

Mrs I Austen

Lebrun House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lebrun House is a residential care home that was providing personal care for up to 20 older people, some living with dementia. At the time of the inspection, 17 people were using the service. One of these people was staying at the service on a short-term basis, otherwise known as respite.

Lebrun House is situated over three floors, with several large communal areas for people to use. This included a lounge, dining-room and conservatory. There was also a garden that we saw people enjoying throughout the inspection. Some bathrooms had been adapted to support people with mobility needs.

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

People told us that staff made them feel safe. A relative told us, "The place is secure but it's discreet. You don't feel that people are locked away. They are supported to go out all the time. And staff really know what they're doing." There were enough staff and if people's needs changed, more staff were provided. Risks to people were identified, regularly reviewed and well documented so that staff knew what was expected of them to keep people safe. The building was maintained with a number of health and safety checks from safe and external professionals. People received their medicines safely from trained and competent staff.

Since the previous inspection, significant improvements had been made to staff training and the environment. Staff received training that was specific to people's needs, such as dementia, diabetes and epilepsy. A relative said, "My loved one is well looked after, and their needs met thoroughly and with love." Improvements had been made to the environment to ensure that it was dementia friendly. This included clear signage so that people could move around the building without getting confused. People were complimentary about the food at Lebrun House and their nutritional needs were met. When people were unwell, they were supported to see a variety of health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their loved ones and professionals described staff as "Kind", "Caring" and "Friendly." One professional said, "Staff are wonderful, and people very well looked after." A relative said, "I am very pleased with staff. They are so lovely and work so hard." The atmosphere in the home was warm, friendly and homely. Staff were mindful of always respecting people's dignity and privacy. They listened to people's views and respected their choices about their care. Independence was continually promoted and encouraged by staff.

Significant improvements had been made to activities since the previous inspection. These were tailor-made to people's preferences and interests and encouraged people to be involved with the community. People told us they enjoyed going out and the various external activity professionals that visited. Staff knew

people's communication needs well and supported them with a variety of person-centred tools. People knew how to complain if they needed to and were given a variety of ways to do so. When people were at the end of their life, staff supported them in a kind and caring way.

Improvements had been made to quality audit processes to ensure good oversight of the service. People, their relatives, professionals and staff felt the service was well-led. They described the registered manager and deputy manager as "Bubbly", "Very nice", "Enthusiastic" and, "Welcoming." Staff told us they had worked hard as a team to overcome difficulties and felt proud of the service it had become. Management were passionate about people's experiences and sought feedback to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement with one breach of regulation. (Published August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lebrun House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Day one of the inspection was conducted by two inspectors. Day two was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we looked at rotas and contingency plans, quality assurance processes and records of accidents, incidents and complaints. We reviewed four people's care and medicines records and three staff

files. This included information about recruitment, training and supervision. We spoke with five people using the service, two visitors and a professional. We also spoke with seven members of staff, including the registered manager, deputy manager, head of care, a senior, the activities co-ordinator and two care staff. Due to complex communication needs, some people were not able to speak with us about their experiences. Therefore, we spent time observing people in areas throughout the home and could see the interactions between people and staff.

After the inspection

Following the inspection, we spoke with another health and social care professional and one relative about their views of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- People told us they felt safe. One person said, "I do feel very safe here, they look after us." Another said, "Staff are nice, no troubles, they keep me safe." Relatives told us they were reassured people were safe. One said, "My relative the most precious thing to me and the fact I trust staff with them, says a lot."
- A professional told us that they had never had any concerns with people's safety at Lebrun. They said, "One safeguarding was flagged to us but it was dealt with correctly. I've never had to raise any concerns."
- Staff had all received safeguarding training which was regularly reviewed to ensure their knowledge and understanding was up to date. Staff gave us examples of signs that a person may be at risk and explained what actions they would take. One staff member said, "If a person made an allegation or I had concerns I would go straight to the deputy manager or registered manager. I can also raise concerns myself by talking to the safeguarding team. I would make sure I did a thorough report and document absolutely everything."
- There was a whistleblowing policy that all staff were aware of. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe.
- A professional told us, "I have no concerns with hands on care. Staff are very resident centred. I've never had any moving and handling or other concerns about how staff support people."
- Staff were aware of risks to people. For example, one person was at risk of falls and staff ensured they were close by to support when they wanted to move. They ensured the person had their mobility equipment close by and that areas were free from trip hazards.
- People had robust risk assessments that addressed areas such as moving and handling, going out, choking, skin integrity and weight concerns. Some people had health conditions such as diabetes and epilepsy. These assessments detailed signs that the person might be unwell, how seizures, high or low blood sugars might present and what actions should be taken.
- For people that were at risk of damaging their skin, there were assessments that detailed support required, equipment used and when professional's advice should be sought. Where appropriate, photos or clear descriptions of the person's skin had been used so that staff knew exactly what to look for when monitoring people's health.

- Some people could become anxious and display behaviours that challenged. Staff had taken time to get to know what could help people feel calmer, such as talking about specific topics or engaging in an activity. This information was written in people's care plans so that staff knew how to support them during anxiety.
- Regular health and safety checks were completed to ensure the environment was safe. This included checks on legionella, electrical and fire equipment. Staff and people took part in regular fire drills to ensure they knew what to do in the event of an emergency. People also had Personal Emergency Evacuation Plans (PEEP's) that advised what support people needed at this time.

Staffing and recruitment

- People, their relatives, staff and professionals told us there was enough staff to meet people's support needs. One relative said, "There are always enough staff and my relative gets a lot of one to one time too which is lovely." We observed that there was always at least one staff member in communal areas with people. Where people required additional one to one support, such as with eating or with activities, this was provided.
- We observed staff rotas and saw that if agency were used, they were the same staff. This ensured continuity of care for people. The registered manager said, "I am very picky when it comes to using agency staff. They need to have experience and demonstrate excellent communication skills. This is essential for working with people with dementia."
- When people used call bells, they were answered promptly. This included busy times of day such as during mealtimes or when personal care was being provided. The registered manager explained that they had implemented a new call bell system that included a link to sensor mats for individual people.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding work conduct and character and these were evidenced in staff files.

Using medicines safely

- People received their medicines safely from trained and competent staff. Staff told us this was assessed by a member of the management team. One staff member said, "Observations happen often. Managers look at how we give medicines and how we interact with people. They also ask us scenario-based questions, which gets us to really think."
- Staff were knowledgeable about what medicines people took and how they preferred to take them. When they gave people their medicines, they were patient and thorough in their approach. They explained to people what they were taking and reminded them what they were for.
- We viewed people's Medicine Administration Records (MAR) and saw that people were given their medicines as prescribed. Any time specific medicines were given at the right time.
- Some people had medicines that needed to be kept separate from others. These were stored correctly in a separate locked cabinet and two staff gave and signed for them.
- 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, as well as how the person would indicate they were in pain, side effects, and when the GP would need to be consulted.
- The process for PRN medicines had recently changed. Some medicines were no longer being prescribed and were instead being purchased at a pharmacy. These medicines are known as homely remedies. Staff had worked with a pharmacy specialist to understand this change and to ensure their documentation was up to date.

Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained. People talked a lot about the environment and the improvements that had been made. This included brand new carpets and laminated floors throughout. One person said, "It's clean and smells fresh. The décor is very nice."
- Staff had all received infection control training and their practice was closely monitored by the management team. We saw that in a staff meeting, the registered manager discussed with staff that they had observed improvements were needed to hand washing techniques. They used information leaflets and demonstrated the correct procedure to use. Following another infection control audit, the registered manager reflected that staff technique had improved and made it a regular agenda item at meetings.
- We saw staff washing their hands regularly and thoroughly. They used Personal Protective Equipment (PPE) such as gloves and aprons when supporting people. PPE was available throughout the home.
- There were cleaners that worked every day and followed a rota to ensure all areas were kept clean and tidy. There were also separate domestic staff, who were responsible for maintaining people's washing and ensuring the laundry room was clean and organised.

Learning lessons when things go wrong

- The registered manager and deputy manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring.
- Incidents were reviewed monthly and thought given to reasons why they had occurred and what could be done to prevent them happening again. The deputy manager gave an example of a person who had experienced several falls. It was identified that these were happening at a specific time of day.
- The falls prevention team and frailty team were contacted to ask for their advice. The person's medicines were also reviewed with their GP to see if this could be causing the increase in falls. Actions were taken to move the person's furniture so that they had space to move and items they needed were within reach. This resulted in them having less falls at this time of day.
- Another person experienced an increase in falls when they became unwell. Additional staff were provided in communal areas to support with moving and handling during this time and reduce the number of falls that occurred.
- The registered manager analysed the number of falls that had occurred at the home on a monthly basis and reviewed what measures had worked well and what hadn't. They said, "Some things work well for some people, while the same measure won't work well for another. Thanks to the falls prevention team, we have a lot more tools and understanding of how to manage falls for people, so actions can be what is most helpful for each person."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs.
- At the previous inspection we identified improvements were needed in staff training in relation to people with specific needs. At this inspection, we saw that improvements have been made. Staff attended training in moving and handling, mental capacity, health and safety, person centred care and safeguarding. They had also attended more specialised training in dementia, diabetes and epilepsy to meet the specific needs of people.
- Staff told us, when specific needs were identified training was immediately considered. They gave an example of a person that had moved into the service, who was at risk of choking. A staff member said, "We have just had Dysphasia training which really helped me work with the person. For example, using different sized spoons, knowing which professionals to involve and other tools to help prevent choking."
- The registered manager and deputy manager had recently attended advanced dementia training. They had arranged to discuss this training at the next staff meeting to develop their understanding and skills.
- People and their loved ones told us they thought staff were knowledgeable of people and their care needs. One person said, "They know me well and how to look after me." A relative said, "I feel that staff really know what they're doing."
- Staff told us that they received induction where they got to know people, their routines and what is expected of them in their role. One staff member said, "Induction was thorough and helped me get to know people really well." Induction included shadowing other experienced members of staff and learning what was expected on each shift. Another staff member said, "They show you how to complete documentation, like what detail is needed and how to write it in a personalised way."
- New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were supported with regular supervision by the registered manager or deputy manager. Staff told us this gave them the opportunity to talk about their development and voice any concerns about people or the service. One staff member said, "I can talk about anything. They want to know if I am happy or I have any concerns. I think it's a useful tool for boosting staff morale."

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

- The building had been adapted to ensure it met the needs of people.
- At the previous inspection we identified improvements required to the environment to ensure it was

dementia friendly. There was limited signage to enable people to know their environment and tools such as rummage boxes were available but not being used. 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.

- Since the previous inspection, significant improvements had been made to the environment. There was easy read signage available in all areas. This included additional signs in a different language for people whose first language was not English. There were new carpets and flooring throughout. People's bedroom doors had been decorated to look like their own flats, with doors painted the colour of the person's choice. There was also signage in the lift, to remind people where they were if they became disorientated.
- The rummage boxes were no longer in use, however these had been reviewed and reflected upon by management and staff. A staff member said, "People seemed to not understand or use these boxes. However, we recognised people that spent time wandering, wanted objects or pictures to engage with." Murals of a phone box, library and tree had been added to communal areas and we saw people and staff talking and engaging with these.
- People, their relatives and professionals were enthusiastic about the changes to the environment. One person said, "I love the new decoration; the manager has done well." A visitor said, "Not only has it brightened up the home, people really seem to like it and comment on it all the time." A relative said, "It is small so there aren't too many people and it's not noisy, it's the perfect environment for someone with dementia."
- A staff member said, "The provider has done a lot of this work themselves which is amazing. They listened to staff and others feedback and really worked hard to make the changes. It has made a huge difference and feels like a completely different home."

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

- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. A relative told us, "I visited the service first and immediately had a nice feeling about the place. The manager went to visit my relative to assess their needs. They also spoke to me about what they liked and their support needs."
- People had their needs assessed using a variety of tools. These determined what level of support was needed. This included Malnutrition Universal Screening Tools (MUST) to assess people at risk of malnutrition and Waterlow assessments, that measured risks to skin integrity. A relative said, "Staff are always observing and reacting when needs change."
- A specialist pharmacist visited the service to review their medicines documentation and ensure medicines were given in line with The National Institute for Health and Care Excellence (NICE) guidelines.
- People's needs were regularly reviewed with them, their relatives and professionals. A relative said, "We did a review a couple of weeks ago and went through my relatives care plan. We went through all care needs. Most were the same, but some had changed and staff took immediate action on this."

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

- People's nutritional and hydration needs were met. They told us, "Staff bring tea and biscuits whenever we want them" and "Food is good, plenty of choice." When we asked people whether they enjoyed the food, they said, "Oh yes, it's lovely" and "Very tasty." One person commented how nice the lunch-time meal was, telling us, "I could eat that every day."
- People were asked what they wanted to eat each day. For some people, photos were used to help them decide. For people that didn't like the food on the main menu, there were a variety of alternatives to choose from.
- Some people required food to be prepared in a specific way to reduce the risk of choking. The Speech and Language Team (SaLT) had assessed the person and provided specific guidance. Staff knew about this and

we saw them following this advice during meal-times. This included sitting with the person and monitoring for signs of choking. When staff supported people with eating, they were kind and engaging. They continually checked that the person was enjoying their meal and supported at the person's pace.

- We observed the atmosphere at meal-times to be warm and social. Tables were laid with tablecloths, napkins and flower arrangements in the middle, that people complimented. There was music playing quietly in the background and people engaged with each other and staff throughout. One person said, "I look forward to meals here. It's a nice affair."
- People were offered drinks throughout the day. Some people required their drinks to be monitored if they were at risk of dehydration. Staff encouraged these people to drink and recorded the amounts had.
- Staff had recognised that one person drank more when they were given a straw. They ensured that the person had one with every drink and praised them when they drank.

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

- People had regular support from a variety of health and social care professionals to improve their physical and emotional wellbeing.
- People told us that they talked to staff if they were feeling unwell and they helped them to make and attend appointments. One person said, "They've also got a GP to visit me before when I wasn't well enough to leave the house."
- We saw that people had regular involvement from people's GP's, specialist nurses, the falls prevention team, neurologists and the frailty team. A dentist and chiropodist also visited the home if people were unable to go to appointments.
- Professionals we spoke to told us staff worked closely with them to achieve positive outcomes for people. A professional said, "They always listen to our advice. They are keen to listen and learn."
- Some people had diabetes. They had been supported by staff to see various health professionals to manage risks specific to this condition. This included a diabetic clinic, podiatrist, visual specialist and diabetic nurse.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's choices were valued, and staff had a good understanding of how the mental capacity act related to the people they supported. One staff member said, "Some people can't always verbalise decisions, but they can show you in other ways. For instance, if one person moves their feet, I know that's their way of

telling me they want to stand up. Another person uses their eyes to look at things they want."

- We observed that people were continually asked about their choices, such as what they wanted to eat or drink or what activities they wanted to join in with. Staff used objects of references such as jugs of juice to support people in making choices.
- One person did not have English as their first language. The registered manager had arranged for a translator to visit once a week to talk to the person about how they were feeling and about the care they were receiving. This ensured they were happy and could express choices.
- Where a person was assessed as lacking capacity, DoLS applications had been made. Any conditions required to meet the authorisation of a DoLS, were being met.
- For people that had been deemed to lack capacity for certain aspects of their care, they had specific and personalised best interest decisions. These included conversations held with the person to assess their capacity and views from relevant others, including relatives and professionals.
- Where people had Lasting Powers of Attorney (LPA's) to act on their behalf, this was clearly identified within care plan documentation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed that people had built good relationships with staff. People were smiling and there was lots of laughter and joking. One person said, "I get all this banter all the time. It's fun. I don't have to worry about anything. Staff are really good."
- Another person told us they felt, "Relaxed and at home." They said they have a physical condition related to anxiety which has significantly improved since moving to Lebrun House.
- Staff were warm and kind in their interactions towards people. For example, one person was tearful, and staff offered them hugs and held their hand. Although the person was asking the same questions, the staff member answered patiently and kindly and then offered activities for them to do together. The person stopped crying and seemed happy doing activities with the staff member.
- Staff continuously talked to people about how they were, what they had been doing and areas of interest. For example, one person liked a specific TV programme and staff talked to them about what had happened. Staff sang with people when music was playing, encouraged them to join in and made time to sit and engage with people.
- People's families and friends were positive about the caring nature of staff. One visitor said, "I see staff talking to people, they are caring and affectionate." Another visitor said, "The staff make a difference, they want to do the best for people. They constantly talk to people which is nice, there's a sense of care." A relative told us, "Staff have love for all the residents and always do that little extra to make sure care is the best. I couldn't wish for more and feel so lucky."
- Professionals were also complimentary about staff. One professional said, "Staff are lovely. They work under hard conditions. They come across as being a very empathetic team. The families I've seen all seem very happy."
- Staff told us that they loved their jobs and being with people. Comments included, "I leave with a smile on my face" and "The most important thing is seeing people smile and enjoy themselves." One staff member said, "It's like family here. Staff and people have really bonded."
- Staff had all received training in equality and diversity and had a good understanding of how this related to the people they supported. One staff member said, "It's about knowing people and respecting they're all different. Each person is unique." Another staff member told us, "It's about knowing what's important to people. I like listening to people's stories. Even if I hear them more than once, it doesn't matter. If they're important to people, they're important to me."
- For some people their faith was important to them. They were supported to go to church each week and a

pastor regularly visited the service. Staff knew that if one person wore an item of clothing, this meant they did not want to be disturbed. Another person's faith meant that they had specific preferences for personal care. Staff were aware of this and respected it. The registered manager had sourced leaflets about this person's faith and talked to the person and staff about this to increase their knowledge.

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

- People told us that staff asked their opinions about their care and the service daily. We observed staff offering people choices such as what they wanted to eat, drink or do and their responses listened to.
- One person refused to eat at lunch-time. Staff asked them if it was their food choice that they didn't like and encouraged them to make other choices. When the person still refused, staff respected this and asked the cook to save their meal for when they were hungry.
- People were involved in regular resident meetings where they could discuss the environment, menus, activities and staff. Their responses were documented, and actions taken in response to requests. For example, one person had asked for specific plants to be grown in the garden and staff had supported them to choose seeds at a garden centre.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were continually promoted and encouraged.
- We saw one person that required support with continence care. Staff were quiet and discreet when offering their support, to maintain the person's dignity. Staff explained to us how they would support people in a dignified way. This included closing doors when providing personal care and checking they were comfortable throughout support.
- The service had recently appointed a dignity champion. This was a member of staff who had attended additional training in this area and could support other staff in their understanding. The registered manager explained this was a new role and they were currently exploring ways they could further promote dignity at Lebrun House.
- Staff talked to us about the importance of maintaining confidentiality. We observed that when they had to discuss people, this was done in a private area so that information could not be overheard. People's private information was locked away in cabinets and only staff had access to these.
- People told us that staff supported them to be as independent as possible and retain their skills. One person said, "Staff encourage me to do things for myself. I can do most things." A staff member said, "I talk to people about everything that is happening and what I am doing. I get them to do as much as possible on their own as they can."
- We observed people being supported to be independent. One person had a specialised mug so that they were able to drink independently. Other people were encouraged to mobilise independently with their own mobility equipment.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement with a breach of regulation. At this inspection, improvements had been made, the provider was meeting the regulation and the rating has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the previous inspection, we identified areas for improvement regarding person centred activities for people. People's interests and hobbies had not been fully explored and activities had not always been offered that met those needs.
- At this inspection, we saw there had been significant improvements. An activities co-ordinator had been employed. They and staff had worked with people to identify their wishes, hobbies and interests and a bespoke activities programme had been devised for each person. This included activities such as baking, gardening, quizzes, singing, arts and craft and pamper sessions.
- People had activities tailored to their interests. For example, one person loved gardening and had been supported to visit a flower festival. The garden had been made more accessible by the addition of new seating areas and raised flower beds. This meant that people with mobility issues could be involved with gardening if they wished. Another person told us they had started going swimming once a week and, "Really enjoyed it."
- If people did not enjoy group activities and preferred to stay in their rooms, alternative one to one activities were offered. One person loved books and each day, the activities co-ordinator read a new chapter with them.
- People told us they enjoyed this new activity programme. One person said, "I went to church last week, it was very nice. I'm going to Hamden park next week. I love the garden, I'm here all the time." A visitor said, "Activities seem very reasonable, they are getting more and more."
- People went out on trips such as to the beach or on picnics. External entertainers also visited every day. This included singers, musicians, exercise coaches and reminiscence sessions.
- A professional spoke positively about the improvements that had been made. They told us, "Lebrun House has made some really lovely steps forward with making the service personal for clients involving the community." For example, several people enjoyed singing and had joined a local choir. Two people liked swing dancing and were supported to go to another care home, when this activity was happening.
- The registered manager told us they had built relationships with two other care homes in the area and frequently visited each other's services and joined in with activities. The registered manager said, "This not only expands the choice of activities we offer people but helps them form friendships with new people."
- We observed activities on both days of inspection. Different activities were offered in communal areas so that people could choose what they wanted to do. For example, some people chose to have tea and cake in the garden, whilst others played board or ball games in the lounge and dining area. Staff visited people in

their rooms and offered one to one activities. We saw some people enjoying pampering sessions. People enjoyed external professionals' visits and engaged in singing or reminiscence sessions.

- Relatives and visitors told us they were always made to feel welcome and staff celebrated special events in people's life with them. One relative said, "My relative recently had their birthday and staff had a party. Then when family visited a few days later, they organised another party just for us. I'm always made to feel very welcome, staff are lovely at all times."

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

- People received personalised care that was tailored around their wishes, preferences and routines.
- Information gathered from people and those that knew them well, were used to formulate personalised care plans that informed staff about people's life histories, preferences and support needs. This included information on specific health conditions and levels of independence.
- If a person had dementia, there was detailed information on how this impacted on the person's life and how they should be supported. People had easy read, "This is me" documents that helped professionals understand how to support the person in an unfamiliar place, for example, if people were admitted to hospital.
- People also had a life story book. This included photos of events in the person's life. There was information on people's childhood, hobbies, beliefs, favourite things and background. A staff member said, "This helps us get to know each person and their individual histories. It gives us information on what to talk about with them and any things we have in common and can bond over."
- Care plans were reviewed monthly by staff and management. This ensured that information was up to date and relevant to people's support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of people's support needs and told us about different ways they communicate. For example, one person communicated by smiling for 'Yes' and shaking their head for 'No'. We observed staff asking the person about their choices and using their reactions to give them what they wanted. A relative said, "Staff always encourage communication, even just to smile. They always tell me my relative has a lovely smile."
- Another person did not have English as a first language. Staff carried around picture cards with their origin language on to use as a communication tool. They had started learning the person's language and we observed staff using this to talk with them. The person was also visited by a translator weekly. The registered manager said, "They meet with the person and play cards with them. They talk about how they feel living at Lebrun and feedback anything the person has not been able to communicate to us."
- Staff recognised when people had difficulties with communication and acted to improve this. For example, one person was struggling to hear, and an audiology referral was made. Another person showed signs of a sight impairment, so staff contacted vision specialists to visit them.
- People had detailed communication assessments in their care plans which highlighted any barriers to communication and what staff should do to improve this. For example, one person could not hear well out of one ear and staff were advised to stand on their other side to communicate.

Improving care quality in response to complaints or concerns

- People and their loved ones told us that they had rarely had reason to complain, but when they did this

had been dealt with straight away. One person said, "No complaints, staff are very good." Another person said, "I'd speak to the manager or staff if I was worried about anything."

- There was a complaints policy that was reviewed regularly with people and relatives through meetings or the service newsletter. A post box had been fitted in the hallway for people to post anonymous comments if they needed to. There was also a compliments and comments book by the front door, giving visitors the opportunity to leave feedback. Comments included, "The staff here are all wonderful. They are helpful at all times" and "Love this place. Staff always make me feel welcome. Would not want my relative to go anywhere else."

- We viewed complaints that had been received since the previous inspection. All were dealt with professionally and within suitable timescales. The registered manager explained to people and their relatives about the complaints process and kept them informed of any investigations throughout. They took responsibility and apologised when the service was at fault. They also checked with people that they were happy with outcomes.

End of life care and support

- Support given to people at the end of their lives was kind, compassionate and reflective of people's wishes.

- No-one was receiving end of life care at the time of inspection, however, staff talked to us about people they had supported recently with this type of care. This included respecting any wishes the person had expressed and making sure they were comfortable and pain free. It also included working with professionals such as the hospice.

- The registered manager and deputy manager told us about specialised mouth care training they had received to develop their understanding of oral care, particularly when people were at the end of their life. The deputy said, "This meant we knew more about specialised gels to buy for people when they could no longer drink, that would prevent their mouth drying."

- One person had lost their relative and due to their dementia, sometimes forgot this had happened. Staff were aware of this and we observed them supporting the person in a kind and sensitive way when they became upset. One staff member said, "This can happen quite often with people that live here. You must emotionally support the person to grieve each day, which can be difficult. I sit with them, offer emotional support and encourage them to talk about loved ones in a positive way."

- People had their own bespoke end of life plans. This included information on funeral wishes, important people and any other preferences. Some people were religious and their plans advised pastors they wished to visit before they died and churches they wanted to be involved with.

- Some people had Do Not Attempt Resuscitation (DNAR) forms. These were documented clearly and reviewed regularly with people, their relatives and professionals.

- We viewed numerous thank you cards that had been given by relatives of people following end of life care. These were complimentary of staff's caring nature and the support given during a difficult time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At their previous inspection, we identified improvements were required in the quality audit processes. This was because some people's care plans were not reflective of all their support needs. Audit processes had not identified other areas of improvement such as activities or the environment. More time was also needed to imbed changes made to people's care plans.
- At this inspection, changes to people's care plans had been fully implemented and imbedded. The registered manager and deputy manager audited care plan's every month and ensured they had all the information staff required to support people effectively. Feedback from the previous inspection had been listened to and significant improvements made to activities and the environment.
- Other quality audits such as health and safety, infection control, complaints, accidents and incidents were completed regularly to achieve oversight of the service and people's experiences.
- Any areas of concern identified during these audits were reviewed with the staff team and actions taken to improve. For example, a recent bedroom audit had identified that people required new bedding sets that were personalised to their preferences. This had been discussed with people, their relatives and staff and the provider had purchased the required bedding.
- In addition to management audits, an external auditor had visited the service regularly and produced improvement reports. We saw that any issues identified were addressed immediately by the registered manager.
- The local authority Market Support team had also engaged with the service. The registered manager spoke positively about this support. They said, "They've offered guidance and support to help us improve and have been positive about the changes we've made."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were complimentary about the registered manager. One person said, "They are fantastic in my opinion." A visitor said, "The manager is very caring and efficient. They know the answers and get things done."
- We received positive feedback from professionals about the registered manager and the improvements that had been made. One professional said, "The manager is good, it's a well-run team. People know the structure, there's always a senior on duty." Another said, "The manager really has worked hard to improve

and made a lot of changes since the previous inspection."

- Staff spoke highly about the management team. Comments included, "The registered manager is approachable, caring, friendly and professional. I can talk to them about anything" and "The deputy cares. They make a huge difference. We talk, and they listen and act."
- Staff told us that they felt part of a positive, open and inclusive culture and that a team working ethic was encouraged. One staff member said, "This is by far the best home I have worked in. We work together as a team and respect each other and people. It's a lovely atmosphere to be in." Another said, "We all work together to make sure people are happy and healthy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us that an open and honest culture was promoted and that they were taught to share any concerns they had. A staff member said, "Communication is so important and it's really good here. We are open with each other and people and the manager encourages us to be honest."
- The provider had notified us of deaths and incidents where harm had come to people. They understood when and how to involve other professionals such as the safeguarding team. We saw that when incidents happened, relatives were also informed straight away. A relative said, "They are quick to let me know when things happen. They contact me straight away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys were sent out every 3 months to gain views of others experiences.
- Results from surveys were analysed and actions taken to rectify areas that needed improvements. For example, in the most recent survey, people had fed back that they didn't understand what keyworkers were and which staff supported them in this role. This was then discussed with people at the next meeting. The deputy manager told us they were in the process of implementing a 'Keyworker board', with photos of staff and who they supported.
- Results from surveys were discussed in meetings and presented on a communal noticeboard for people to see. It included information such as, 'What we do well' and 'What we need to do better' based on people's feedback.
- Management had also implemented a quarterly newsletter for people and their relatives. This included updates from the registered manager, staff changes, new residents, upcoming birthdays and a copy of the complaints policy and procedure. There were also crosswords and word searches that people fed back they enjoyed doing.
- The deputy manager told us that their next step was to introduce monthly support groups for people's relatives. They said, "We recognise that placing your loved ones in a care environment can be emotionally difficult and that being able to share your experiences and worries can help. It will also give relatives the opportunity to talk to staff."
- Staff were involved in regular staff meetings where they could talk about concerns, changes and people's support needs. We reviewed the most recent meetings held and saw they were also an opportunity to review policies and procedures to ensure staff were up to date with knowledge. This had included discussions on infection control, medicines, confidentiality and training.

Continuous learning and improving care; Working in partnership with others

- Everyone we spoke to were complimentary about the positive changes made to the service and said the registered manager and deputy were passionate about learning and growth. One professional said, "The

difference at the service is amazing. They are taking people out and networking with other homes."

- The registered manager told us about plans to keep improving, which involved working in partnership with others. For example, staff had recently contacted a local dementia choir and three people were due to join this.
- The registered manager had also reached out to the local college. Students were to be involved with dementia specific decoration in communal areas. This would include window boxes on people's doors, which could be decorated with artificial flowers of people's choice.
- To improve staff knowledge, the registered manager had sourced an advanced end of life training course. Several staff were due to attend this later in the year. The deputy manager said, "If staff feed back that this is useful, then we will arrange for all staff to attend."
- The registered manager said, "We have worked so hard to make positive changes. We've had some difficult times, but staff have been incredible and have never stopped being passionate. Now we want to sustain all we've done and keep getting better and better."