

Mrs I Austen

Lebrun House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Lebrun House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Lebrun House provides accommodation and personal care for up to 20 older people, living with dementia. At the time of inspection, 18 people were living at the service.

Bedrooms are located over three floors and can be accessed via stairs or a lift. Communal bathrooms and toilet facilities are available throughout. There are several communal areas; a dining room with adjoining lounge and another lounge area which connects to a conservatory with seating area. There was some garden space, which two people spent time sitting in during the inspection.

At our last inspection in September 2017, the service was rated as Requires Improvement with breaches in Regulation 11 (Need for consent) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities). There was a lack of specific mental capacity assessments that did not include the views of people or relevant others. There was also a lack of adequate quality assurance systems and care plans that did not hold person centred information about people. The provider was issued with two warning notices and required to be compliant by February 2018. At this inspection, improvements had been made and Regulations 11 and 17 were no longer in breach. However, we still found some areas for improvement. This is therefore the fifth time that Lebrun House has been rated Requires Improvement overall.

The service had a registered manager. '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.'

The environment, training and activities were not specific for people living with dementia. Although all people living at Lebrun house had dementia related support needs, staff had either not had training or it had not been reviewed since 2015. We found there was a lack of signage around the building to support people to remember where they were. Previous signs used to familiarise and reassure people had been removed. People's care plans contained detailed information about people's histories and their preferences, however activities offered to them were not person centred to these. People, relatives and staff told us that they felt activities could be improved and that they wanted opportunities to go out, yet this was not currently happening.

Staff had received a wide variety of training and people and their relatives were confident that staff had the right skills and knowledge to support people effectively. However, staff had not received more specific training required to meet the needs of some people, for example in epilepsy management. We have made a

recommendation about this.

We found that consideration had not been made to whether other types of communication would be beneficial to people, such as pictures added to documentation. We have made a recommendation about this.

Although there had been significant improvements to people's care plans, only half had been transferred to new paperwork and so more time was needed to embed positive changes. There was improvement to the amount of quality audits completed by the registered manager and other external sources. However, there were some issues we found that had not been recognised by the registered manager.

People, their relatives and professionals told us they felt people were safe. Staff demonstrated a good knowledge of how to safeguard people and there were suitable numbers of staff to meet people's support needs. People received their medicines safely. The building was kept safe with a variety of health and safety checks completed by the registered manager and we observed good practise in infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and procedures in the service supported this practise. People's nutritional needs were met. People told us that they enjoyed the food and any risks that were identified for eating and drinking were highlighted in care plans and also displayed in the kitchen. The provider sought guidance from health professionals where additional support needs were identified. Professionals felt the service were responsive to people's changing needs.

Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People, their relatives and professionals were positive about the staff team who demonstrated their understanding of people's preferences, dislikes and support needs. These were reflected in detailed, support plans for people.

Staff and the relatives were knowledgeable of the complaints procedure and confident they could talk to the registered manager about anything that was worrying them. People's choices and wishes were respected when planning for end of life care.

People, staff and relatives were positive about the management team and felt they were responsive to any concerns. The registered manager sought feedback from people and their relatives to continually improve the quality of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe.

Staff demonstrated good understanding of safeguarding processes and knew the procedure to follow for suspected abuse. There were suitable levels of staff to support people's needs.

People had risk assessments that were detailed and centred on them. Building checks and risk assessments were reviewed regularly to ensure the home remained safe.

People received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not always have training to meet the needs of people in the service.

The building was not always adapted to meet the needs of people living with dementia.

People were supported to have good nutrition and were involved in choosing what they wanted to eat and drink.

The service supported people to maintain close links to health professionals.

Is the service caring?

Good ●

The service was caring.

Relatives and professionals were very positive about the caring nature of the staff team. They were confident that staff knew people and their support needs well.

Staff showed kindness and compassion when they talked about people and this was observed in interactions between them.

People had their privacy and dignity respected and their

independence promoted.

Is the service responsive?

The service was not consistently responsive.

People were not involved in a wide variety of activities of their choosing. Activities were not always person centred to their hobbies and interests.

There was a lack of pictures used to enhance communication for people with dementia.

Staff, people and their relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There had been vast improvements to people's care plans, however more time was needed to imbed these changes.

There were some records issues not identified by the registered manager during quality assurance audits.

Feedback was sought from people, their relatives and staff to improve the service.

People, staff and relatives spoke very positively about the management team and felt well supported.

Requires Improvement ●

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.

The inspection took place on the 11 June 2018 and was undertaken by 2 inspectors. This visit was unannounced. A second inspection day took place on the 12 June 2018 with one inspector and was announced to the provider.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We viewed online care home review sites and spoke with the local authority about their views of the service. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During inspection, we spoke with three people, two relatives and two visiting professionals about their day-to-day experiences of the service. Not all people were able to tell us about their views and experiences living at Lebrun House. Therefore, 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 spoke with the registered manager, three staff, including seniors and the Head of Care. We reviewed records, which included four care plans, three staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and made observations of the support they were given.

Following the inspection, we spoke with another relative and a social worker from the Local Authority about their experiences and views of the care provided at Lebrun House.

Is the service safe?

Our findings

People told us they felt safe and one person said, "I'm as safe as I can be here." Relatives agreed that people were kept safe. Comments included, "They couldn't be in a better place. They are really safe" and "It's brilliant that my relative is so safe, it is a big burden off our minds."

There were personal and environmental risk assessments for people who lived at the home. This included risks related to mobility, falls, nutrition, oral health and leaving the home with or without support. There were clear assessments for specific health needs such as catheter or nutritional care. For people living with diabetes there was guidance for staff as to how this was managed and what triggers to be aware of, if any, such as high or low blood sugars. Mobility support plans were detailed with how people were supported to move around the home, whether equipment such as handling belts were needed, and guidance from an occupational therapist. For one person at risk with their skin integrity, there were descriptions of the risks and prevention techniques, such as regular encouragement to move, barrier creams and pressure relieving equipment. Also included, was guidance from a district nurse and details of actions staff should take if they found marking to the person's skin.

Incident and accident reports detailed information of the incident, immediate and on-going actions taken and reflected on lessons learned. An example of this was for a person that fell and received a carpet burn when they were tired. The person was immediately taken to hospital to assess their injuries and once back at home, a follow up visit was organised with the GP. Actions were taken to ensure the risk of reoccurrence was minimal and advice and guidance from the Local Authority, Falls team and relatives had been included.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. All staff had safeguarding training and were aware of signs of potential abuse and who to report to with any concerns. The registered manager also had clear understanding of safeguarding procedures. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed.

There were enough staff to support people who lived at the service and ensure that their needs were met. A relative told us, "There is always at least one staff member in communal areas" which reassured them people's safety was monitored. The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service (DBS) that checked for any convictions, cautions or warnings. There were references from previous employers about new staffs' work conduct and character and these were evidenced in staff files.

People's medicines were managed so they received them safely. Staff were not able to support with medicines unless they had received relevant training. They also had their competency to administer medicines assessed every year by the registered manager. Some people took medicines on an 'as and when required' basis (PRN). Records detailed why the medicine was prescribed and the dose to be given. There were good arrangements for the storage, ordering and management of medicines. Medicines were kept in a locked cabinet in the dining-room. Some prescription medicines are controlled under the Misuse of Drugs

legislation. These medicines are called controlled medicines or controlled drugs and must be stored and administered in a specific way, for example on separate medicines documentation with two staff signatures. Controlled drugs were stored in a separate locked cabinet to other medicines and administered in line with legislation. We viewed people being given their medicines and observed this to be done professionally, with frequent checks of documentation to ensure the correct procedure was being followed. Medication Administration Records (MAR) charts showed when people had received their medicines and staff had signed the MAR to confirm this. A visiting professional told us, "The GP surgery does regular reviews of medication and there did not appear to be any problems in the home with medication."

People lived in a safe environment. Daily, weekly and monthly safety checks were completed by the registered manager for the building, which included maintenance checks on bedrooms, water temperatures, fire equipment and emergency lighting. Every person had a Personal Emergency Evacuation Plan (PEEP). This included information on support required during evacuation, such as equipment or number of staff required. By the front door, there was a red box, which contained a plan of the building, the business continuity plan, emergency contact numbers, bottles of water and foil blankets for staff to use in an emergency. People and staff also took part in regular fire tests and drills to ensure they were confident of evacuation procedures.

We found good practises in relation to infection control. The building was clean and tidy and staff understood how to prevent the spread of infection. Personal protective equipment, for example gloves and aprons were available in all rooms and used by staff when supporting people. The registered manager told us that the service was part of the Infection Control Action Plan team, an initiative set up by East Sussex County Council. This included attending training and devising their own action plan for infection control. Around the building, there were posters for reducing risks to infection. The registered manager was also in the process of supporting staff to keep their immunisations up to date and had purchased hand creams for use after hand washing.

Is the service effective?

Our findings

At their previous inspection, Lebrun House were rated Requires Improvement in Effective, with a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not have specific mental capacity assessments and they failed to include the views of people and those that were involved in the decision making process. During this inspection we found that improvements had been made and that appropriate action had been taken. The provider is now meeting the Regulation.

People told us that they felt the service was effective because staff knew them and their support needs well. Relatives and professionals agreed that staff appeared well trained. One relative told us, "Staff seem to know what they're doing and know my relative and their needs well. It's reassuring for us to see that when we visit."

Despite this positive feedback, there were some areas we found not to be effective. Staff told us they received regular training, which included health and safety, safeguarding, equality and diversity, mental capacity, medicines management and moving and handling. Most training was completed online, but staff also attended practical sessions led by East Sussex County Council. However, we found that more specialised training had not always been sourced or reviewed. Two people living at Lebrun House had been diagnosed with epilepsy. People were at very low risk and medication prevented seizures. Following inspection, the registered manager also told us that seizures were covered by the first aid training, although not in any detail. However, staff had not received any specific training in epilepsy support or management. Following a discussion with the registered manager, they immediately provided a training course for epilepsy to staff.

Lebrun House's statement of purpose says that, "We provide long-term residential care for older people suffering from dementia type illnesses." Every person living at Lebrun required support with varying stages of dementia. However, there was a lack of dementia training. Two staff told us they had received dementia training, but it had not been reviewed in some time. One staff member had not received dementia training since working at Lebrun house. The training plan showed that out of 18 staff, only five had had dementia awareness training and that this was completed in 2015. Staff told us that the registered manager had emailed their dementia training course to them a couple of weeks before the inspection, but not all of them had had a chance to complete this yet.

We saw that staff knew people and their support needs very well and therefore we considered the impact on people to be low. The registered manager was already aware of some shortfalls in training and responded instantly to others. However, it is important that staff remain up to date with training to ensure they are always meeting best practise guidelines. We recommend that the provider uses a reputable training source to support with building staff knowledge in a timely manner.

The design of the building had not always been adapted to meet the needs of people. Some people experienced confusion due to their dementia and required support in understanding where they were.

However, we found there was a lack of signage to support people getting around the building. There were no signs for main communal areas. Some people's bedrooms had their names on, however this was not consistent for everyone. We observed one person asking where the bathroom was and staff directed them towards the orange door in the corridor. However, when the person got to the corridor, we saw them asking again where the bathroom was. It was discussed with the registered manager that a sign with pictures on the door may have helped the person in finding the bathroom more easily. The registered manager explained that some signage had been removed for re-decoration purposes, however they had not been replaced.

At their previous inspection, we saw rummage boxes had been supplied for people in communal areas. Rummage boxes can be used for people with dementia to tap into old memories or find security in their surroundings. They may contain memorabilia or meaningful items related to people's histories, such as clothing, toys, or photographs. However, at this inspection, the rummage boxes were no longer in use. The registered manager explained that they were temporarily removed due to infection control issues and objects going missing. We discussed the use of having inexpensive items for people and including the boxes on the cleaning rota to manage any health and safety concerns. One member of staff was positive about re-introducing the rummage boxes and talked about various items that could be included to benefit people.

The provider had made some positive steps towards making the environment more suitable for the people living there. The lounge and dining area had recently been redecorated in colours selected by people and felt more homely. The registered manager had plans to improve other communal areas. This included introducing a 'Wish tree' to go on the wall. This tree would include pictures of every person and their wishes or goals. The registered manager advised that when a goal was achieved, they would put a photo of the person doing it, next to their picture. There were plans to use dementia friendly wallpaper which would simulate a row of shops. A professional was aware that improvements were also planned for making people's bedrooms more person centred. "I know they are looking at making personalised bedding for people. For example, if someone liked football, they would design bedding to match their interest." There was an action plan with timescales for implementing these improvements but as yet were not in place.

People were offered choice in all aspects of their care. Staff also had knowledge of how the Mental Capacity Act applied to people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made for those that were deemed not to have capacity and any conditions were met.

People had capacity assessments for specific decisions, such as using equipment, or understanding of security protocols. Assessments reflected the views of people and there were explanations of how decisions regarding a person's capacity were made. We viewed meeting minutes where other professionals and relatives had been involved in the decision-making process. Where people had Lasting Powers of Attorney (LPA's), this was clearly stated with details of when decisions could be made on their behalf.

Staff received a thorough induction before working at the service. This included shadowing experienced staff, getting to know people and their support needs, health and safety and policies. Following induction, staff were supported in their role by receiving regular supervision and appraisals. There were opportunities

for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard.

People's nutritional needs were met. For those that were assessed as being underweight, they were weighed monthly and had a Malnutrition Universal Screening Tools (MUST) that calculated levels of risk and identified ways to support. One person required a fortified diet. This is where foods higher in fat and sugar are added to meals to encourage the person to gain weight. In the person's care plan, there were clear instructions in how to fortify foods. This had also been personalised to include a list of the person's favourite foods and how these could be adapted to support weight gain. Other people had involvement from the Speech and Language Team (SaLT) for being at risk of choking. Copies of SaLT guidelines were included in their care plans and in the kitchen so that the cook was aware of people's needs. On the notice board, there were pictures of main meals for the day, photographed from already prepared meals. This included pureed meal options for those that were at risk of choking.

People told us, "The food is really good here" and "It's very tasty". At lunch-time, there were two main meal choices and a vegetarian option which looked and smelled appetising. There was food available for people with specific diets such as diabetic alternatives. A member of staff explained that the freezer was always stocked with alternatives and that sandwiches and jacket potatoes were also offered as choices. We observed lunchtime over both days of inspection and found the atmosphere to be positive and engaging. Staff continuously spoke with people, asking if they were enjoying their meal and offering drinks. One person required support with eating and drinking and we observed staff to be patient, take their time and give the person their full attention. For people that were not able to communicate verbally, staff observed their body language or facial expressions to assess whether they were enjoying their meal.

The service supported people to maintain good health with input from health professionals on a regular basis. We saw that people had regular contact with GP's, nurses, physiotherapists, the bladder and bowel team, occupational therapists and chiropodists to improve their quality of life. An example was for one person who came out of hospital with a pressure sore. The provider enlisted support from the person's GP and organised daily visits from district nurses to treat the wounds. The provider arranged for the podiatrist and district nurses to liaise and agree a plan of support that ensured consistency. Additional equipment was also provided to minimize the risk of pressure wounds reoccurring.

A visiting health professional praised the staff and service. "Staff are well trained, the home is always clean and tidy and people are well cared for." They confirmed, "I have no issues with the home and we're happy to come out."

Is the service caring?

Our findings

People told us they felt staff were kind and caring and that, "They let you be your own person here." Relatives agreed and told us, "The carers are all great, I'm going to book myself in" and "It is a small and intimate service. My relative really responds to staff and is so happy."

We received positive feedback from professionals. Comments included, "People are well cared for", "Carer's are very patient and have great interpersonal skills" and "Staff know people well and give them lots of time." The registered manager spoke highly of their staff team, saying, "I've got such amazing staff. They're so caring and loyal to people. I'm very grateful for each of them."

We also viewed the compliments book and recent comments had included, "The care staff are amazing, so kind, tolerant and patient" and "Staff are always caring, understanding and patient. My relative is so well cared for. Thank you for all your care and loving ways."

Staff knew people very well and how to meet their needs. We saw staff were patient, attentive and respectful when they were supporting people. The atmosphere was happy and staff cheerful. Interactions between people and staff were kind and genuine and it was clear that relationships were built on mutual trust and respect for each other. People were smiling and communication was friendly. One person reached out for a staff member's hand to hold as they were talking. Another was laughing and joking with staff about the morning's activity. One person was spending 1-1 time with a staff member during the morning. They were given a teddy and a rattle and were engaged with staff and the activity.

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. Staff gave examples of encouraging people to be as independent as possible with their own personal care. We observed staff supporting people to get out of chairs and they were patient and kind. People were praised and encouraged to do things on their own but staff were there for support if required.

Staff ensured that people's dignity and privacy was respected and promoted. We observed that staff were discreet and discussed people's needs in a private area. People's documentation was stored securely in locked cupboards and online documents were password protected. Staff also had knowledge of the home's confidentiality policy and how it related to the people they supported. The service had appointed a dignity champion, who had started working with staff to improve their knowledge. A staff member gave an example of a change that the dignity champion had made with one person specifically. "The person's trousers kept falling down and staff just walked past them and pulled them up. The dignity champion noticed this and gave advice. Now we take them to the bathroom to support as it's much more dignified." Staff had also been given a dignity audit tool to complete. This was designed to support staff in understanding dignity at work and identify further areas for support if necessary.

People were involved in making their own decisions and encouraged to express their views. We saw staff asking people how they were and how they would like to be supported. People were offered choices, such

as what they wanted to do or eat and drink. Records showed that regular meetings with people took place, where their views of activities, menus and overall running of the service were sought. People were also asked to complete a survey every six months where they were asked their opinions of the service provided.

Is the service responsive?

Our findings

People felt that staff were responsive to their changing needs. Relative's agreed, one telling us, "I would always ask if I had a problem. They are very responsive and will listen to all your questions." Another said, "I made a suggestion for improvements and they listened and made changes." Professionals also felt that the registered manager and staff responded immediately to any concerns and kept them updated of all changes. One professional told us, "Anything I've asked for, they've done immediately." Despite this positive feedback, there were some areas we found not to be responsive.

People were not always offered activities that were person centred. There was a weekly programme of activities that people chose, displayed on the notice board. We observed activities such as a quiz and singing in the main lounge. We also saw an outside activities co-ordinator reminiscing and talking about their travels which people enjoyed. However, there were missed opportunities for activities that were centred on people, their likes and hobbies. For example, in one person's care plan, it stated that they used to love classical music, knitting and reading romance novels. However, during one to one time with the person, there were no activities offered that met these interests. We talked to one person who used to enjoy a particular activity, but there had not been anything similar to this offered since they had moved in. Another person talked about their previous occupation, but had not been offered the chance to undertake activities related to this at Lebrun. Several people talked about their passion for gardening, but as the provider managed the garden, they had not been given the opportunity to grow their own vegetables. A relative told us, "My relative was very artistic, but they don't do anything now." Although staff knew about people and their backgrounds, there hadn't been any attempt to personalise activities for them.

When we asked the registered manager about people going out, they told us, "We don't really take people out on trips. They go out with family or for a walk around the block." This was confirmed by people, who told us, "I'd like to go out but don't", "I would love to go out more" and "No-one ever takes me out, but I'd like to. I'd like to go to the pub." A staff member agreed, telling us, "People don't go out on trips but I think they should. It's just not arranged." The registered manager told us that they had been trying to recruit an activities co-ordinator to increase outings for people but had not been successful. However, they had increased another staff member's hours and were planning to use the extra support for people to go out for lunch or to the pub regularly.

The provider had not ensured that people were offered activities that were person centred to their preferences and wishes. Therefore, the above issues are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Communication care plans for people identified where people were not able to verbalise their wishes or needed additional support. An example of this was for someone who was hard of hearing and required staff to stand on a particular side of them and speak loudly and clearly. However, we found there were limited pictures on documents for people, for example, the complaints form and people's meeting minutes. Although no person had been identified as specifically requiring pictures for communication, the registered manager acknowledged that some people may benefit from this and that further assessment was required.

We also discussed, that although there were photos of what was on the menu on the notice board, there were no pictures of alternative options and there were no menus in the dining room, where people mostly chose to eat. When we asked one person how they knew what was for lunch, they told us, "I just see what it is. It's always very nice." The registered manager and staff were not aware of the Accessible Information Standards (AIS.) This standard applies to people who have communication needs relating to a disability, impairment or sensory loss and identifies steps that providers should follow to ensure these needs are identified, recorded and met appropriately. We recommend that the provider refers to current guidance regarding AIS to improve their practise.

Each person had a care plan that was specifically designed around their needs, goals and aspirations. People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. There was detailed information about people's histories, their accomplishments in life and those most important to them. We spoke with a professional who praised the improvements to care plans and called them, "A breath of fresh air". All information was accessible and regular reviewed and the professional said, "They are very clearly laid out with all the information you need, which means they are excellent for agency staff, who don't know people as well." They also complimented symbols used on the side of care plans for example, people that had dementia had a picture of a butterfly. For those that had a Do Not Attempt Resuscitation (DNAR) form, there was a picture of a heart and for those at risk of falls, a leaf. This meant that before even reading the care plan, staff had a quick reference to people's support needs. Staff were very knowledgeable of the people that they supported and helped to update their care plans so that information was current. Daily records were also completed by staff that supported each person and included information on daily activities, mobility, continence, nutrition and how the person was feeling.

People and their relatives had not made any complaints since the last inspection however they were aware of who to contact with any issues. Feedback from the previous people's survey was that people were not always sure how to complain. In response to this, the registered manager placed a copy of the complaints policy by the front door and on a communal notice board. The complaints process was discussed in the next resident's meeting and featured in the Spring newsletter for people and families. The registered manager told us that as a result, people were a lot more confident of who they could complain to.

The provider also responded to feedback from others. Staff surveys were positive, however some commented that they were sometimes so busy, they couldn't get to people's files to record things and when they did, they did not always remember everything that had happened during the shift. In response to this, the registered manager had introduced daily notes to people's bedrooms. This included food and fluid charts, pressure care and continence support. The registered manager explained that this had improved accuracy as staff could complete notes when things happened. This also meant that less time was spent sitting and completing notes at the end of each shift and staff could spend time sitting with people instead.

Although no-one received end of life care at the time of inspection, we were told by a visiting health professional, "I've had a patient here on end of life care and the service managed it very well." The registered manager had introduced a planning tool to support people with preparing for end of life care. This included views from people about their wishes and preferences for care and funeral arrangements, information on lasting powers of attorney and when to appoint them. The registered manager said, "We want to give people as much information as possible to make decisions where they can about their end of life care. It will then be person centred to them."

Is the service well-led?

Our findings

At their previous inspection, Lebrun House was rated Requires Improvement in Well-Led, with a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regarded a number of issues, including a lack of information in care plans to ensure people's needs were met and a lack of audits completed by the provider or external consultant for several months. A warning notice was issued requiring the provider to be compliant by February 2019. During this inspection we found that significant improvements had been made and the regulation was being met. However, we still found some areas requiring improvement.

There had been much improvement to people's care plans. Support needs were consistent with what we observed and what people and staff told us. However only nine care plans had been transferred onto new documentation and there was a further nine to complete. Therefore, more time was needed to embed changes. The registered manager advised that they planned to complete all care plans by July 2018.

Improvements had been made to the frequency of audits that assessed service provision. There were a number of quality audit tools which looked at people's care and staff records. This included audits by the registered manager each month and quarterly audits by an external consultant. Clinical quality audits were also conducted by a nurse for people with specific health needs and a pharmacist reviewed people's medicines paperwork each year. However, we identified some areas for improvement, which had not been identified by the registered manager.

Two people had been diagnosed with epilepsy, however only one had a detailed epilepsy plan which informed staff of their support needs. The person without epilepsy guidance was relatively new to the service and their epilepsy was managed well by medication. Staff knew the medication and dose they were on each day and that the person had not had a seizure in many years. A senior told us they had also gone to the person's GP to get further information, but because there had not been any issues for many years, they did not have updated information. Therefore, we considered the impact on the person to be very low. However, information that had been gathered had not been recorded in their care plan. If regular staff were not able to support, there would be a risk that new staff would not have the knowledge or information to support people's individual needs. By the end of the second day of inspection, one of the seniors was already amending the care plan to reflect our feedback.

Additional audits had identified areas for improvement. The external consultant had completed an audit in March 2018 that looked at people and staff files, accidents, incidents, safeguarding and health and safety within the building. They had identified that there was a lack of signage around the building to support people with dementia and this was consistent with what we found during this inspection. The registered manager explained that these had only been removed due to refurbishment works, however acknowledged they had not been replaced immediately after.

The registered manager was knowledgeable about dementia and had ideas to improve the building and make it more dementia friendly. However, more time was needed for refurbishment actions to take place.

There were still some issues identified at this inspection regarding people not receiving person centred activities and staff requiring more specialised training. Although improvements overall were seen, further time was needed to embed and sustain them into every day practise.

Staff were positive about the registered manager and told us they were, "Approachable", "Responsive" and "Very knowledgeable". Relatives agreed, one telling us, "The registered manager spent a lot of time with us reviewing paperwork and making sure everything was just right." Professionals were also complimentary of the registered manager. One told us, "The registered manager knows people and is always good at getting back to me with any concerns."

Staff said handovers were very informative and that the introduction of a new daily handover sheet had improved communication between staff. They told us they had regular staff meetings where they could talk about issues surrounding people and the running of the home. This included updates to people's support needs, changes to the building, reminders of policies and procedures and feedback received from surveys. There were meetings held at various times of the time to ensure that both day and night staff could attend. There were also health and safety meetings with the registered manager, head of care and seniors, where they discussed any health and safety issues, risk assessments, safeguarding, infection control and the business continuity plan.

The provider sought out views about the quality of care and valued feedback given. Questionnaires were completed every six months by people, their families and staff. This information was generated into an overall document which detailed positive feedback and constructive comments. This information was then fed back to people, relatives and staff in newsletters, meetings and on the notice board. We viewed a compliments book that was kept by the front door for visitor's feedback. Comments included, "Wonderful care, excellent food", "Love this place" and "Very very happy with Lebrun. Our relative told us they are happy here which is exactly what we want to hear."

During inspection, we found the registered manager to be open and transparent. They were aware of some areas that still required improvement and had clear action plans that addressed how they were going to manage them. Issues that were identified on inspection were reflected upon by the registered manager with actions being taken immediately. This demonstrated a willingness to improve.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured that people were offered activities that were person centred to their preferences and wishes.</p>