

Mrs I Austen

Lebrun House

Inspection report

9 Prideaux Road
Eastbourne
East Sussex
BN21 2NW

Tel: 01323734447

Date of inspection visit:
14 September 2017
15 September 2017

Date of publication:
11 December 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Lebrun House on the 14 and 15 September 2017. This was an unannounced 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 a dementia type illness and behaviours that could be challenging to others. At the time of the inspection 17 people lived there.

There was no registered manager for the home, however, there was an interim manager in post who was supported by the provider and consultant. Following our inspection the manager informed us she had applied to become the registered manager and was awaiting her interview with CQC. 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 carried out an inspection at Lebrun House in 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 in 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 the commission of the absence of a registered manager. The provider sent us an action plan and told us they would address these issues by June 2015.

We undertook another inspection in 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 in relation to risks, care was not always person centred, and there had been no assessment of staff competencies. 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. For the remaining breaches the provider sent us an action plan and told us they would address these issues by September 2016.

We carried out a further unannounced inspection in December 2016 where we found improvements had been made, however, not all legal requirements had been met in relation to people's records and mental capacity. The provider sent us an action plan and told us they would address these issues by 10 February 2017.

At this inspection we found there were still shortfalls. People's care plans did not reflect the person-centred care people required and received. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and applications for 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.

People were supported by staff who were kind and caring. They knew people really well. They understood people as individuals and were able to provide detailed information about the care and support people received. There was a range of activities taking place throughout the day. These included group and one to one activities designed to suit each individual person. People were able to make individual and everyday choices and staff supported them to do this.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after. Medicines were stored, administered and disposed of safely by staff who had received appropriate training. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough suitably qualified and experienced staff to meet people's needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home.

People were given choices about what they wanted to eat and drink. They were supported to eat and drink a variety of food that met their individual needs and preferences. People were supported to maintain good health and had access to external healthcare professionals when they needed it.

We found two breaches of the Regulations 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. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 ●

Lebrun House was safe.

People's risks were well managed. Staff had a good understanding of the risks associated with the people they looked after.

There were systems that helped ensure staff were suitable to work at the home.

Systems were in place to ensure medicines were stored, administered and disposed of safely.

Staff understood how to safeguard people from the risk of abuse.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement ●

Lebrun House was not consistently effective.

The principles of the Mental Capacity Act 2005 were not always followed.

People were cared for by staff that had received training and had the skills to meet their needs.

People were supported to have enough to eat and drink.

People had access to health care services to maintain their health and well-being.

Is the service caring?

Good ●

Lebrun House was caring.

People were supported by staff who were patient, kind and caring.

People were treated as individuals. Staff respected their dignity and right to privacy.

Staff were committed to ensuring people were supported to make their own decisions and choices.

Is the service responsive?

Good ●

Lebrun House was responsive.

People received care which was personalised to reflect their needs and wishes.

People were able to engage in a range of activities 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 ●

Lebrun House was not consistently well-led.

People's care plans did not reflect the care they required and received. This had not been identified through the quality assurance systems.

Staff were committed to improving the lives of people who lived there.

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 14 and 15 September 2017 and was unannounced. The inspection was carried out by two inspectors 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 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 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 made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. Most 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 people who lived at the home, three visiting relatives, and nine staff

members including the manager. We also spoke with two health and social care professional who visited the service.

Is the service safe?

Our findings

At the last inspection in December 2016 we asked the provider to make improvements to ensure systems were in place to check pressure relieving air mattresses were set correctly, and people were weighed in accordance with their care plans. At this inspection improvements had been made.

People who were able, told us they felt safe at the home. One said, "This is a cheerful, safe place to be, I am happy here." Visitor's told us their relatives were safe at Lebrun House. One told us, "They look after him very well-there is always someone watching him so he feels safe." Another said, "My relative is safe here." The visitor then explained how the person was before they moved into the home and added, "I have no worries about him now." Another visitor told us they could go home and relax because they knew their relative was safe. We saw people were comfortable in the presence of staff, we observed them approaching staff, and happily spending time in their company.

People were safe because staff had a good understanding of the risks associated with supporting people. There was a range of risk assessments in place in relation to people's skin integrity, mobility and risk of falls. Where people were at risk of pressure damage there were pressure relieving mattresses and cushions in place. People's positions were regularly changed to relieve the pressure and continence needs were met. Some people required support to walk around the home and this was provided appropriately. Staff made sure people had their walking aids or walked with people if this was what was needed. Where people were at risk of displaying behaviour that may challenge staff took the appropriate action to support them and prevent any behaviours escalating. Accidents and incidents had been documented with the immediate actions taken. There was further information which showed the incident had been followed up and action taken to prevent a reoccurrence.

People were supported to receive their medicines safely. One person told us, "Medicines are always on time and they watch you swallow them." There was a system to order, store, administer and dispose of people's medicines safely. Medicines were given to people individually and staff signed the Medicines Administration Records (MAR) after the medicine had been taken.

Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were protocols in place for their use which meant people received medicines only when they needed them. We saw some people who had been prescribed PRN medicines received these regularly and there were no PRN protocols in place. The manager told us these people required their medicines regularly and this had been assessed by their GP. However, the MAR charts had not been updated to reflect this. The manager said, this was an administrative problem and she was working with the GP to get this amended. All staff who administered medicines received medicine training and underwent competency assessments to ensure they had the knowledge and skills required to do so safely. Staff were knowledgeable about people and the medicines they had been prescribed. They had a clear understanding of how each person liked to take their medicines. Where people were unable to take their medicines in tablet form, as far as possible liquid medicines had been prescribed. Where medicines needed to be crushed there was information from the pharmacist to show this was safe to

do. Crushing medicines may alter the way they work and make them ineffective.

People were protected from the risk of harm from abuse. Staff had received regular safeguarding training and updates and understood their responsibilities in keeping people safe. The manager worked with the local safeguarding authority to make sure all concerns were reported and appropriate actions taken. She had a clear understanding of her responsibilities in identifying and reporting all safeguarding concerns.

There were enough staff working each shift to support people. One person told us, "There always seem to be enough staff." The manager told us they were currently recruiting new staff as a number of staff had left the service over the previous months. The manager told us recruitment was almost complete and they were now awaiting appropriate checks to be completed before staff started work. The manager and staff told us that the past few weeks had been difficult and staff had worked extra hours to ensure there were enough staff on duty to meet people's needs. To ensure staff did not become over-tired the provider and manager were using agency staff to support current staff. As far as possible regular agency staff worked at the home to ensure that staff knew people who they were supporting. The manager discussed with us the increasing needs of some people and was aware of the need to ensure there were enough staff working to safely support people. Throughout the inspection we observed staff attending to people in a timely way, staff did not hurry people and had time to spend sitting and talking with people.

People were protected, as far as possible, by a safe recruitment system. Appropriate checks were undertaken, including references and criminal records checks with the Disclosure and Barring Service (DBS). There were copies of other relevant documentation including references in staff files. The manager had a good understanding of maintaining a safe recruitment process. Where agency staff worked at the home there was a system to ensure they had current DBS checks in place.

There was ongoing maintenance and servicing contracts which included gas and electrical servicing, hoists and lifts and legionella checks. Regular environmental and health and safety checks had been completed. These included fire checks and drills, call bell tests and checks of window restrictors. Before our inspection the manager had identified an issue with odours at the home. There was a robust cleaning programme in place to ensure this was addressed. We found Lebrun House was clean and tidy throughout.

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. At our inspection in April 2016 we found further improvements were still required. At our inspection in December 2016 we found these improvements were still required. The provider sent us an action plan and told us they would address these issues by 10 February 2017. At this inspection improvements had been made however further improvements were required to ensure the provider was fully meeting the requirements of the regulation.

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. Decision specific mental capacity assessments had not always been completed. Some people had sensor mats in place which alerted staff, when for example, people got out of bed. Staff told us people had these because they were at risk of falls. However, there were no mental capacity assessments or best interest records to show how the decision had been made. There was no information about how people were involved in the decision or whether any less restrictive options had been considered. One person needed their medicines to be given covertly. 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 was a mental capacity assessment and best interest decision. This showed the person's GP had been involved in the decision however; there was no information about how the person had been included in making the decision. There were consent forms in place in relation to photographs and care. The forms had been completed by people's next of kin or representative. However, it had been recorded that they did not have a legal right to consent on the person's behalf but were 'consenting' in the person's best interest. Only people who have the legal authority to do so can give consent on behalf of another person. Where people lack capacity to consent, the provider must show how a decision has been agreed as being in the person's best interest and the least restrictive option has been chosen.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Applications to restrict people's freedom had been submitted appropriately. Copies of DoLS authorisations were in people's care plans.

Although improvements have been made these issues are a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider told us they were reinstating mental capacity assessments into the care plans. These would be reviewed to ensure they covered all decisions that each person had been assessed as unable to make for themselves.

Staff had received mental capacity training. They demonstrated a good understanding in involving people in decisions and asking their consent before providing care and support. We observed staff saying to people, "Would you like to..." or "Shall we..." Where people declined staff respected the person's decision.

Staff received regular training and updates to ensure they had the knowledge and skills to support people. A visitor told us, "Staff know what they're doing." When staff started to work at the home they completed a period of induction. This included an introduction to the day to day running of the home and shadowing other staff to meet people who lived there. We observed this happening during our inspection. The manager told us any staff who were new to care would complete the care certificate. This is a set of 15 standards that health and social care workers follow. It helps ensure 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. However, all recently employed staff had experience of working in health and social care.

There was a training and supervision programme in place. The manager had previously identified the training had not been effective and had introduced a new training programme. This had been maintained and staff received ongoing training and updates. The manager had good oversight of training required. All staff were encouraged and supported to undertake further training and development such as health and social care diplomas at various levels. Staff received regular supervision. This included one to one, staff meetings and observations. Staff understanding of training was checked during supervision and through discussions with staff. There were regular spot checks to observe staff competencies in relation to medicines, moving and handling and observation of care. Where staff required more support this was provided and further spot checks completed to ensure staff had the skills they required.

People's nutritional needs had been met. People told us they enjoyed the food. There had been changes to the meal system and two choices were now offered at each meal. Alternatives were available if people did not like what was on offer. Staff asked people about their choices each morning and a record of this was maintained for staff to refer to. Staff had a good understanding of people's dietary needs and choices. Where appropriate they supported people to make their meal choices. In addition to their choices people were provided with the type of diet that met their individual needs for example, pureed foods.

Nutritional assessments had been completed and people were weighed monthly unless they had been assessed as requiring this more often for example if they had lost weight. The manager reviewed people's weights and if people had lost weight or required support from the GP or other professional this had been sought appropriately. When people first moved into the home staff kept a record of what they ate and drank for a few weeks. This helped to identify people's dietary preferences and if they were at risk through not having enough to eat.

Mealtimes were social occasions. Most people chose to eat in the dining room at dining tables and others sat in lounge chairs with small tables. Where people required support this was provided appropriately. Staff sat with people who required support and engaged with them. They were patient and supported people at their own pace. Other people required prompting and encouraging and this was done appropriately. Staff continually checked with people that they were enjoying their food or whether they wanted anything more.

People were seen to enjoy their meals and plates were returned empty. One person asking for more pudding to which staff responded, "I already saved you some as I know you like your dessert." People were provided with a choice of hot and cold drinks throughout the day. One person told us about a staff member. They said, "(staff member) is very good, he brings me extra cups of tea." A visitor told us, "They (staff) do everything to keep him happy, anything he wants to eat or drink he gets it."

People were supported to maintain good health and received on-going healthcare support. When there was a change in their health they were referred to see the GP or other appropriate professional. Records and discussion with staff confirmed they regularly liaised with a wide variety of health care professionals. This included the community nurses, chiropodist, optician and local dementia in-reach team. Healthcare professionals told us staff supported people to receive appropriate healthcare. They told us referrals were appropriate and staff had a good understanding of people's healthcare needs.

Is the service caring?

Our findings

People were supported by staff who were kind and caring and had a good understanding of their individual needs. One person said, "They (staff) are always respectful towards me." A visitor told us their relative had a nightmare where they had to leave and go home. The visitor told us their relative considered Lebrun House to be their home.

Staff knew the people and understood their support needs. They had a good understanding of people as individuals. Staff knew people's preferred names and addressed them in this way. They took time to engage in conversations with people that demonstrated their knowledge of their preferences and choices. We saw documentation stating that one person loved music. We observed staff singing their favourite song with them. Another staff member sat and read a 'British Reign' book with one person. Staff told us this person "loved the Royal family".

People told us that staff were kind and considerate and this was observed throughout the day. People that had fallen asleep in their chairs after lunch were gently checked to ensure they were comfortable but not disturbed. Appropriate physical contact was used to reassure people. An example of this was a staff member sitting and talking with a person and stroking their hand comfortingly. Before providing support, staff took time to explain what they doing and why, as well as checking the persons' understanding. If using equipment, this was explained and shown to the person before asking permission to use it. We observed one person becoming tearful whilst being supported to move. Staff held their hand, gave lots of reassurance, encouraged them to do things independently and praised when this was achieved. This resulted in the person smiling and thanking staff.

People were reassured by staff presence. We saw one person reaching for a staff member's hand and saying, "You're a lovely lady, I like you". The staff member thanked them and responded that she thought the person was lovely too. Another person was enjoying the music and approached staff to dance with them. Staff responded willingly and danced with the person, chatting and laughing throughout. Staff were compassionate towards people. One person informed staff that she was "feeling sad". Staff responded by asking why they felt that way, listening to their response and expressing sympathy by holding their hand. A visiting healthcare professional told us that staff knew the person they were seeing and the purpose of their visit. They said, "Staff stayed with us and were very supportive, they held the person's hand while the procedure occurred."

We saw that people were supported to make their own decisions and express their views. People were able to choose what they done each day. They were able to get up when they wished to and spend their day where they wanted to. People were free to go wherever they liked throughout the home. Most people spent time in communal areas with other people. Those who wished to remained in their own rooms and joined others when they wanted to. One person told us, "No-one interferes with me, I make my own decisions." We observed staff interactions with people during lunchtime. There was a positive atmosphere in the home with conversation, joking and laughter between staff and people. There was lots of one to one interaction in which staff engaged in verbal and physical communication and maintained eye contact throughout. Staff

were patient. We observed people repeating the same question. Staff responded in a patient and kind manner, reassuring people and using a gentle and kind tone of voice, even if they had given the same answer several times.

Throughout the day we saw that staff supported people to be as independent as possible. When people were supported to move, they were encouraged to do this themselves as independently as possible before equipment was introduced. People were encouraged and praised when they achieved this independently. People told us they were supported to remain as independent as possible. One person told us, "I can do my own personal care but when I have a bath they (staff) hoist you in, they are very good they scrub my back." People were supported to move freely around the home. Where they needed guidance or support this was done promptly.

Staff ensured that people's dignity and privacy was respected and promoted. Where possible, people's bedrooms were personalised with photographs and their own belongings. People looked well dressed and cared for, this indicated that staff had taken time to support people with their appearance and promoted their dignity. We observed staff being attentive towards all people they interacted with, regardless of their level of communication. For example we saw staff interacting with people who were unable to communicate verbally. Staff observed people's facial expressions and body language to determine their choices. One relative told us, "He is always treated with dignity and respect. I am happy and so is he." People's right to confidentiality was respected. Records held about them were stored in locked offices to ensure that their privacy was maintained.

Is the service responsive?

Our findings

Staff knew people well and understood their individual needs. This enabled them to provide care that was person-centred and responsive to people's needs. People were involved in their care throughout the day. We saw they were able to get up and spend the day as they chose. One person told us, "I talked about my care plan with my next of kin and the people in charge when I came here." Visitors told us they were involved in their relatives care and were informed of any changes or concerns.

Pre-assessments took place before people moved into the home to ensure their needs and choices could be met. People, and where appropriate, their representatives, were involved in developing their care plans. Information from the assessment was used to develop people's care plans and risk assessments. Reviews took place, and for some people their relatives were involved.

Care plans included information about people's mobility, personal care, continence and nutrition. There was some information about the choices people could make, their likes and dislikes. However, these care plans were not always person centred or sufficiently detailed. We found people received care that was person-centred and reflected their individual choices and preferences because staff knew people well. Staff had a good understanding of people as individuals, their daily routine and likes and dislikes. People told us they received the care and support they wished for. One visitor told us, "I am very pleased by the way they (staff) take care of (person's name) he only has to ask and they respond."

Staff gave us comprehensive information about people as individuals, how they looked after them and with all aspects of their care and support needs. They told us how they supported people with their personal care, mobility and continence. One person had spent a day in bed. Staff explained this person often chose to do this and they ensured the person received regular checks, change of position and food and drink throughout the day. On the second day of the inspection the person was up and spent the day with others in the lounge.

People were supported to have enough to do throughout the day. People received regular stimulation throughout the day through conversations and contact with all staff. There was a range of activities taking place during the day. These included outside entertainers which people were seen to enjoy and participated with enthusiastically. People were supported to take part at their own level of interest and ability. One person, although not participating in the group, was clearly enjoying the musical instruments the entertainer had brought into the home. Due to their dementia some people were not able to join in with group activities. Staff supported two people to look at books which they enjoyed. Staff sat with people and chatted throughout the day. On some occasions we observed staff sitting with people to keep them company. Some people were watching television. A staff member was sitting with them. Another person came into the room and the staff member told them about the television programme so they could decide if they would like to watch it. There were 'rummage boxes' throughout the home. A rummage box is a box that contains a selection of items that people may find interesting or provide sensory stimulation. The rummage boxes included scarves and soft toys that people liked to hold. We observed one person was holding a doll which they appeared to be enjoying. Staff chatted to the person about this and engaged them in the activity.

The manager told us, previously, all outside entertainers had visited in the afternoon however she had identified this was not always the best time for people. She told us some people liked to "sleep and rest" after lunch, therefore she had arranged for a number of entertainers to visit in the mornings.

People were asked for their feedback about the service through regular meetings, feedback surveys and general day to day chat. At meetings people were updated about any changes at the home and what was happening during the month. They were asked for their opinions on the food and activities. At a recent meeting the manager discussed the complaints procedure to ensure people knew they could talk to the manager or staff if they had any concerns. There was information about the complaints policy and procedure in the newsletter. Complaints were recorded and responded to appropriately. We saw day to day concerns were addressed promptly and this prevented them becoming formal complaints. People told us they would make a complaint if they needed to. One visitor told us, "I have never complained but if I had to I would see the manager."

Is the service well-led?

Our findings

We carried out an inspection at Lebrun House in July 2014 where we found the provider had not met the regulations in relation to records. A further unannounced inspection took place in 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 in 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 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 our inspection in December 2016 we found 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. The provider sent us an action plan and told us they would address these issues by 10 February 2017.

At this inspection we found improvements were still required to ensure people's care plans were person centred and contained all the information needed to demonstrate the care and support people required and received. At our inspection in December 2016 we identified 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 in the person's care plan. At this inspection staff gave us further detailed information about this person's diet and the choices they made. However, the information had still not been updated in the care plan. Some people required their positions to be changed regularly, through our observations and position change charts we saw this was done. However, this information was not included in people's care plans to guide and inform staff.

Two people had urinary catheters in place. One person's care plan in relation to continence described how staff should support the person to use the toilet. The care plan had been updated and stated the person now had a catheter in place. However, previous information about supporting them to use the toilet had not been removed and there was no specific information about how to support this person in relation to their catheter. The second person had no care plan in relation to catheter care. Staff had a clear understanding of what was needed. This included a regular change of catheter bag, the catheter bag was emptied regularly and the amount drained was recorded. However, there was no information to guide staff and ensure people received consistent care.

Due to their dementia some people were less able to express their choices and preferences, for example, in relation to what time they liked to get up or go to bed, what to wear and what to eat. Staff were able to tell us how they supported people to make individual choices, for example, by showing them a choice of clothing. When people's needs changed care plans were updated. However, this update was written as a continuation of the previous information. Therefore it was difficult to find the current information to

understand the care people needed. One person's mobility care plan informed staff to support the person to continue walking as much as they could but to use a wheelchair if necessary. An update stated the person now required the use of a mechanical hoist and wheelchair but the previous information had not been removed from the care plan. Therefore it was not clear if staff should continue to encourage this person to stand and walk.

One person who was newer to the home did not have care plans in place to inform staff. We were told staff used the information from the pre-assessment to inform the care. However, this person's needs had changed significantly since admission. Staff told us about this person's care and support needs and how they had changed since admission. They told us how they supported this person to ensure their care and support needs. We discussed this with the manager to be addressed immediately.

Staff told us they were updated about changes in people's needs at handover and by their colleagues. Agency staff told us they were supported by regular staff who informed them of the care people required. One agency staff member told us, "I am told who to support and how to provide that care." They confirmed they consistently received the information and advice they needed.

Care plan audits had been completed by the manager and these had identified where some information was missing or updates were required. However, they had not identified the lack of specific, detailed information or that care plans were not person-centred. There had been no audits by the provider or external consultant since April 2017 to identify where improvements were needed and drive development.

Care plans did not include all the information staff needed to support people. This had not been identified through the audit process. They were task based, they did not demonstrate that people or their representatives were involved in the care planning process. There was a reliance on verbal information and staff knowledge. They did not reflect the person centred care that people received and we observed. Although this did not impact on people because staff knew them well the lack of accurate and up to date records leaves people at risk of receiving care that is inconsistent and inappropriate. This is 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. Incidents and accidents were monitored and analysed for any emerging patterns.

There was no registered manager at the service however the manager had worked there on a part-time basis for a year and was known to people and staff. Following our inspection the manager informed us she had applied to become the registered manager and was awaiting her interview with CQC. She was supported by the provider and an external consultant. At our inspection in December 2016 significant improvements had been made in relation to the culture at the service. The manager told us further concerns had arisen and these had been addressed. However, this had had an impact on the work that needed to be done including the development of the care plans. She had identified areas she would like to improve, for example, duplication of people's weights throughout the care plans. She also stated she had not been able to complete as many one to one supervisions as she would have liked.

Staff told us there was a positive culture at Lebrun House. Staff told us they were happy and felt supported by the manager. Some staff had worked at the home a long time and told us they enjoyed being there. One staff member said, "I have been here 12 years and I love it." There was an open and relaxed atmosphere between the manager and staff and there was a clear commitment to develop and improve the service. The manager had introduced a newsletter for people. This included updates to changes at the home and

introduced new people and staff. There were regular staff meetings where staff were informed of changes and updated about developments at the home.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent 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

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 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)

The enforcement action we took:

Warning notice