

Majesticare (Lashbrook) Limited

Lashbrook House

Inspection report

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

Tel: 01189401770
Website: www.majesticare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lashbrook House is a residential care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service supported people with a range of conditions which included people living with dementia.

Lashbrook House accommodates up to 46 people in one adapted building.

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

The quality of care had deteriorated since the last inspection. People's safety was at risk. Risks to people had not always been assessed and plans were not always in place to reduce risks. Where risks were identified, and plans were in place, these were not always followed. Medicines were not always managed safely. Systems in place to manage accidents and incidents to mitigate the risk of reoccurrence were not effective. People's needs were not always met in a timely manner.

The systems in place to monitor the quality of the service and audit systems were not always effective and issues found on inspection were not identified. The culture in the service was task focused with an emphasis on completing records. People were not always aware of who the registered manager was. Staff did not feel valued.

Staff did not always take timely action to access healthcare support for people, with the potential to result in poorer outcomes for people. Staff did not always have the skills and knowledge to support people's needs effectively. We observed interactions that showed staff lacked the skills to support people living with dementia. People enjoyed a varied diet that met their needs. People were supported to personalise their rooms.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service were in place but were not always followed. We have made a recommendation regarding the practice related to the Mental Capacity Act 2005.

We saw some caring interactions and people told us staff were caring. However, we also saw interactions

that were not respectful and did not value individuals. People were not always involved in decisions about their care.

There were not always care plans in place for people. Where care plans were in place these were not always complete and up to date. We have made a recommendation regarding the provider's responsibility to meet the Accessible Information Standard (AIS). People had access to a range of activities which they enjoyed.

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 (published 2 March 2019)

Why we inspected

The inspection was prompted in part due to concerns received about risks associated with medicines, dietary needs and lack of action to contact health professionals. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

The provider has increased management support at the service to ensure prompt action is taken to improve the service. This includes on-site support from the nominated individual.

Enforcement

We have identified breaches in relation to the safety of people using the service and the systems in place to monitor the quality of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lashbrook House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector, an inspection manager, a member of the medicines team and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lashbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 Care Quality Commission. 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. The registered manager was also the registered manager for another care home.

Notice of inspection

This inspection was unannounced.

What we did before the 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 sought feedback from the local authority safeguarding team. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with a visiting health professional. We spoke with 17 members of staff including the registered manager, an area operations manager, nurses, care staff, activity staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and their medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures. We spoke with one professional who visits the service.



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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Where people were prescribed emollient creams, topical medicine administration records (TMAR) were completed by care staff who applied the creams. We saw that TMAR were not always completed to evidence that people were receiving their creams as prescribed.
- Some people were given their medicines covertly. Covert administration is when medicines are administered hidden in food or drink. Staff had not followed the provider's policy regarding covert administration of medicines to ensure the medicines were being administered safely. The service had not contacted the dispensing pharmacist to ensure medicines were suitable to be administered using the covert method of administration. This meant the effectiveness of medicines could be affected.
- People's care plans did not contain information to guide staff in how to monitor or manage side effects of high-risk medicines. For example, one person was prescribed medicine to control diabetes. The care plan did not contain any detail relating to this medicine.
- Where people were prescribed medicines that required administration at specific times, there was no information in care plans detailing the prescribed intervals required. Medicine administration records (MAR) for these medicines showed the medicines were administered at varying times. This meant there was a risk the medicines would not work effectively.
- There was no care plan in place related to medicines for four people. This meant there was a risk staff members would not be able support people's medical and health needs effectively. For example, one person was prescribed medicines for end of life care. there was no guidance for staff as to when these medicines should be administered. This meant the person may not be kept pain free.

Systems to manage medicines were not effective. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people were not always managed effectively. This included risks relating to choking, skin damage and falls. One person's care plan contained a pre-admission assessment identifying they were at risk of

choking and required a 'soft diet'. There was no risk assessment or care plan guiding staff in how to manage the risk. Staff we spoke with told us the person did not have a 'soft diet'.

- Systems for monitoring risks to people were not effective. One person had a preadmission assessment stating they were at risk of weight loss and pressure damage. The person had a pressure mattress in place and required to be weighed weekly. The pressure mattress was not set in line with the person's weight at the time of admission. There was no record of the pressure mattress being checked and no record of the person being weighed weekly.
- Where people were at risk of behaviours that may be seen as challenging, care plans did not contain consistent information guiding staff how to support them. One person's care plan stated, 'Can become agitated, may push people away or shout'. The care plan did not contain detailed guidance for staff in how to support the person at these times. Although incidents were recorded in the care file there was no system to review the incidents to look for triggers or any changes to behaviour.

Systems to assess, monitor and manage risk were not effective. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Systems for monitoring and managing accidents and incidents were not effective. Care records contained accident and incident forms. However, there was no evidence of action being taken as a result of accidents and incidents to mitigate the risk of a reoccurrence. One person had reported an incident involving another service user. An accident report had been completed. However, there was no action taken as a result of the incident to prevent a reoccurrence.
- The provider had an electronic system for monitoring accidents and incidents. The system was not effective as information recorded on the system was not always complete or accurate. One person had experienced two falls. The falls had been recorded on the electronic system identifying that the falls had been 'added to care plan'. However, there was no care plan in place for this person.

Systems to monitor accidents and incidents were not effective. This placed people at risk of reoccurrence. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We received mixed feedback about staffing levels. People and relatives felt that staffing levels were not always sufficient. One relative told us, "During the day there's enough staff, evenings seem shorter."
- Staff told us there were not always enough staff and that new staff did not always have the skills to support people effectively. One member of staff told us, "Lots of staff left a few months ago and there are lots of new staff. Every day we seem short staffed."
- During the inspection people needs were not always met in a timely manner. One person was calling out for assistance and wished to be supported with personal care. There was no record of the person receiving support for more than two hours and there were no staff available to support the person. The area operations manager took immediate action to seek support for the person.
- The provider had systems in place to ensure staff were suitable to work in the service. This included a range of recruitment checks that included references and Disclosure and Barring Service checks.
- Following the inspection, the nominated individual told us that steps had been taken to improve the deployment of staff to ensure people's needs were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding adults from harm and abuse. Staff understood their

responsibilities to identify and report safeguarding concerns. Not all staff were aware of the external agencies they could contact, however staff knew where to find this information.

- There were policies and processes in place to protect people from harm and abuse. Records showed that external agencies had been notified appropriately.

Preventing and controlling infection

- The service was clean and there were no malodours.
- Staff used personal protective equipment to ensure good infection control.



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 now deteriorated to Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to access healthcare services in a timely manner. One person was at risk of pressure damage. The daily records stated the person had red areas on their skin indicating pressure damage. Records indicated the person needed to be referred to a health professional. No action had been taken to ensure this happened.
- Health professionals were not always confident staff took prompt action when people's condition changed. One health professional told us, "Staff are not always recognising when people are unwell. Potentially could impact on outcomes."

The service did not always work with health professionals to ensure the health safety and welfare of people. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to accessing the service. However, there was not always adequate records to ensure people's needs were met in line with current standards and guidance.
- One person's care plan stated a person could carry out their own oral hygiene with prompting. However, staff told us the person was resistant to support with oral hygiene and the person was not able to meet this need independently. This was not in line with National Institute for Health and Care Excellence (NICE) quality standards.

Staff support: induction, training, skills and experience

- Staff were not always supported to have the skills and knowledge to meet people's needs. One member of staff told us they had not received training in how to support people living with dementia. We observed that some staff did not support people living with dementia in line with good practice.

- New staff did not always have the skills and knowledge to meet people's needs before working alone. The registered manager told us staff completed the Care Certificate when they started working at the service. Records showed one member of staff had completed their Care Certificate within one week of starting work at the service. However, there was no evidence of the member of staff being assessed as competent. Training had been completed through an on-line system.
- The registered manager told us the service were recruiting a training officer and the provider was implementing a new on-line training system to improve staff skills and knowledge.
- Staff received regular supervision. Staff told us there were group supervision sessions.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Although staff had completed training in relation to MCA they were not always able to demonstrate how they would apply the principles of the act in their role. The registered manager had provided all staff with 'prompt cards' relating to the principles of the act, however no staff we spoke with showed us the cards.
- Care plans did not always include information relating to people's capacity. Where people were unable to consent to their care there were not always evidence of capacity assessments and best interest decisions being made.
- The registered manager told us a member of staff had been appointed 'mental health lead' and was in the process of reviewing all care plans and would be working with staff to improve understanding.

We recommend the provider consider the Mental Capacity Act codes of practice relating to staff knowledge and records relating to mental capacity.

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

- People enjoyed the food. Food looked appetising and was well presented. People were offered a choice at meal times and specific dietary requests were met.
- The chef was knowledgeable about people's needs. If people did not like the choices offered the chef told us they would make an alternative.

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

- People's rooms were personalised with photographs and items that interested them.
- The communal areas on the ground floor were bright and created a pleasant environment.
- The upstairs floor where people living with dementia were supported did not present a dementia friendly environment. We spoke with the registered manager who told us there were plans to refurbish this area of the service.



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 now deteriorated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Some staff were extremely caring and showed compassion when supporting people. However, some staff were abrupt when supporting people and did not take time to interact with them. This resulted in people becoming anxious and displaying behaviours that could be seen as challenging.
- People told us staff were kind and caring. One person said, "The staff are kind." One relative said, "I think they're lovely here, they're kind, thoughtful and caring."

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

- We saw some interactions where people were involved in decisions about their care. This included showing them options for their meal choice and asking where they would like to spend their day. However, where choices were made people did not always receive the choice they requested.
- People were not always involved in decisions about their care. One person who was able to make choices about the clothes they wore told us, "Those girls [care staff] have no idea of colour, this [clothes the person was wearing] just doesn't match at all. They go to the wardrobe and pick my clothes."

Respecting and promoting people's privacy, dignity and independence

- Some staff treated people with dignity and engaged with them in a respectful manner. However, we saw interactions that did not protect people's dignity and value them as individuals. One member of staff approached a person to put on a clothing protector. They did not speak with the person to explain what they were doing and to seek their permission. The person became anxious asking the member of staff what they were doing. The member of staff responded in an abrupt way advising the person they were "just putting on a bib".
- Staff did not always refer to people in a respectful manner. One member of staff pointed across the room and referred to two people as "she" when advising the inspector of people's dietary requirements.



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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- There were not always complete and up to date records for people using the service. We found there were no care plans for three people living in the service.
- Where care plans were in place they were not always up to date and contained conflicting information. There was not always evidence that people and relatives were involved in the development of care plans
- Staff told us they did not read care plans. One member of staff, when asked if they had read a person's care plan told us, "Maybe this is for nurse". Other staff told us they used the 'one-page summary' to learn about people's needs. However, the one-page summaries did not always have key information relating to people's needs.

Staff did not have access to complete and up to date information relating to people's needs. This put people at risk of not receiving appropriate care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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's needs were assessed prior to accessing the service. However, preadmission assessments did not always meet the AIS. One person's preadmission assessment stated, 'Unable to communicate verbally.' There was no information to guide staff how to communicate with the person and whether any other support was needed.
- Where people's communication needs were included in their care plan, guidance was not always followed to support effective communication. For example, one person's care plan stated, 'Needs glasses at all times.' The person was not seen wearing their glasses.

We recommend the provider seeks guidance about their responsibilities relating to AIS.

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

- There were a range of activities which were coordinated by an activity team. One relative said, "[Activity coordinator] is fabulous, absolutely brilliant".
- People enjoyed a poetry reading session. The activity coordinator interacted with the residents, gently encouraging their participation. Some relatives also attended. It was a lively, stimulating atmosphere.
- Relatives told us they felt welcome in the service and were free to visit at any time. One relative said, "I'm welcomed here, everyone is pleasant."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. The registered manager stated there had been one complaint since the last inspection. This had been dealt with appropriately and in line with the providers policy.
- People and relatives felt they could raise concerns. One relative said, "I know the Manager [Registered manager] and I feel comfortable to complain." However, some relatives felt concerns were not always dealt with effectively.

End of life care and support

- Where people required support with end of life care, the service worked closely with staff from a local hospice.
- One person was receiving end of life care at the time of the inspection and staff from the local hospice were visiting to support the person. Nurses ensured that appropriate medicines had been obtained to ensure the person was comfortable and free from pain.



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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was registered to manage two care homes and was not always present at the service. Relatives and staff told us this impacted on day to day running of the service. One relative told us, "It's one person looking after two homes, who is never here." A member of staff said, "A solution would be a manager here full time, how can decisions be made when she's not here".
- There were a range of audits in place, however audits had not identified any of the issues we found during the inspection in relation to the management of risk and ensuring there were accurate and complete records for all people living in the service.
- There were not always systems in place to monitor the quality of the service. People told us call bells were not always answered promptly. On the day of the inspection we saw two occasions when call bells took nine and 11 minutes to be responded to. We spoke with the registered manager regarding concerns about response times to call bells. There was no system in place to monitor the call bell response times. This meant the registered manager was not able to monitor the system to ensure people's needs were met in a timely manner. The registered manager told us they were working with head office to enable this to happen.
- The provider's policies and procedures were not always implemented. The policy relating to pre-admission and admission stated, 'All residents will have a full assessment carried out within three days of admission and all Care Plans will be complete within 7 days.' We found three people with no care plans in place who had been in the service for longer than 7 days. This meant staff did not have guidance in how to support people and put people at risk of not receiving appropriate care to meet their needs.
- Following the first day of the inspection the registered manager sent an action plan to the Care Quality Commission identifying the immediate action they would take to ensure people were safer. The registered manager told us there had been a full audit of the care plans written as a result of feedback from the first day of inspection. However, on the second day of the inspection we found that issues relating to care plans had

not been resolved and that people were still at risk of receiving care that did not meet their needs.

- The provider's governance systems had failed to identify shortcomings with the systems in place and care provided.

The systems in place were not effective and placed people at risk of receiving care that was not safe. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the nominated individual for the provider advised that a detailed analysis of why the systems had failed would be carried out and action taken to address the issues.
- There was a new deputy manager in post who was working with the registered manager to ensure the policies and procedures in place were being followed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not always aware of who the manager was. One person told us, "I don't know who the manager is, I think it's a man."
- The registered manager arranged meetings for people and relatives. No one we spoke with had attended the meetings. Records of meetings showed people and relatives were able to contribute to the meetings. However, it was not clear what action had been taken to address issues. Meeting notes identified people had requested they would 'like to see management more'. There was no evidence of action being taken as a result of this request.
- Some staff described a poor culture within the service. One member of staff told us they felt the service was task focused and it was "all about completing records and charts."
- Staff did not always feel valued and supported. One member of staff said, "The manager is not approachable and not supportive."

Working in partnership with others

- The service worked with a local GP surgery and had regular meetings to discuss and resolve issues. There had been some concerns raised by the GP practice and a recent meeting was held to discuss the issues. The registered manager recognised the concerns and was committed to improving the relationship.
- The registered manager was a member of the Oxfordshire Association of Care Providers (OACP). The registered manager told us they tried to attend meetings and events to keep their skills and knowledge up to date.

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

- Accident and incident records showed that appropriate action was taken to notify relatives when incidents occurred.
- There were policies and procedures in place to ensure the provider met their legal responsibilities in relation to their duty of candour.

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that care and treatment was provided in a safe way for service users. Risk to people were not assessed and managed. Medicines were not managed safely.

The enforcement action we took:

We have issued a warning notice in relation to this breach of regulation

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure that systems in place were being used effectively. Systems for monitoring the service had not identified the issues found. There were not always complete, accurate and up to date records in place for all service users.

The enforcement action we took:

We have issued a warning notice in relation to this breach.