

Le Brun House Limited

# Lebrun House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lebrun House is a residential care home providing accommodation and personal care to up to 20 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 19 people using the service.

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

Aspects of people's care and support was not always embedded into person centred practice. The registered manager had identified areas for improvement and was working to improve things. We identified that some records needed to be improved. The registered manager was open and honest and actioned the issues we found during the inspection process.

Systems were in place to safeguard people and people were protected from harm and abuse by staff. Risks to people had been assessed and monitored and staff were aware of risks to people and how to minimise them. There were enough staff to support people and staff had been recruited safely. Medicines were managed safely. Staff followed infection prevention and control procedures in line with government guidance.

People's needs had been assessed in line with standards, guidance and the law. People were supported by experienced staff who were trained in areas that were relevant to the people they supported. People had enough to eat and drink and were involved in the creation of the home's menu. Where people had risks associated with eating and drinking, staff had identified these and knew how to support people safely. Staff worked with other agencies to provide effective support. People were involved in the decoration of the home and each person's bedroom was tailored to their preferences. 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 were supported by staff that were kind and caring. We saw throughout our inspection staff speaking to people kindly and making people smile. Staff took the time to listen to people and to sit and speak to them. Staff were knowledgeable about people's emotional needs and knew what might upset someone and how they could cheer the person up. People were supported to be involved in decisions around their care. Staff were respectful of people and encouraged them to be as independent as possible.

People's care plans were person centred and had been created in partnership with the person and their family where appropriate. People's care plans included information on their end of life wishes. Staff knew how to communicate with people in their preferred way. People were provided with activities and staff took opportunities to spend time with people. Complaints received by the service were used as opportunities to improve.

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

### Why we inspected

This service was registered with us on 13 February 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 9 August 2019.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Lebrun 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 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

This inspection was carried out by two inspectors.

#### Service and service type

Lebrun House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lebrun House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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. 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

During the inspection we spoke with six people who used the service and six people's relatives about their experience of the support provided. We spoke with eight staff which included the provider, registered manager, head of care, senior carers, carers and the chef. We spent time with people and observed their interactions with the staff team. We reviewed six people's care plans and multiple medicine records. We looked at documents relating to the quality of the service and feedback from staff, people and relatives.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Safeguarding concerns had been appropriately recorded and reported to the local authority safeguarding team. The registered manager kept a safeguarding log to record safeguarding concerns raised and their outcomes.
- Staff understood their responsibilities around safeguarding and knew what to look out for and how to raise concerns. One staff member told us, "We know people really well so we would notice if anything was slightly different, they could be more quiet than usual or have changes in their eating and drinking. It could be something small rather than the more obvious physical changes."
- The registered manager told us about a previous safeguarding concern which had led to changes in staff practice to ensure information was communicated by staff to the registered manager in a timely way.

Assessing risk, safety monitoring and management

- Risks to people had been regularly assessed and reviewed and control measures put into place to reduce the risk of harm to people. For example, where people were at risk of falls, this risk had been identified and staff had taken action to reduce the risk of people falling such as providing people with sensor mats and supporting them when walking.
- Where people had risks associated with their health conditions such as diabetes and epilepsy, this had been clearly assessed in people's care plans. Staff were knowledgeable about how to safely support people if they became unwell and referred to the guidance in people's care plans.
- Accidents and incidents had been recorded in detail and included how information was passed between staff to monitor people following any incidents. Staff recorded the circumstances around the incident, what was happening before and staff's response to the incident. The registered manager analysed accidents and incidents to identify themes and trends and put measures in place to reduce the risk of incidents reoccurring.
- People had personal emergency evacuation plans (PEEPs) in place which were individual to each person. The management staff carried out regular environmental checks to ensure people's safety.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels had been adjusted based on people's needs. When staff had raised concerns with the management team that there were not enough staff at particular times of day, the registered manager had provided a member of staff to do the laundry and provide evening meals for people.
- Staff were recruited safely. The provider carried out appropriate checks before people started working at the service. This included references from previous employers and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. Staff had recently implemented a new medication system which they were still getting used to. Audit systems had identified when staff had not signed for people's medication administration records (MARs) and the registered manager was working with staff to ensure people's MARs were accurate.
- Some people had medication prescribed to be taken when needed (PRN). People had PRN protocols in place which provided guidance for staff on when the person should take the medicine and how staff would recognise that the person required this medicine.
- Staff received training before administering medication. This included a practical session and competency check to ensure that staff understood the process and supported people in accordance with their MAR.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to receive regular visits from their friends and family.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 had their needs assessed using a variety of tools. These tools were used to determine what level of support people needed. This included Malnutrition Universal Screening Tools (MUST) to assess people at risk of malnutrition and Waterlow assessments which measure risks to people's skin integrity.
- People's care plans had details about their medical histories, health conditions and how these affected the person. Care plans also included signs and symptoms to look for relating to these conditions and what staff should do if the person showed any of these.
- People's care plans contained specific guidance on how to support them with aspects of their care and support. For example, people's care plans gave clear details on how staff should support them with their oral hygiene. People's daily notes showed that staff supported people with oral hygiene regularly.

Staff support: induction, training, skills and experience

- Staff received a thorough induction before working with people at the service. Staff received a mix of training and shadow shifts before supporting people on their own.
- Staff received training in areas that were relevant to people they supported. Staff told us there was a mix of online and face to face training which they found useful. Staff received training in areas such as diabetes, epilepsy and dementia.
- The registered manager had asked staff to complete a survey relating to the home's response to the COVID-19 pandemic and whether staff felt adequately supported and prepared.
- Staff told us they felt supported and had regular supervisions where they could discuss their performance and any identified training needs.

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

- People were supported to eat and drink effectively and were provided with specialised diets where needed. One person's relative told us, "[Person] has softer foods because of the risk, staff give them safe alternatives to the food [person] asks for. [They] don't go without, [they] just get something different." Staff were knowledgeable about support people needed to eat and drink safely and how food should be prepared for each person. Where people chose to eat finger foods, these were made available for people.
- Staff recorded and monitored people's weights. Referrals to the dietician were made where necessary. Staff ensured that they proactively took steps to improve people's weight gain whilst people were awaiting contact from dietician. This included implementing measures such as fortifying foods, monitoring food and fluid intake and checking for health issues which may be impacting on a person's nutrition. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies throughout the pandemic to work around the restraints put in place by COVID-19. This included increasing regular telephone consultations with the mental health teams, more frequent telephone ward rounds with GP surgeries and online zoom calls with physiotherapists.
- Staff advocated for people to access healthcare services. We spoke to one person who had been waiting for their glasses for a long period of time. We observed the registered manager speaking on the phone to the person's optician and they told us the action they had taken to support this person as much as possible.
- Staff had worked with external health care professionals to improve the care provided to people. For example, staff had worked in partnership with the GP surgery to train staff to take manual observations of people's physical health, such as blood pressure measurements.
- People's relatives told us that staff supported people by going to hospital with them when they needed to. One person's relative told us, "When [person] had to go to hospital, staff went with [them] so they didn't have to go on their own. Staff stayed with [person] the whole time."

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

- People were involved in the design of the entrance to their bedrooms. People had chosen their own door decorations and name plates.
- Some people had memory boxes outside their bedrooms with items of interest or family photos. Staff had spoken to people about their interests and worked with the person to create these boxes. One person told us about their favourite type of dog that they had had many of over the years, we saw their memory box featured lots of photographs of this breed of dog.
- People's bedrooms were personalised. People were encouraged to bring in items from home to decorate their rooms with. One person told us, "I really like my room, it's exactly right and gets lots of light in."
- The registered manager had plans in place to make changes to the environment to make it more interesting to those who chose to walk around the home. Plans included rummage boxes, fidget boards and signs with photos of the areas the signs described.

#### 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had assessed people's mental capacity in relation to specific decisions where required. Mental capacity assessments recorded the conversation that had taken place to assess their capacity and clearly detailed people's responses to questions asked by the registered manager.
- Where people required decisions to be made in their best interest by staff, the rationale for this had been recorded. Staff had considered whether decisions made on people's behalf were the least restrictive option for the person.
- The registered manager kept a log of people's mental capacity assessments, best interest decisions and

DoLS applications to monitor changes and whether applications had been approved.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were supported by staff who were kind and caring. Staff spoke to people in a calm and friendly way. We saw staff making people laugh throughout our inspection. People were confident to approach staff and enjoyed spending time with them.
- People told us they were supported to meet their goals. One person told us, "I was depressed because I didn't have anything to aim for, my goal is to keep myself moving and get out into the garden every day. Staff remind me and see me out to the garden safely."
- Staff knew people well and how to support people who could become upset or distressed. One staff member told us how they would support a person who sometimes refused personal care, they said, "We would reassure them and explain things step by step, if the person became upset, we would try again later or try a different face. We try not to make the experience stressful for the person."
- People's relatives were positive about the support provided to people. Comments from people's relatives included, "I find they look after [relative] really well, [they are] really happy there." Another told us, "[Person] feels comfortable and happy there and it shows. When we last left the home after a visit, [person] came with member of staff came and quite happily waved us off. There's such a friendly atmosphere there. I can't sing their praises enough."

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

- People had received surveys to feedback on the support they received and the running of the home. People also took part in 'resident meetings' on the care and support provided. Actions were taken when people had raised concerns or made suggestions.
- People were positive about their experience of living at the home. People told us, "It's great here, I can't fault it." and "Staff are lovely, they look after me very well."
- Staff told us that as they updated people's care plans, they would sit with the person and read parts of the care plan to them. Staff then checked with the person if what was written still reflected the person's choices and wishes.

Respecting and promoting people's privacy, dignity and independence

- People throughout the home had signs on their bedroom doors reminding staff to respect people's privacy and knock before entering. We saw staff did this and checked with the person before entering their bedroom.
- People were able to lock their bedroom doors to prevent people from coming in if they chose.
- People told us that staff were respectful of them. One person told us, "[Staff] just came and helped me with a shower. [They] were very respectful, in fact, they all are."

- We saw that staff encouraged people to be as independent as possible. For example, for one person who was not able to use cutlery, staff ensured this person was provided with finger foods so the person could continue to eat without support.
- Staff were knowledgeable about the best way to support people to be as independent as possible. One staff member told us what they would say to a particular person to encourage them to do things for themselves and how they encouraged this person to participate in activities of daily living such as changing their bed.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager completed care assessments for people to ensure staff could meet the person's needs before they moved into the home. Staff spent time with people that had been newly admitted to the home in order to get to know them.
- Assessments for people that had been newly admitted formed the basis of the person's care plan. As staff learnt more about people's wishes, likes, dislikes and preferences, people's care plans were updated with this information to share with the whole staff team.

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.

- People had clear guidance in their care plans for how they would like staff to communicate with them.
- The registered manager was aware of their responsibilities around the accessible information standards and told us information would be provided to people in different formats if they were needed, this would be determined by the person's initial assessment and reviewed regularly.

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

- We saw there were different kinds of entertainers coming into the home. During our inspection we observed people enjoying themselves and getting involved with an external musical entertainer. Staff encouraged people to get involved in this activity and play instruments. Most people seemed to enjoy the entertainment.
- There was an activity schedule in place to inform people of what was happening in the home each day. There was a designated activity worker for the home as well as external entertainers coming in.
- The registered manager was in the process of creating person centred activities for people who did not want to participate in group activities. We have commented on this further in the well led section of the report.
- Relatives told us they felt there was enough for their loved ones to do. One person's relative told us, "[Person] enjoys their time downstairs in the dining room area, [person] likes to sit with staff and speak to them, staff involve [them] in their conversations and make [person] laugh all day."

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place, a copy of this was available at the entrance to the home. Staff recorded complaints and concerns received and documented actions taken in response to these. Staff responded to each complainant and recorded how issues were resolved.
- Complaints were viewed by staff as an opportunity to learn and improve things for people. Staff told us about a complaint which had led to changes in people's mealtimes experiences. Following this complaint, the registered manager formed an action plan which included a dining survey for people to complete and requested information from people in relation to their favourite meals and snacks. From this, the registered manager worked in partnership with people to ensure their favourite meals were included in the menu.

#### End of life care and support

- People had plans in place for how they wished to be supported at the end of their lives. Staff had spent time discussing people's wishes with themselves and their families, where appropriate. Where people had chosen not to discuss their wishes, this had been recorded and respected by staff.
- People received the end of life care and support they wished to. Staff ensured that where people had particularly religious wishes for their funeral arrangements, these were respected. Staff told us how they had taken responsibility for a person who had specific wishes regarding their end of life care to receive the funeral that they wished to. Staff researched and worked with the person to understand their wishes and contacted several funeral directors to ensure that a suitable company could be found.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that more time was needed for person-centred practices to be embedded and implemented throughout the service to support the delivery of high-quality, person-centred care.

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

- The registered manager was working on improving person centred activities for people. Some people told us they wanted more opportunities for engagement and more activities to get involved in. Whilst there were activities for groups of people to engage with, activities for those that may not enjoy group activities were limited. The registered manager was in the process of gathering information about people's specific interests and hobbies in order to structure activities for people who preferred to spend one to one time with staff.
- The registered manager was also working to improve people's mealtime experience. We saw there were some missed opportunities at lunchtime to provide people with choices and to engage with people. Food was dished up in the kitchen and brought out to people. People had not been asked for a choice of what would accompany those meals for example, vegetables or what size meal they would like. Staff did not visually show people the meal choices. The registered manager had identified this and was working on plans to improve people's mealtime experience.
- The staff team worked together in partnership with people and each other. Staff told us that they worked as a team to provide the best possible care for people. One staff member told us, "We are a very close team and work really well together to make sure everyone has everything they need."
- People were happy and comfortable around staff. Staff frequently made people smile and laugh. One person told us, "It's great here, I can't fault it. Staff are lovely, they look after me very well."
- People's relatives felt that staff knew their relative well and provided support to people's families as well as the people themselves. One person's relative told us, "Staff have been so fantastic from start to finish, with every stage of [person] moving into the home. Staff have been supporting me as well my [relative] and have made the process so much easier."

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

- Improvement was needed in relation to some records used by staff to monitor risk. We identified one person who was prone to bruising as a result of the person's habits and movements. Bruising for this person had not been regularly recorded on body maps or in the person's care plan. We discussed this with the registered manager who immediately put a weekly body map into place for the person in order to record and monitor the person's skin. There were measures in place to support this person and staff were aware of how to reduce the risk of skin damage for the person.
- Although medicines were managed safely. We identified gaps on the temperature recording of the



medicine room and the medicine fridge. We raised this with the registered manager who took action to ensure that this would be completed every day.

- Quality assurance processes were effective in identifying issues that may impact on the service provided to people. Audits showed what issues had been identified and what action staff had taken in response to these issues. Audits carried out included; care planning, medicines, infection control and health and safety.
- The provider and registered manager had a service improvement plan which identified areas for improvement, detailed actions required to make improvements and who would be responsible for addressing issues.
- People knew who the registered manager was and told us they were very pleased with the management of the service. One person told us, "[Registered manager] is very good, always happy to have a chat." Another person told us, "[Registered manager] knows me better than I know myself!"
- Staff were positive about the support they received from the registered manager and senior carers. One staff member told us, "[Registered manager] and the seniors are really wonderful and supportive, you can come to them with anything and they are always there to listen."

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; Continuous learning and improving care

- The registered manager was open and honest and understood their responsibilities around duty of candour.
- Statutory notifications were appropriately submitted by the registered manager.
- The registered manager told us about incidents that had happened at the service that staff had discussed and learned from. This included changes to communication among staff to ensure information was effectively handed over.
- People's relatives told us they were informed when incidents happened. One person's relative told us, "The manager always rings me if there's anything I need to know, like a doctor's visit or a fall, anything that changes."

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

- People had completed satisfaction surveys around the care provided and their experience of living at the home. Where people had raised concerns through this process, the registered manager had met with these individuals to discuss their responses and recorded actions for staff to take to improve people's experience.
- People were invited to give feedback on the home at regular 'residents meetings'. People had recently given feedback on activities they would like to do and meal choices. New staff were discussed with people in these meetings so that people were aware of changes in the staff team.
- Staff attended regular staff meetings. The most recent staff meeting was around the new medication system and staff were encouraged to ask questions and raise any concerns they may have.

Working in partnership with others

- Professionals were positive about their working relationship with staff at the home. One professional told us, "[Registered manager] is amazing and easy to work with. Her staff give great care and are keen to learn and move forward. We are currently undertaking a lot of joint working groups, which [registered manager's] team are keen to attend and engage."
- Another professional told us, "[Registered manager] is an experienced manager with an enthusiasm for caring for people with dementia. She delegates appropriately and sets a caring and "can-do" approach to problem solving with her team."