

Majesticare (Lashbrook) Limited

Lashbrook House

Inspection report

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Ratings

| | |
|---------------------------------|--------------------------------|
| Overall rating for this service | Inspected but not rated |
| Is the service safe? | Inspected but not rated |
| Is the service effective? | Inspected but not rated |
| Is the service well-led? | Inspected but not rated |

Summary of findings

Overall summary

About the service

Lashbrook House is a care home providing accommodation for up to 46 older people, including people living with dementia in one adapted building. At the time of the inspection there were 27 people living at the home.

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

Prior to our inspection we received information raising concerns about staff training in relation to safety and their subsequent competence. There were also concerns regarding a lack of risk assessments. Concerns were also raised about the quality of the nursing staff and their knowledge about people. The service has struggled to recruit nurses due to the rural location of the home.

We inspected the home, which included visiting the home and speaking with staff and the manager. We found staff had received training in relation to safety and were competent in keeping people safe. Nurses we spoke to were knowledgeable about people and their individual needs. The manager was actively recruiting nursing staff and had two competent care practitioners who supported nurses with some clinical duties.

We found risks in relation to falls, manual handling, pressure sores, weight loss and choking were assessed and there were risk management plans to guide staff in keeping people safe.

We found people were protected from the risk of acquiring infections and the service was clean. Personal protective equipment was readily available to staff and all staff were following the latest guidance.

We looked at the providers quality assurance systems around accidents and incidents, audits of risk assessments and care plans as well as health and safety processes. These were effective and used to drive improvement.

Rating at last inspection

The last rating for this service was good (Published 24 September 2020).

Why we inspected

We received concerns in relation to staff training in safety, staff knowledge of people's needs and poor risk management. As a result, we undertook a targeted inspection to review the key questions of safe, effective and well-led only.

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.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key

question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection to corroborate the concerns we had received before the inspection or to indicate that people were at risk of harm. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lashbrook House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Lashbrook House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on concerns we had received in relation to staff training in safety, staff knowledge of people's needs and poor risk management.

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 undertaken by two inspectors.

Service and service type

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.

There was not a registered manager in post. However, the manager was in the process of registering with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We looked at five people's care records. We spoke with the manager and six staff which included, nurses, care practitioners, care staff and an administrator. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one nurse.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about poor risk management and quality of nurses. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- The service had embedded a proactive approach to anticipating and managing risks to people who lived in the home, which was recognised as being the responsibility of all staff. Where people were at risk of falls and seizures, there were risk assessments, management plans and checks completed to keep people safe.
- People's risk assessments also included areas such as risk of developing pressure sores. Where people had been identified as being at risk, they had pressure relieving equipment in place and had regular positional changes recorded. Staff were familiar with and followed people's risk management plans.
- Where people used equipment to support mobility, the risks associated with equipment such as hoists and wheelchairs were assessed and managed.
- We also looked at choking and weight loss risks and there were risk management plans in place. We saw no choking incidents had been reported and people's weight was maintained.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The service regularly reviewed staffing levels and adapted them to people's changing needs.
- The manager told us recruiting nurses had been challenging mainly due to the location of the home. In the meantime, they were using agency nursing staff when needed. The provider had introduced nursing supporting roles such as care practitioners and this had been very positive.

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.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff training in safety and poor staff knowledge of people's needs. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. People's needs were comprehensively assessed before they came to live at Lashbrook House.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- We spoke to staff about people's specific individual needs. Staff knew people well and received daily handovers with updates of care. We also spoke to an agency nurse who was working in the home for the first time. They described their introduction to the home as, "Very, very good. I was given a handover sheet with people's details; I was introduced and made very welcome. I was shown around and told about the medicines and made aware of what was needed and about a person's Parkinson's meds."

Staff support: induction, training, skills and experience

- Staff told us they had received training in health and safety, fire awareness, manual handling, safeguarding and infection control. Records showed this training was up to date and staff competence was regularly checked.
- We spoke to staff about specific elements of health and safety and they were knowledgeable and confident in delivering safe care. Staff told us they often participated in fire drills to ensure safe evacuation of people. Staff knew how to use moving and handling equipment in line with people's risk management plans.
- Staff told us they had access to specific extra training if needed.
- Nurses' registrations with Nursing and Midwifery Council (NMC) were active and they were supported with revalidation.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about effectiveness of the provider's quality assurance systems.

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

- The manager had been in post for seven months and was in the process of registering with CQC. The manager was supported by a deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- Staff understood their roles and responsibilities, were motivated, and had confidence in their management team. They received constructive feedback about their performance and allowed them to develop beyond their roles.

Continuous learning and improving care

- We reviewed the provider's policies and procedures for health and safety including fire risk and infection risk. We found these were clear and staff told us they were easy to follow. Staff had regular fire drills and records showed the response time was improving.
- The provider had clear and effective quality assurance systems in place which were used to drive improvement within the service. These included, audits of care plans, risk assessments and infection control practices. Where shortfalls had been found, these were used to improve care provision. For example, audits risk assessment resulted in change of equipment and referrals to healthcare professionals for more input.
- Records showed staff completed a 'resident of the day' as part of care auditing. This included reviewing all areas of care about a particular person such as care plans, nutrition, activities and the person's individual requests. This enhanced provision of person-centred care for people.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary. The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.