

The Lombrand Ltd

# The Lombrand Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Lombrand is a residential care home providing accommodation and personal care for up to 21 people living with mental health conditions. At the time of our inspection 14 people were living at the home.

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

The provider, management team and staff had worked hard to make improvements since the last inspection to people's outcomes, and to the governance systems at the home. These processes required further time to embed and be sustained to drive continuous improvement.

People who lived at the home told us they felt safe and well cared for. One person said, "I am happy living here. There is always someone to help me if I need it."

Overall the environment was clean and tidy, however we spoke with the management team regarding some areas of the home that required attention.

Peoples care plans and risk assessments continued to be improved to ensure these reflected their changing needs and gave staff clear guidance on how to meet these. Accidents and incidents were documented, investigated and reviewed to identify any patterns and trends.

People were supported by sufficient numbers of safely recruited staff. People appeared relaxed and comfortable in the company of staff, and we observed warm and caring interactions.

Staff had received training in safeguarding and knew how to identify and report concerns. Any safeguarding issues had been reported in line with guidance.

People's medicines were managed safely.

Staff felt supported in their role and enjoyed working at The Lombrand. Staff were positive about the management and felt valued and listened to.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning

disability and or who are autistic.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 January 2023) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This focused inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the key questions of safe and well led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. Please see the safe and well led sections of this full report.

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.

You can read the report from our last inspection, by selecting the 'all reports' link for The Lombrand on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# The Lombrand Limited

## Detailed findings

### Background to this inspection

#### The Inspection

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

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

The inspection was completed by 2 inspectors.

#### Service and service type

The Lombrand 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. The Lombrand 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who were living at the home about their experience of the care provided. We spoke with the registered provider and 4 members of staff including the registered manager, and care staff. We also spoke with a health and social care professional who visited the home, and an external management consultant who was working with the home.

We looked around the environment to review the facilities available for people and the cleanliness of the home.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment, and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff deployed to provide personalised and safe care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs and keep them safe.
- Since the last inspection the management team had taken steps to improve staffing levels and people's access to stimulation. Staff and people confirmed these improvements. Comments included, "There has been an increase of staff to support with activities and if deep cleaning is needed. We have time to spend with people and it has got better since the last inspection," "Yes, there's enough staff," and, "There are no pressures with staffing. More activities have been brought in and we always have time to spend with people."
- Safe recruitment procedures were in place to ensure only suitable staff were employed.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people. Staff were trained to understand the importance of safeguarding people from poor care and harm.
- People we spoke with felt safe and happy at the home. One person told us, "Yes, I am safe and happy. I have got a key and fob [to the front door], I keep my door locked as I have medication in my room, so it keeps it safe."
- The registered manager was aware of the requirement to notify incidents that had occurred to the appropriate organisations. Safeguarding alerts were raised externally when required to the local authority and the CQC.

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

- Risks to people had been identified and mitigated effectively.
- People had care plans and risk assessments in place. Improvements had been made to these records to ensure they reflected people's individual needs. This work was continuing to ensure staff had access to guidance to provide safe care to people.
- Staff knew people well and were aware of people's risks and how to keep them safe.

- Systems were in place to review accident and incidents. The registered manager had oversight of all accidents, incidents and near misses, which they reviewed, investigated if necessary, and put measures in place to prevent reoccurrence.

#### Using medicines safely

- Medicines were safely managed.
- Systems and processes had been improved to ensure the safe transfer of medicines when people were away from the service, and when people administered their own medicines.
- Medicine audits were taking place to ensure safe medicine practices were maintained.

#### Preventing and controlling infection

- Regular checks were carried out by the registered manager to maintain cleanliness and ensure staff followed appropriate guidance to minimise cross infection.
- Overall, the service was clean and tidy, however some areas had been overlooked and required attention. We raised this with the registered manager who provided assurances these areas would be addressed.
- The home was open to visitors with no current restrictions on them.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people had been assessed as lacking capacity to make a specific decision, decisions had been made in people's best interests.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

At the last inspection systems and processes to ensure good governance of the service were not robust. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance systems implemented to monitor the quality of the service required further strengthening and time for these to further embed as some issues found at this inspection had not been identified, such as concerns with some areas of the homes cleanliness, and window safety.
- The registered manager spoke positively about their commitment to learning and making improvements to the care people received. The provider and the whole staff team had continued to work hard to make improvements at the home to ensure people received quality care.
- The provider continued to work with an external consultancy to support the registered manager in establishing and maintaining systems and processes.

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

- There was a positive atmosphere in the home when we visited. People told us they were happy with care and support provided. Comments included, "Staff, I love them. They are very caring [to me]" and "I have been to other care homes, I am happy here I wouldn't move again. I could never settle anywhere else but I have here."
- Staff told us the service had continued to improve. Comments included, "Paperwork has improved, and we all work together as a team," and, "It's going well. I have been doing lots of work on promoting activities."
- Staff felt supported by the registered manager at the home, and had the opportunity to attend regulars team meetings. Comments included, "Management is fantastic and I get great support, I have had supervisions and [management] are always asking if I am okay and checking up on me. [Registered manager] involves us in what's going on and always asks what we think or if we have ideas about how things

can be better."

- People were supported to have their views listened to through daily conversations and resident meetings. People knew the registered manager and assistant manager well. One person said, "Management are good. [Name] is lovely and so is [Name]. Both are good."

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

- The registered manager and provider were open and transparent during the inspection. They understood their responsibility in relation to the duty of candour and the need to report certain incidents to CQC and had systems in place to do so.

Working in partnership with others

- Good links were in place with other professionals. Records showed that staff engaged with other professionals when required to ensure people received the support they required in a timely way.