

Majesticare (Lashbrook) Limited

Lashbrook House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 15 January 2019 and was unannounced.

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.

Lashbrook is registered to accommodate up to 46 people in one adapted building. At the time of our inspection there were 43 people using the service. The service supports older people with a range of conditions and includes providing support for people living with dementia.

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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format in some domains because our overall rating of the service has not changed since our last inspection.

There was a person-centred culture that valued people as unique individuals and respected their rights. People were treated with kindness and compassion by staff who knew them well.

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

There was a strong and effective management team who led by example to promote people's rights and ensure they were supported to live full and meaningful lives. There were effective systems to enable the management team to monitor and improve the service.

Staff were well supported and received training to ensure they had the skills and knowledge to meet people's needs. Staff were positive about the leadership in the service and the improvements that had been made.

People were not always supported in line with health professional guidance. However, the registered manager took immediate and effective action to address issues raised.

Medicines were managed safely. There were sufficient staff to ensure people's needs were met in a timely

manner. People were protected from harm and abuse by staff who understood their responsibilities to identify and report any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were not always protected from risks associated with their conditions as health professional guidance was not always followed.

Medicines were managed safely.

There were sufficient staff deployed to ensure people's needs were met.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service had improved to Good.

People enjoyed a range of activities to meet their individual preferences.

Care plans were person-centred and recognised people as unique individuals.

There was a complaints policy and procedure in place and complaints were dealt with in line with the policy.

Is the service well-led?

Good ●

The service remained good.

Lashbrook House

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 inspection took place on 15 January and 21 January 2019 and was unannounced.

The inspection was carried out by one inspector, an inspector who was completing their induction and an ExE. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included notifications. Notifications are events that providers must notify us about by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from commissioners of the service and one health professional who visits the service.

During the inspection we spoke with 12 people who used the service and two relatives. We spoke with the registered manager, deputy manager, dementia lead, a nurse, two care staff, an activity coordinator and the chef. We looked at four people's records, medicine records, three staff files and other records relating to the management of the service.

We observed care practice throughout the day. 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.

Is the service safe?

Our findings

At our inspection in March 2016 the service was rated good. At this inspection we found there were areas requiring improvement and the service has been rated requires improvement in safe.

People told us they felt safe. One person said, "Yes [when asked if they felt safe], I am in my room most of the time. I'm happy here".

People were kept safe by staff who had a clear understanding of their responsibilities to identify and report any concerns relating to harm or abuse. One member of staff told us, "I reported concerns about how people were spoken to. That was addressed. I could use the whistleblowing policy or report to CQC [Care Quality Commission]".

Records showed that concerns were taken seriously and were investigated. Appropriate outside agencies were notified where needed and included the local authority safeguarding team and Police.

People also told us there were enough staff to meet their needs and that call bells were answered promptly. One person told us, "I get a quick response".

Staff told us there were enough staff unless a member of staff was off sick. The registered manager had arranged for staff to work between Lashbrook House and a sister home and this had helped manage staff shortages. The registered manager also employed agency staff when needed but this happened infrequently. This meant people received support from a consistent staff team.

Throughout the inspection people were supported in a timely manner and staff responded immediately to people's requests for support. Call bells were answered promptly. The registered manager monitored call bell response times and used this to ensure people were supported without delay.

The provider had safe recruitment processes in place that ensured staff employed were suitable to work with people using the service. This included recruitment checks, such as references and Disclosure and Barring Service (DBS) checks.

People's care plans contained risk assessments. Where risks were identified there were plans in place to manage the risk. However, we found that guidance for staff was not always consistent and staff were not always following the recommendations made by health professionals. For example, one person was assessed as at risk of choking. The person had been assessed by the Speech and Language Therapist (SALT). The guidance from SALT advised the person required thickened fluids which should be provided in an open cup. Information in one section of the care plan dated 18 August 2018 stated the person should use an open cup or small holed beaker. Another care plan dated 7 December 2018 did not contain SALT guidance relating to the type of cup the person should use. On the handover sheet staff were guided to use an open or small holed beaker. We visited the person when they were being supported with their lunch and found a beaker with a lid containing their fluids. This meant the risks of choking were not being managed in line with

the guidance. We spoke to the registered manager and deputy manager about this and they took immediate action to update the information and speak with staff. On the second day of the inspection staff we spoke with were aware of the correct container to use. All information in the person's care plan had been updated and followed the SALT guidance.

Medicines were managed safely. The provider had introduced an electronic system to manage medicines. Staff had received training in how to use the system and were positive about the impact of the new system on the time taken to administer medicines. The system had been recently implemented and the management team were continuing with some elements of the paper system to ensure there were accurate complete records of all medicine administration. Staff responsible for medicine administration had completed training and had their competencies were assessed to ensure they had the skills and knowledge to administer medicines safely.

Medicines were stored safely and when medicines trollies were not in use they were locked in a secure room. Staff responsible for the administration of medicines kept the keys with them to ensure only responsible staff had access to medicines.

We saw a member of staff administering medicines. The member of staff ensured people were comfortable and ready to take their medicines. People were supported to understand what their medicines were for. The member of staff stayed with people and checked their medicines had been taken before leaving them.

Staff had completed training in infection control and understood the principles of good infection control. Staff used personal protective equipment effectively. There were systems in place to monitor the cleanliness of the premises and equipment. The home was clean and free from malodours.

Accidents and incidents were recorded and investigated. There were systems in place to enable the registered manager and provider to analyse accidents and incidents to look for patterns and trends. This included looking at times of incidents and where in the service incidents took place. For example, the registered manager had introduced a 'tag' system in the communal areas of the service as the analysis showed that some falls occurred when staff were not present in communal areas. The tag system ensured that a member of staff could not leave the communal area until they had handed responsibility to another member of staff. We saw this worked effectively during the inspection and included ancillary staff and the management team.

Is the service effective?

Our findings

At our inspection in March 2016 the service was rated Good in effective. At this inspection we found the service remains Good.

People's needs were assessed and care plans developed in line with current guidance and legislation. For example, care plans were compliant with NICE (National Institute for Health and Care Excellence) guidance. NICE provides national guidance and advice to improve health and social care.

People benefitted from staff who were well supported and received training to ensure they had the skills and knowledge to meet people's needs. Staff were positive about the training they had completed. The registered manager monitored staff training and supervision to ensure staff received appropriate support and completed training to ensure they were able to meet people's needs. The registered manager had developed 'pocket pals' which were prompt cards that reminded staff of key information. This included information relating to safeguarding and mental capacity.

People were complimentary about the food they received. One person told us, "Good. The best is roast beef, Sunday lunch". People were given a choice of meals and if they did not like the choices alternatives were offered. The chef walked around the service at lunch time, checking people were enjoying their food. The chef also visited people on a regular basis to discuss their dietary needs, likes and dislikes.

Where there were concerns about people's dietary intake, this was monitored and action taken if intake was poor or people were at risk of weight loss.

People were supported to access health and social care professionals appropriately. Records showed that people had been supported to see their G.P, Care Home Support Service (CHSS), Dentist and Chiropodist. One health professional told us they felt the service was responsive to people's changing medical conditions and referred people in a timely manner.

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Records showed that where people were considered to have restrictions on their lives applications had been made.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found that people were supported in line with the principles of MCA. Staff had completed training and understood how to support people in line with the principles. One member of staff told us, "People who lack capacity may find it difficult to make decisions for themselves. You must have empathy and consider speaking with the family to consider the best way to achieve the best thing for the resident".

The environment was clean and bright. People's rooms were personalised and there was memorabilia displayed around the home that encouraged people to talk and discuss their interests.

Is the service caring?

Our findings

At our inspection in March 2016 we found the service was Good in caring. At this inspection we found the service remained Good.

People told us staff were caring and were welcoming to family and friends.

One health professional told us, "The staff working there [Lashbrook House] seem caring and hardworking and their approach to the patients is exemplary".

Staff had a caring approach to the people living at the service and each other. One member of staff told us, "I love this job. It is the residents. They are so lovely".

Throughout the inspection staff supported people with kindness and compassion. There was a relaxed, friendly atmosphere with laughter and banter between people and staff.

People were involved in all aspects of their care. We heard staff explaining what they were going to do before offering support and ensured people understood and were comfortable.

Staff supported people to maintain their independence. For example, one person was supported to stand and walk with their walking aid with gentle encouragement.

People were treated with dignity and respect. Staff addressed people by their chosen name and spoke with people discreetly in communal areas about aspects of their care. People's privacy was respected. For example, one member of staff delivered some post to a person in their room. They asked the person if they would like their post opened as they were not able to open it for themselves. The member of staff then checked whether the person required them to read the letter and respected that the person wished to read it alone.

Is the service responsive?

Our findings

At the inspection in March 2016 the service was rated requires improvement in Responsive. At this inspection we found improvements had been made and the service was rated Good.

People were supported by staff who knew them well and valued them as individuals. People were respected for who they were and their rights were protected. We saw many interactions where staff used their knowledge of people to have meaningful interactions. For example, one member of staff supported a person to choose their menu choice for lunch. The member of staff put their arm around the person and read the menu with them, prompting them and talking about the person enjoying cooking and the food they enjoyed.

People enjoyed a range of activities and visitors were invited to enjoy activities with people. One relative told us, "We can do things together. I visit every day". Activities were arranged by 'life enrichment coordinators' who arranged group and individual sessions. Activities included, trips out, musical entertainment, visits by dogs, reading together and quizzes. On the day of the inspection people enjoyed a poetry reading session where people were encouraged to read poetry to the group, a bible reading class, a singing session and making Chinese lanterns. Staff supported people to attend the activities they preferred and took time to explain the activity.

The home employed a dementia lead who was supporting staff to use 'relaxation boxes' that had been created with people and families. Boxes included items and photographs of places, people and possessions that had been important to people. For example, one person's box included photographs of the city they had lived in and where they had worked. This enabled staff to spend time with people talking about things that were important to them.

The dementia lead had displayed posters that reminded people they were safe and that they were loved. Staff used these to reassure people as they walked around the service. The dementia lead told us how one person who had little verbal communication had indicated how much they loved their relative by pointing to the poster and to their relative.

People were encouraged to share their experiences with others in the community and this created an inclusive culture in the service. For example, a local school was doing a project about World War II; one person's grandchild had visited the service and spent time speaking with another person living at Lashbrook House. The person had spoken about their experiences of being evacuated during the war. The child had then written about the person's experience and shared it with their class for the school project. The registered manager had received positive feedback about the impact of the piece on the children.

Assessments were completed before people used the service and were used to develop detailed care plans that gave guidance to staff in how to support people. During the inspection one member of staff was speaking with a person who had recently moved to the service. The member of staff was encouraging the person to speak about their life and this information was being recorded for the person's care plan to ensure

the care plan was person-centred.

Care plans detailed people's cultural and religious needs. Where people had specific communication needs these were detailed in line with the Accessible Information Standard (AIS). AIS was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

The service was responsive to people's changing needs and referred people to health professionals in a timely manner.

There was a complaints policy and procedure in place. This was displayed prominently in the service. People and relatives knew how to complain and were confident issues would be resolved. One person told us, "I'd ask to speak to the assistant manager if anything was wrong". Records showed that complaints were recorded and investigated in line with the provider's policy.

People were supported to remain at Lashbrook House at the end of their life if this is what they wanted. Care plans included end of life wishes which had been discussed with people and relatives. We saw many letters and cards of thanks from relatives whose loved ones had been supported to remain at Lashbrook House at the end of their life.

The registered manager had attended training to enable the service to start working towards accreditation for The Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to ensure people approaching the end of life receive good quality care.

Is the service well-led?

Our findings

At our inspection in March 2016 the service was rated Good in well-led. At this inspection 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. People and relatives were positive about the registered manager. Comments included: "Yes, when you have a problem she [registered manager] comes to see if you are OK. Keeps a finger on the pulse"; "Can talk to them [registered manager or deputy manager] when you want to" and "[Registered manager] seems very nice and comes to see me from time to time".

There was a person-centred culture that put people at the centre of all the service did. The registered manager promoted a caring culture and ensured the values of the organisation were embedded in all management and staff team actions.

The registered manager was responsive to concerns raised and looked for ways to improve the service. One health professional told us how the registered manager had made improvements following a meeting where concerns were raised about the continuity of care. The health professional said, "During a meeting with the manager, we discussed this and she acknowledged some of these issues while also outlining her plans to address things. More recently, there has been a marked improvement and several new members of staff, particularly on the nursing side of things, have made a big difference. This highlights Lashbrook's responsiveness to any suggestions made".

Staff were positive about the improvements made since the registered manager and deputy manager had been in post. Staff were motivated and proud to work for the service. Staff comments included: "The culture has come a long way. It is a wonderful place to work now"; "This is a nice place. Good teamwork, good management" and "[Registered manager] is doing really well. Relatives are really positive. The support is much better than before. I can go to [registered manager] or [deputy manager]".

The registered manager promoted a learning culture that enabled staff to progress and improve the quality of care for people. This included training in Ladder to the Moon and Gold Standards Framework. Staff were positive about the development opportunities and support they received.

Lashbrook House had achieved three national awards in the provider's awards for 2018. This included the registered manager of the year award.

There were systems in place to monitor and improve the service. There were a range of audits including medicines, care plans, training and infection control which enabled the management team to monitor the service and look for ways to improve. There were also monthly quality assurance visits carried out by the area operations manager on behalf of the provider. Action plans detailed areas of improvement and how

the improvements would be achieved.

There were effective systems to enable people and relatives to feedback about the service. This included a suggestion box, regular meetings and quality assurance surveys. In the entrance of the service there was a display board which showed what people had suggested and what had been done in response.

The registered manager ensured they kept their skills and knowledge up to date and promoted best practice both within the service and the wider social and health care community. For example, they were a member of the Oxfordshire Association of Care Providers and worked with a local hospice to develop end of life care.