

Mrs I Austen

Lebrun House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection at Lebrun House on the 20 July 2014 where we found the provider had not met the regulations in relation to the safe management of medicines and records. A further unannounced inspection took place on 3, 4 and 5 February 2015 where we found improvements were still required in relation to medicines and records. We also found improvements were required in relation to consent, quality assurance and notifying us of the absence of a registered manager. A notification is information about important events which the provider is required to tell us about by law. The provider sent us an action plan and told us they would address these issues by June 2015.

We inspected again on 18 and 20 April 2016 where we found some improvements in relation to medicines, notifications and consent had been made. However not all legal requirements had been met in relation to records and quality assurance and the provider and registered manager did not have oversight of the service. We found further breaches; risks associated with supporting people had not always been identified. Accidents and incidents had been documented with the immediate actions taken. However there was a lack of information about follow up actions. Staff had received training but there had been no assessment of competencies to ensure they had understood the principles of what they had learnt. People did not receive person-centred care and there was a lack of stimulation for people throughout the day. We met with the provider and registered manager to discuss our concerns and issued a Warning Notice in relation to records and quality assurance. A Warning Notice is part of our enforcement powers. It informs the provider that we may take further action if they do not comply with the notice. It also gives the provider a timescale within which they must comply. For the remaining breaches of regulation the provider sent us an action plan and told us they would address these issues by 30 September 2016.

We carried out this unannounced inspection on 12 and 13 December 2016. We found some significant improvements had been made, however other areas still needed to be addressed and changes embedded into practice. The provider had engaged the services of an external consultant to support them to make the necessary improvements at the home. There had been a number of changes at the service and the provider and consultant had kept us informed of what was happening before our most recent inspection.

Lebrun House is a care home that provides accommodation for up to 20 older people who require a range of care and support related to living with dementia and behaviours that may challenge. At the time of the inspection 16 people lived there. There was a registered manager for the home however they were not currently working there. There was an interim manager in post who was supported by the provider and consultant. 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.

We found significant improvements had taken place since our last inspection. There was an audit system, however this had not identified all the shortfalls we found and people's records did not reflect the care they

required and received. However, this did not impact on people because staff had a good understanding of their needs and were able to tell us about the care people needed and received.

There had been improvements in the way risks were managed and risk assessments were in place. However, we found occasions where further improvements were needed to ensure these changes were fully embedded into practice and all risks were managed safely.

There were systems to help ensure staff were suitable to work at the home. However, these had not always been followed. We discussed this with the provider who was aware of what was required and assured us recruitment procedures for future employees would be followed.

Systems were in place to ensure medicines were stored, administered and disposed of safely. However, there were no protocols in place to ensure 'as required' PRN medicines were given to people in a consistent way.

There was no information about how people who lacked capacity were able to make decisions or how restrictions may affect them. However staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been submitted when required.

Staff had a clear understanding of the procedures to safeguard people from abuse. They told us what steps they would take if they believed people were at risk. There were enough staff to meet the needs of people.

There was a warm and friendly atmosphere at the home. The pace of life was gentle and relaxed. Staff were kind, caring and patient. They supported people to work at their own pace. Staff knew people well and this helped to ensure people received good person-centred care. There was enough for people to do throughout the day and they were supported to make their own decisions and choices.

There was a training and supervision programme in place. This included observations of staff in practice and assessment of their competencies.

Mealtimes were a relaxed and social occasion. People were supported to eat and drink a variety of food that met their individual needs and preferences.

People were supported to have access to healthcare services this included the GP, district nurse and chiropodist.

There was an open and positive culture at the home. Staff felt valued and supported. Both the management team and all other staff were striving to improve and develop the service.

We found breaches of the Health and Social care Act 2008 (Regulated Activities) Regulation 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found aspects of Lebrun House were not safe.

Although we saw improvements we found occasions where further improvements were needed to ensure these changes were fully embedded into practice and all risks were managed safely.

There were systems that helped ensure staff were suitable to work at the home. These had not always been followed. The provider assured us recruitment procedures for future employees would be followed.

Systems were in place to ensure medicines were stored, administered and disposed of safely. However, there were no protocols in place to ensure PRN medicines were given consistently.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough staff to meet the needs of people.

Requires Improvement ●

Is the service effective?

We found aspects of Lebrun House were not effective.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been submitted when required. However, there was no information about how people who lacked capacity were able to make decisions or how restrictions may affect them

There was a training and supervision programme. This included observations of staff in practice and assessment of their competencies.

People were supported to eat and drink a variety of food that met their individual needs and preferences.

People were supported to have access to healthcare services this included the GP, district nurse and chiroprapist.

Requires Improvement ●

Is the service caring?

Good ●

Lebrun House was caring.

Staff knew people well. They treated them with kindness, compassion and understanding.

Staff supported people to make their own decisions and choices throughout the day.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

Lebrun House was responsive.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

Staff had a good understanding of providing person-centred care and knew and understood people as individuals.

There was a range of activities taking place and people had enough to do throughout the day.

There was a complaints policy in place and people told us they would raise any worries with staff.

Is the service well-led?

Requires Improvement ●

We found aspects of Lebrun House were not well led.

We found significant improvements had taken place since our last inspection. There was now an audit system, however this had not identified all the shortfalls we found and people's records did not reflect the care they required and received.

There was an open culture at the home. Both the management team and all other staff were striving to improve and develop the service.

Lebrun 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 was planned to check 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 12 and 13 December 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, we looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff records staff recruitment, training and supervision records, medicine administration records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. People who lived at Lebrun were unable to verbally share with us all their experiences of life at the home because of their dementia needs. Therefore the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff and watched how people were being cared for by staff in communal areas. This included the lunchtime meals. We also 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.

During the inspection, we spoke with three relatives, and nine staff members plus the registered manager and provider. We also spoke with one health and social care professional who visited the service.

Is the service safe?

Our findings

We undertook an inspection on 18 and 20 April 2016 where we found the provider had not met the regulations in relation to risks associated with supporting people. Risk assessments were not in place for all risks and there was a lack of follow up or actions taken as a result of accidents and incidents. An action plan was submitted by the provider which detailed how they would meet the legal requirements by 30 September 2016.

At this inspection we found improvements had been made and the provider was now meeting the requirements of this Regulation, but improvements were still needed to ensure changes were embedded into practice.

People had a range of risk assessments, for example in relation to their mobility, risk of falls, skin integrity and nutrition. These included information about the risk and what actions had been put in place to mitigate the risks. However, one person required an air pressure mattress. This had not been set correctly to ensure the person's risk of pressure damage to the skin was reduced. Some people's nutritional risk assessments stated they needed to be weighed weekly, this had not been done. Staff told us people had been weighed but this had not been recorded. This could leave people at risk of malnutrition. We raised these issues with the provider and interim manager as areas that need to be improved and fully embedded into practice. Where people had been identified as being at risk of pressure damage there was information about the use of air mattresses and cushions. Where people were at risk of falls there was guidance about how to support them in their mobility care plans.

Accidents and incidents had been documented with the immediate actions taken. There was further information to which showed the incident had been followed up and action taken to prevent a reoccurrence.

Some people had been prescribed medicines to take as required (PRN). PRN medicines are only given when people require them and not given routinely, for example medicines for pain relief or anxiety. There was limited guidance within the medicine administration records (MAR) about when such medicines should be given and what actions staff should take if it was ineffective. Some medicines had been prescribed to take one or two but there was no guidance about how staff should make this decision. We saw some PRN medicines, for example painkillers had been given regularly. When PRN medicines had been given, the reason for this had not been recorded on the MAR. Although staff knew people well and had a clear understanding of when and why they required PRN medicines the lack of information and records could leave people at risk of inappropriate or inconsistent treatment. We raised this as an area for improvement. One visitor told us their relative's medicines were well managed and they were not in pain.

There were systems to manage medicines. All staff who gave out medicines had received training before doing so. MARs stated the medicines people had been prescribed and when they should be taken. MARs included people's photographs, and any allergies. They were up to date, completed and signed by staff. We observed staff when they gave out medicines. Medicines were given to people individually and staff signed

the MAR only when people had taken the medicine. At the time of this inspection no-one was receiving medicines that were crushed or covert. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. There were policies in place in case this was needed in the future. There was a homely remedy policy and this was followed. Homely remedies are non-prescription medicines or other over-the-counter-products for treating minor ailments such as coughs or minor aches and pains.

At our last inspection we identified not all staff had DBS checks before starting work at the home. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. At this inspection not all staff had a full employment history to ensure they were suitable to work at the home. We discussed this with the provider who was aware of the concerns and told us appropriate steps were in place and would be followed for all new employees.

We saw that people were relaxed in the company of staff and appeared pleased when they saw a familiar face. Visitors told us their loved ones were safe and they were happy with their care. One visitor said, "It's very safe and secure here." Another visitor said, "I've never seen my relative shrink away from any of the staff." Visitors told us they were informed about their relative's medicines and any changes.

At our last inspection we found there were not always enough staff to meet people's individual needs. Although this was not a breach of regulation we identified it as an area that needed to be improved. At this inspection we found there were enough staff to meet people's individual needs. There was a cook and housekeeping staff working each day. At staff suggestions one member of staff worked 7am – 9am and 5pm to 8pm. This was referred to as the 'twilight shift.' This provided support when people were getting up and at breakfast time. One staff member said, "It's important people can get up, come downstairs, are greeted by a cheery smile and have a cup of tea straight away, this really helps." This also ensured there was a member of staff available in the dining and lounge areas. Staff told us the same applied in the evenings. The staff member supported people at supper time and then spent time engaging with people in the lounge and dining areas whilst other staff supported people who wished to go to bed. We observed staff attended to people's needs in a timely way, they had time to engage with people and work at their own pace throughout the day.

Staff had received safeguarding training and understood their own responsibilities in order to protect people from the risk of abuse. They were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report concerns to the interim manager or the most senior person on duty at the time. If this was not appropriate they would refer to external organisations such as the local safeguarding team or CQC. There was safeguarding information in the policy which was accessible to staff and this included the relevant contact numbers. One staff member said, "If someone was at risk, it doesn't matter who I thought it was I'd report it. That can't happen."

The home was clean, tidy and well maintained throughout. A new maintenance person had been employed and would be taking some responsibilities for checks from the care staff and introducing further checks. For example there had been no recent checks on window restrictors and although these were in place, regular checks were to take place in future. There were regular servicing contracts in place for example the gas and electrical appliances. There was guidance for staff on what action to take in case of an emergency and each person had their own personal evacuation and emergency plan.

Is the service effective?

Our findings

At our inspection in February 2015 the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements. At our inspection in April 2016 we found although the provider was acting in accordance with the legal requirements about consent, further improvements were still required. At this inspection we found these improvements were still required. Where people were unable to make decisions for themselves it was not clear how decisions were made or if anybody had authority to make decisions on the person's behalf.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff.

There was no information about whether people were subject to DoLS and what staff should do to minimise restrictions. Care plans demonstrated people could not make choices. However, there were no mental capacity care plans or information about how people who lacked capacity were able to make decisions or how restrictions may affect them. There was a lack of information when best interest decisions were required. For example there had been discussions with one person's representative who had signed to demonstrate they agreed with the person's care plan and for it to be shared with other professionals as necessary. However, the person themselves had signed their consent to have their photograph taken. There was no information about how the person was able to give their consent on this occasion. We saw some consent forms had been signed by the person's representative and there was no information to demonstrate the representatives had the legal authority to consent on the person's behalf. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an understanding of MCA and throughout the inspection we observed staff offering people choices and gaining their consent before they provided any care or support. The interim manager told us before any decisions were made they would ensure they had identified who was able to make decisions on the person's behalf. They told us this would ensure decisions would be made in people's best interests.

The interim manager had identified the training programme, which required staff to receive training updates every two years, was not effective in ensuring staff were supported to gain the knowledge and skills they required to support people. Therefore work had started to ensure all staff received an update sooner than the two year period. One staff member told us it was "Much better" having annual training updates as it

helped to remind them of what was expected of them. There was a programme which demonstrated training was on-going. In addition the provider had introduced an online training programme which included workbooks and staff could work on these at their own pace. Staff received regular supervision and the interim manager undertook observations of staff in practice to ensure they had understood the principles of what they had learnt and were using this in practice. The interim manager had recently sent pre-appraisal forms to staff to complete before their appraisals which were due to take place in the New Year.

When staff started work at the home they received a period of induction which introduced them to the running of the home and people who lived there. For staff recently employed the induction programme was based on the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff had also been supported to complete further training which included diplomas in health and social care.

People who were able and visitors to the home told us the food was good. One visitor said, "It's good home cooked food here." Another visitor told us, "The food is good, I've had a few meals here." Visitors told us people received the care they needed.

Nutritional assessments showed if people were at risk of malnutrition or dehydration. This included the type of diet people required, for example soft or pureed. There was information about people's dietary likes, dislikes and allergies and what support people required. People were supported to eat and drink food of their choice to keep them healthy and well-nourished. The interim manager told us they were aware changes were needed in the way people were supported to choose their meals. We were told there were plans in place to develop a picture menu to remind and prompt people in their choice of food. Currently people were offered a choice of their main meal the day before. We were told although this was not ideal and people were not always able to remember what they had ordered, most people were able to tell staff what they would prefer to eat. The cook and staff had a good understanding of what people liked to eat and drink and were able to support people in their choices.

Mealtimes were relaxed and social occasions. People were supported to eat their meals where they chose. Most people chose to sit at dining tables and others sat in lounge chairs with small tables, or in their bedrooms. The dining tables were well presented with table mats and cutlery. Some people required prompting and encouragement. We observed staff doing this and reminding people to eat their meals. Other people required more support and they received this. Staff sat with people and engaged with them throughout the meal. They supported people at their own pace and encouraged them to eat. We observed one person declined their meal and was provided with an alternative.

Where people required specialist diets these were provided and meals had been adapted to meet people's individual needs. Staff had identified one person ate better if they were alone and this person was supported to eat their meal when others had finished. Staff told us about another person who was at risk of malnutrition and required their food to be fortified with extra calories to help prevent them losing further weight. They told us this person ate well in the morning and at lunch time but would eat less at supper time. Staff said they added fortification to the meals the person ate to ensure they received maximum benefit.

Where required, records were in place to monitor the intake of people who were at risk of not eating or drinking adequate amounts. When people moved into the home staff also kept a record of what the person ate and drank to ensure they had an adequate intake and to identify food choices and preferences. Staff

told us this also helped identify people who may be at risk of dehydration or malnutrition. People were provided with a selection of hot and cold drinks and snacks throughout the day.

People were supported to maintain good health and received on-going healthcare support. Staff liaised with health care professionals when required. This included the community nurses, GP and chiropodist. A visitor told us how their relative had previously had pressure wounds but these been treated and now healed. This meant systems were in place to ensure people received care and treatment from the appropriate healthcare professionals.

Is the service caring?

Our findings

Visitors told us the staff were kind and caring. One visitor said, "Their kindness goes a long way." Staff demonstrated a caring and compassionate attitude towards people with an emphasis on providing the best care possible.

There was a warm and friendly atmosphere at the home. The pace of life was gentle and relaxed. Staff were observant and attentive to people's needs. The SOFI and general observations showed interactions between staff and people were caring and professional. When staff approached people they did so respectfully and spoke to them using their chosen name. When staff were speaking with people they maintained eye contact. For example when supporting them at mealtimes and when they were sitting and chatting with them. One person had a package delivered, the staff member knelt next to the person and gave them the package. They explained who had brought it and what was in it. This meant people knew staff were addressing them and staff understood the importance of engaging with people they supported.

Staff supported people with care and kindness. We saw conversations between staff and people were positive and there was friendly chat and good humour between them. People were genuinely pleased to see staff and staff greeted people with smiles. We observed staff supporting one person to walk to the lounge. The staff member started to sing and the person then joined in, they then changed their walk into a 'dance.' We observed other occasions of spontaneous singing throughout our inspection which included a number of people and staff who all appeared to be having fun.

We observed numerous acts of affection between staff and residents such as gentle hugs and holding hands whilst chatting with people. One staff member gently stroked a person's face whilst they offered them reassurance as they were distressed. Another staff member offered a person some cake and a hot drink, they explained what it was and the person took the staff member's hand and kissed it.

Staff spoke with people using their preferred name and made time to speak with them throughout the day. One person chose to spend a lot of time walking around the home. Staff spoke with the person as they passed. Sometimes the person would smile and on other occasions say a few words. When the person spoke, staff would always stop and talk with them until the person wanted to move on again.

People were involved in decisions about their day to day care and support and were supported to spend their day as they chose. We saw staff offering people choices throughout the day they were reminded about activities that were happening and asked if they would like to join in. We heard staff offering people a choice of drinks. One staff member said, "I know you usually drink tea but you can have something else if you like, what about coffee?" The person confirmed they would like a cup of tea. Most people spent the day in the lounges but they were able to return to their rooms as they wished. Staff knew people well and they were able to tell us about people's personal histories, care needs, likes, dislikes, individual choices and preferences

People were supported to retain their independence as far as possible. They were supported to stand and

walk using mobility frames. These were placed appropriately and guidance was given to people about where to place their feet and hands. At mealtimes staff supported people with patience and gave them enough time to do things for themselves. One staff member supported a person by placing their hand over the person's and guided the cutlery to the person's mouth. After supporting the person a few times they were then able to eat their meal unaided. People were supported and allowed to do things in their own time, however staff were observant and on hand to offer support when it was needed.

Staff maintained people's privacy and helped them to maintain their dignity. Staff discreetly asked people if they required support with personal care or to use the toilet. People were well presented in clean, well laundered clothes of their choice. One visitor told us, "The laundry is very good and all the clothes are ironed." Visitors confirmed their relatives were supported to dress in a way that suited them. People's bedrooms were personalised with their belongings such as photographs and mementos. Bedroom and bathroom doors were kept closed when people received support from staff and we observed staff knocked at doors prior to entering.

Visitors told us they were welcomed at the home and felt able to visit whenever they wished to. Staff knew visitors well and engaged with them.

Is the service responsive?

Our findings

We undertook an inspection on 18 and 20 April 2016 where we found the provider had not met the regulations in ensuring people received person centred care which reflected their individual needs and preferences. There was a lack of stimulation for people throughout the day. An action plan was submitted by the provider that detailed how they would meet the legal requirements by 30 September 2016. At this inspection we found improvements had been made and the provider is now meeting the requirements of this Regulation.

People received the care and support they needed and chose. Care was personalised to people's individual preferences. People choose how to spend their day and were able to move freely around the home and others were supported by staff to do so. There were a range of activities taking place and people were able to join in if they wished. Visitors told us they were regularly updated about their relative's health and care needs. One visitor told us, "They always let me know if there's any changes," another visitor said, "They keep me up to date." Another visitor told us, "I'm very happy with the care here, I wouldn't want my relative to live anywhere else."

Before people moved into the home, the interim manager completed an assessment to ensure people's needs and preferences could be met. The interim manager told us, "I won't just admit people to fill the rooms it's got to be right for them and we have to be able to look after them." The assessment took place with the person and where appropriate their representative to ensure their choices and preferences were used to develop the care plan. Care plans and risk assessments were regularly reviewed. Care plan reviews had not always included people's representatives however the interim manager had recently sent letters to invite them to future reviews. Since our previous inspection the care plan format had changed. These were now more detailed and person centred. Care staff were involved in writing, reviewing and developing the care plans. Where possible the care plans included a life history of the person. One staff member told us how they had found the life histories useful in supporting people. They said, "One person really didn't engage much with us, once their family had provided a life history there was so much I could talk to them about they really engaged with us then, it was amazing."

People received care that was person centred because staff knew them well and had a good understanding of their needs and were able to tell us about it in detail. Staff told us how they had identified areas where people's care could be improved and had introduced small changes, for example different underwear which also helped to improve the person's quality of life. Staff were attentive and people received the care and support they needed in relation to their continence needs and regular position changes if they were at risk of developing pressure damage. Visitors told us about improvements their relatives had made. One visitor said their relative had been falling a lot whilst at home but this had now improved. Another visitor told us how their relative had previously had pressure wounds but these been treated and now healed.

There was a range of activities taking place throughout the day. One member of staff had responsibility for developing the activity programme in line with what people wanted to do. However, all staff appeared equally committed to ensuring people had enough to do throughout the day. Where people were less able

or chose not to join in staff provided one to one activities. There were 'rummage boxes' throughout the home. A rummage box is a box that contains a selection of items that people may find stimulating. Staff encourage people to look inside and find something of interest. This could include scarves and soft toys that people may like to hold or other familiar objects such as books or pictures. We observed one person holding a soft toy and this gave them comfort. People were reminded and supported to take part in activities and we observed them enjoying themselves.

The interim manager had recently introduced residents' meetings which relatives were also able to attend. These had included discussions about meals and activities people may enjoy. A survey had recently been sent to relatives to obtain their views on the running of the home and quality of the care provided. Feedback from this would be collated and we were told any concerns would be addressed. There was a complaints policy. Visitors told us if they had any concerns or complaints they would discuss them with any of the staff.

Is the service well-led?

Our findings

We carried out an inspection at Lebrun House on the 20 July 2014 where we found the provider had not met the regulations in relation to records. A further unannounced inspection took place on 3, 4 and 5 February 2015 where we found improvements were still required in relation to records. We also found improvements were required in relation to quality assurance.

We undertook another inspection on 18 and 20 April 2016 where we found not all legal requirements had been met in relation to records and quality assurance and the provider and registered manager did not have oversight of the service. We met with the provider and registered manager to discuss our concerns and issued them a Warning Notice in relation to records and quality assurance. A Warning Notice is part of our enforcement powers. It informs the provider that we may take further action if they do not comply with the notice. It also gives the provider a timescale within which they must comply.

At this inspection we found some improvements had been made in both people's records and quality assurance however further improvements were still required to ensure this regulation was fully met. Although improvements had been made this Warning Notice had not been met in full and the provider continued to be in breach of the Regulation. However, staff knew people well had a clear understanding of their needs and the care they required. The management team had good oversight of the service therefore this did not impact on people.

Since our inspection in April 2016 the provider had engaged the services of an external consultant to support them make the necessary improvements at the home. There had been a number of changes at the service. The registered manager was currently not working at the home and an interim manager was in post and responsible for the day to day running of the home. The provider and consultant had kept us informed of what was happening before our most recent inspection. They had submitted their PIR which showed us improvements were ongoing.

The provider, interim manager and consultant acknowledged work was still required. However, the interim manager informed us since they had taken up the post they had identified further areas that needed to be addressed, this included improving infection control procedures. The interim manager had also identified that a number of accidents and incidents had not been reported to the local authority as appropriate and this had now been done retrospectively.

The care plan format had been completely changed since our last inspection. Care plans were now much more detailed and person-centred, however they still did not contain all the information required to support people. We saw one person spent a lot of time sitting in their chair, we asked staff how they supported this person to maintain their continence and prevent pressure damage. Staff told us how they ensured this person changed position and were supported to use the toilet throughout the day. This had not been recorded in their care plan or their daily notes to demonstrate the care provided. We saw other similar examples one person ate a pureed diet, staff told us this was because the person ate their food better if it was pureed. This detail had not been recorded. One person displayed behaviours that may challenge and

this was in their care plan but preventative or distraction guidance was not recorded.

There was now a quality assurance system and this had identified a lot of the shortfalls we found. However, the quality assurance system had not identified there were no PRN protocols and that a pressure mattress had not been set correctly. Although identified at the last inspection there had been no work undertaken to ensure all the relevant information was in place when people lacked capacity were unable to make decisions or how restrictions may affect them. These issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a range of checks and quality audits in place, these included health and safety, bedroom and care audits. Where issues were identified these were addressed. For example we found bedroom doors, which should close in event of a fire had been propped open. This had been identified and steps were in place to install appropriate equipment to allow the doors to stay open if people wished. Policies had been updated and reflected the current regulations. They were available for staff to refer to when needed.

The interim manager had identified similar issues to what we found in the care plan audits and work was taking place to address this through further staff training and discussion and checking. We discussed our findings about the records with the management team and the care staff. Care staff told us they were new to writing care plans, they had been given guidance however, they were still learning about what was required. When we highlighted our findings they understood instantly how the information was important and should be included. One staff member said, "We look for the big things but forget the little things which are important." The staff member went on to say that when they reviewed the care plans they would write 'no change' but now on reflection there had been little changes which were important to people but were not included in the care plan.

There was a positive and open culture at the home. Staff told us they could approach the management team at any time. Comments included, "It's changed a lot here, for the better" and "The provider is so approachable, I never felt I could speak to her but I can now." Staff told us they were regularly updated about changes at the home, the improvements that were needed the ideas for the future. One staff member said, "We have an opportunity to be listened to and bring new ideas. We feel appreciated now." There had been staff meetings and we saw from the minutes of these staff had been thanked for their hard work, updated about changes and reminded of their individual responsibilities. Visitors told us the changes at the home were positive. One visitor said, "The interim manager is like a new broom."

The provider, interim manager and consultant had a clear oversight of the service. They were open and honest both with ourselves and the staff about where improvements were required. They had clear ideas about the future and direction of the home and were positive about making this happen.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were effective systems and processes to assess and monitor the quality of the services provided and had failed to ensure people's records were accurate and complete. 17(1)(2)(a)(b)(c)