

The Lombrand Ltd

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Inspection report

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Date of inspection visit:
13 July 2023

Date of publication:
17 August 2023

Ratings

Overall rating for this service	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

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

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

People received kind and compassionate care from staff who knew them well. People were happy and relaxed being supported by staff, and staff supported people to be independent and respected their privacy and dignity.

Staff were skilled, experienced, and had the training to support people effectively.

People were supported safely with food and drink, and to see health and social care professionals if this support was necessary.

The environment was suitable to people's needs.

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 received personalised care which met their support needs and their preferences. People were encouraged and supported to do things that they enjoyed.

The registered manager and staff team promoted a positive culture at the home. The registered manager completed audits to monitor the quality of the service and put actions in place to continually improve the service. People, and the staff team were regularly asked to give their feedback about the service.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 May 2023).

Why we inspected

This focused inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions of effective, caring, responsive and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Please see the effective, caring, responsive and well led sections of this report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspection, by selecting the 'all reports' link for The Lombrand on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

The Lombrand Limited

Detailed findings

Background to this inspection

The Inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

The Lombrand is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lombrand is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who were living at the home about their experience of the care provided. We spoke with the registered provider, the registered manager, and 2 members of care staff.

We reviewed a selection of records. This included 2 people's care records and a variety of records relating to the management of the service.

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 our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider sought support and guidance from a reputable source and considered adapting the menu choices available to people with specific dietary requirements. At this inspection we found the provider had made improvements.

- People were well supported to manage their nutritional needs. They told us they enjoyed the food served at the service. Comments included, "I love the food, and we can have a choice." and "I like all the food and drink. If there was something on the menu I did not want I could have something different."
- People's preferences and dietary requirements were recorded in their care plans, and care staff were knowledgeable about people's dietary needs.
- People who had specialist diets were supported to receive these.
- Meals were cooked on the premises and were chosen by the people living at the service. Some people were involved with preparing meals with staff support.

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

At our last inspection we recommended the provider reviewed their processes in line with best practice guidance to ensure people's outcomes were identified and care was developed and designed to improve people's outcomes. At this inspection we found the provider had made improvements.

- People's needs were assessed and these assessments formulated their person-centred care plan.
- People who used the service were involved as much as possible in the assessment processes. This ensured the care provided met their needs and provided staff with information of how to support people effectively.
- The registered manager and staff team continued to review and update assessments regularly which helped ensure care plans reflected any changes.

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

- Staff referred people to other professionals when their needs changed. This helped ensure people could get support as required from health or social care professionals.
- The service worked closely with health care professionals such as social workers and mental healthcare

professionals to ensure people's health and social care needs were fully met.

- Any engagement with health care professionals was documented and action taken was included in people's care records.

Staff support: induction, training, skills and experience

- People received effective care and support from suitably experienced and trained staff who had the knowledge and skills to meet their needs.
- Staff felt supported in their roles by the registered manager and received regular supervision to monitor and review their performance and development. One member of staff told us, "I am 100% supported. I get regular supervisions, and we have just had a staff meeting yesterday. You know who your manager is and [Name of manager] is very approachable and you could speak to them about anything."

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

- People's care and support was provided in a clean and adequately furnished environment which met people's needs.
- People chose to spend time where they wished. Some people chose to spend time in their rooms, others used a shared living area and dining room.
- Most people came and went from the service independently throughout the day.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was compliant with the principles of the MCA.
- When required legal authorisations to deprive people of their liberty had been sought from the appropriate authorities.

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 our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. 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

- People were well treated and supported by staff that knew them well.
- People we spoke with provided consistently positive feedback about the care and support they received from staff. Comments included, "They [staff] do care for me. They make my dinner and are always nice [to me]. I like them all." and "They [staff] always make sure I am okay. I am happy here."
- We observed staff were patient and caring in their approach with people. They helped people make meals, to take part in activities and also offered support when people became anxious.
- Staff respected people's individuality and supported them in ways that promoted equality.

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

- People, were involved as much as possible in the planning and reviews of their care and support. One person told us, "I see my care plan and the staff go through it with me."
- Where needed, independent advocates were available to attend meetings on behalf of people who were unable to give their own views. This helped ensure the person's rights were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and staff promoted their dignity. One person said, "Yes they [staff] respect me. They always knock on my door before they come in."
- People were encouraged to do things for themselves. This included preparing their food and snacks, and household tasks. One person told us, "I am very independent. I help staff out, I do my own bed, tidy my bedroom, and make my own drinks."

Is the service responsive?

Our findings

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

At our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their specific support needs.
- People's care plans were regularly reviewed and contained detailed information about people's history, social, physical and health needs. They provided guidance for staff on how to meet people's identified needs including, the support people needed to maintain their health and well-being.
- People were supported to take part in various communal activities. Staff worked with people to provide daily activities and encouraged people to keep active, and socialise.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had taken steps to meet people's information and communication needs.
- People's communication preferences and styles were recorded in their care plans.
- Easy read documentation was in place in some areas of the home. This provided people alternative ways to access information in an accessible format.

Improving care quality in response to complaints or concerns

- A complaints policy was in place as well as an accompanying easy read version. This explained to people the process they should follow if they had any concerns.
- People told us they knew what to do if they had any issues or concerns about their care. One person told us, "I would speak to staff or [Name], they are the manager."

End of life care and support

- People had care plans in place for the end of their life and these contained their personal preferences for when they needed this support.
- No one was currently receiving end of life care.

Is the service well-led?

Our findings

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

At our last inspection this key question was rated requires improvement. At this inspection the rating has changed 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

- The registered manager was clear about their role and knew how to promote good quality care. They understood people's needs and regulatory requirements.
- A system of audits and checks were completed regularly by the registered manager to monitor the quality of the service. These were effective in identifying where improvements were required, and actions were taken in a timely manner to make these improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- There was a warm and friendly atmosphere at the home when we visited, and people told us they liked living at the home. One person told us, "I am very happy here. It is the best care home I have been to, and I have been to a few."
- Staff were positive about the support they received from the registered manager. Comments included, "I feel supported. I can talk to the manager about anything. They are very good."
- Staff involved people in what was happening in the service. People were observed to react warmly and positively when staff spoke with them and clearly had good relationships with the staff team.
- People and staff were engaged in continuously improving the service. Regular surveys along with staff and residents meetings took place where people supported and staff were able to share their views. Results of the surveys were analysed, and action was taken to address any areas of concern.

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

- The registered manager understood duty of candour and was open and honest if things went wrong. They reported notifiable incidents to CQC in line with guidance.

Working in partnership with others

- The registered manager and staff had established good working relationships with professionals including health and social care professionals and local commissioners of care to ensure good outcomes for people.