and approachable. I can definitely go to them. They are always there."

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

- People were supported to maintain a balanced diet. People told us they were happy with the food provided. One person told us their appetite had improved since they moved into the home.
- Information about people's nutritional needs was available in their care plan. Peoples weights were monitored to make sure care was effective.

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

- Care plans were in place to promote and support people's health and well-being, including people's oral health.
- Management and staff had developed positive relationships with healthcare professionals and worked jointly with them to promote effective and timely care. A healthcare professional told us the staff were, "Very proactive to people's presentations and they will come and ask questions."
- Access to health services, such as GPs and mental health services was documented in records. One person said, "I see my doctor sometimes. Staff would get me help if I needed it - no problem."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff had a good understanding of the principles of the Mental Capacity Act (2005) and asked for peoples consent before they gave care and support.
- Staff told us people could all make their own decisions in relation to the care they received. This meant MCA assessments and DoLS authorisations were not required.

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

- The home layout met the needs of the people who lived there. People were able to access all areas of the home easily.
- People's rooms were personalised to their own tastes.

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 good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with kindness and respect. We observed a happy and pleasant atmosphere in the home and there was a friendship amongst staff and people. One person said staff were, "A good bunch."
- The home promoted a person-centred culture. Records included information of people's likes, dislikes, and preferences and staff demonstrated a very good understanding of these.
- People were supported to follow their faith and live their lives the way they wanted to.
- Staff supported people to do what they could for themselves. This included personal hygiene, preparing meals and maintaining the home. One person said "The staff have helped me a lot. I have lived here ten years and I am more independent now." They told us how with staff support they looked after their own personal hygiene, kept the outer areas of the home clean and tidy, and went out independently every day.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

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

- People were involved in making decisions about their day to day support and were asked for feedback about their views regularly.
- Staff completed reviews of people's care plans. This gave people the opportunity to comment on the care they received. One person told us they talk about what they want with staff; and knew about their care plan.
- Staff asked people what they wanted to do and offered choices to meet their needs. We saw people get up later and eat their meals when they chose.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care and support specific to their needs and preferences. One person expressed a wish to be reunited with old friends from days in the Armed Forces. We saw staff had made contact with a representative from a local charity who had visited the person. They were together actively looking for the persons old friends.
- People told us they were able to be involved in developing their own care plans which were personalised and set out how they wanted staff to support them.
- People confirmed they had choice and control within their lives whilst living at the home. One person said, "I am in charge of my own life and I come and go as I choose."
- The professional we spoke with said the service was flexible in how they supported people to ensure they had good outcomes.

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

- People's social needs were met.
- People regularly engaged in activity in the home and in the local community. One person told us, "Yes I get out and about."
- There were arranged events planned regularly, which people told us they enjoyed participating in. A professional told us, "Care is individual and one person has been to London. Access to activity has moved on significantly."
- Staff supported people to maintain relationships that mattered to them and protected people from social isolation; friends and relatives were free to visit people at any time.

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.

- People were given information in a way they could understand. The provider was aware of the need to provide information in an accessible manner. Information including policies such as complaints and safeguarding were available in formats including large print and picture.

Improving care quality in response to complaints or concerns

- People's complaints were responded to in accordance with the providers policies.

- People felt able to raise their concerns to the staff, manager and provider and were confident they would be addressed. Comments included, "[Provider] is a great bloke and always acts on anything we say."

End of life care and support

- There were systems in place to ensure people received personalised support at the end of their life. People's views and preferences about their end of life care were recorded for staff guidance when needed.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a warm and welcoming atmosphere in the home.
- Everyone we spoke with confirmed there was a positive culture within the home. One person told us their wellbeing had improved with attendance to a local support group staff had sourced and encouraged them to go to. They said, "They [staff] want what's best for us." A professional told us, "It is a pleasure coming here it's one of the nicest places."
- People benefitted from a consistent and dedicated staff team. Some staff had worked at the service for a long time and told us how much they enjoyed it.

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

- There were clear and effective governance arrangements in place to ensure the quality and safety of the service.
- Regular checks were carried out by the registered manager and provider to measure the quality and safety of the service. Regular staff meetings were held to ensure important information was shared with the team.
- The registered manager understood their responsibilities relating to being registered with CQC and they reported significant events to us as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and provider were a visible presence within the home and routinely engaged with people and staff about the running of the service.
- People attended resident's meetings which were centred around their experience of care and support. One person told us, "We are asked our views and we have a say in the menus. We can put in a request - I asked for lamb on Sunday and now we get that once a month."
- Staff had good relationships with other health and social care professionals and worked collaboratively to achieve positive outcomes for people.