

Bondcare (Henley) Limited

# Lashbrook House Care Home

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Lashbrook House is a purpose-built residential care home providing personal and nursing care to up to 46 people across two separate floors. At the time of our inspection there were 31 people living at the service and only on the ground floor.

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

People living at Lashbrook House had excellent opportunities and access to a variety of activities to prevent social isolation. Social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. Activities were overseen by a committed, passionate and experienced staff team.

The service had gone the extra mile to find out what people had done in the past, evaluated whether it could accommodate activities to reflect these, and made them happen. The service had recognised and made every effort to encourage and support people to develop and maintain relationships with people that matter to them. The service took a key role in the local community and was actively involved in building further links within community. People told us they enjoyed and benefitted from these links.

Staff at Lashbrook House focused on providing person-centred care and support and achieved exceptional results. Staff took time to understand people's individual needs and used that to improve their care and outcomes. We saw many examples of how people's quality of life and wellbeing had significantly improved.

People told us they felt safe living at Lashbrook House. Staff knew how to identify and report any concerns. The provider continued to recruit staff using initiatives such as overseas recruitment. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment, as people each had access to their own bedrooms with ensuite bathroom facilities.

People had a pleasant well-presented dining experience which offered a variety of appetising food choices available at times that suited people's preferences. The menu was overseen, and food prepared by an enthusiastic catering team who always looked at creative ways of continuously improving people's dining experience. Staff supported people to maintain food and fluid intakes, including, providing snacks, and

making people hot drinks during the night to help them relax and maintain their comfort. People's feedback on food had been used to improve the dining experience.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a registered manager who was committed to improving people's quality of life. They and the new provider put people at the centre of all they did and had plans to continuously improve people's care. There was a clear management structure in place and a long-standing team of staff who worked well as a team. The provider had clear oversight of the service and effective quality assurance systems in place that they used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 10 March 2021.

#### Why we inspected

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

#### 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 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Lashbrook House Care Home

## **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 Health and Social Care Act 2008.

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 team consisted of three 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.

#### Service and service type

Lashbrook House is a 'care home' with nursing. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all of this information to plan our inspection.

## During the inspection

We spoke with six people who used the service. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from 10 relatives. We also received feedback from four healthcare professionals. We looked at five people's care records and four medicine administration records (MAR). We spoke with 10 members of staff including the registered manager, the operations manager, clinical lead, nurses, carers, the chef, domestic staff, maintenance person and activities coordinator. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, five staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Lashbrook House. Comments included, "Safe and well looked after, staff are ok and are very helpful", "Definitely safe here, no fears at all, staff look out for you here" and "Feel safe and sound, no problems here, happy staff and no worries." Relatives were equally positive their loved ones were safe.
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "Report any form of abuse to line manager. Can also report to safeguarding team, CQC or police." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as malnutrition, falls, skin integrity and choking. Where people had been assessed as requiring regular checks, records seen indicated that these had been completed and we saw staff completing them.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced to augment existing procedures. One person commented, "Always cleaning, everywhere pretty spotless, they [domestic staff] work hard."
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- People told us there were enough staff to meet their needs. They said, "Never a long wait, always feel that there are enough staff about if you need any help" and "Sometimes I feel that they could do with more carers on some days, having said that generally there are enough staff because I can always find someone to help me."
- Relatives felt the home had enough staff. They said, "There are always staff on call and available when we visit. Staff are pleasant and personable and always keen to help" and "I think there are plenty of staff to care for the residents, but of course, people can come and go and so this changes now and again. I don't think any care home ever has as many staff as they would like, especially at the moment, but staff numbers at Lashbrook seem to be adequate."

- On the day of the inspection we saw there were enough staff on duty to meet people's needs. People were attended to in a timely manner and staff were not rushed. Records of staff rotas showed planned staffing levels were always met.
- The registered manager told staff recruitment was ongoing and that they and the provider had introduced recruitment and retention strategies including an overseas recruitment drive.

#### Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff used a live electronic system to manage medicines which allowed real time auditing, therefore reducing the possibility of errors.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The environment was clean, and staff were aware of Covid 19 enhanced cleaning procedures, such as deep cleaning and regular cleaning of high touch areas.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that staff at Lashbrook House had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather. One relative commented, "Although it became a nuisance for us visitors, Lashbrook adhered to very high standards to be able to visit. Taking a negative Covid test, gowning, masking and gloving up."

#### Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, the home experienced a power cut. After the incident it was identified that the incident could have been resolved better. As such a power cut to do list was created for staff to follow if this happened again and this was incorporated in the provider's emergency policies.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission benefitted both people and relatives. People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. New staff also shadowed experienced members of staff during and after induction.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings. For example, the Care Home Assistant Practitioner (CHAP) role as a care staff development pathway.

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

- The service provided good quality food with a variety of different options to choose from each day. People were fully involved and helped to plan their meals with staff, taking nutritional advice into account. Staff were aware of people's individual preferences and patterns of eating and drinking.
- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was home cooked and well-presented by an enthusiastic catering team.
- Mealtimes were set to suit people's needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and that they were always offered choices. They said, "The food is very good. If you don't like it, they will change it. The food is quite versatile", "Food is good, I'm not a fussy

eater. Plenty to eat, nice meals, good choice, always something I like" and "I like all the food, it's what I like to eat. They [staff] show you the plates."

- Relatives were equally complimentary of the food. One relative commented, "My dad always talks about the quality of food at Lashbrook. He says it is second to none, and it's my understanding that he often writes notes to let the kitchen staff know how grateful he is for the meals he receives."

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.

- Where referrals were needed, this was done in a timely manner. One healthcare professional told us, "Working with the team they are responsive and are working collaboratively with me."

- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Lashbrook House was a purpose-built home which had been decorated to a good standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. People had memory boxes outside their rooms which had their personal effects.

- There were different sitting areas around the home where people could spend their time. These included a quiet lounge and a hairdressing saloon. There were several quiet sitting areas around the home where people could spend their time.

- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with several sitting areas. On the day of the inspection we saw people continuously using the garden. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

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.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff

followed the correct process to do so.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We support them [people] with making decisions. Give choices of food and activities and act in their best interest."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Lashbrook House had a strong and visible person-centred culture which ensured that staff in all roles were motivated and offered care and support that was compassionate and kind.
- People we spoke with told us the care and support they received from Lashbrook House was of high quality. People said, "The care is very good and the carers, there isn't one that I don't like", "Staff very friendly and they look after you. I knew some of them before coming here" and "All very caring here, lovely staff."
- Relatives were equally complimentary of the care people received. They commented, "They [staff] seem to ace an understanding of my mother's needs", "Staff show their affection with a touch on the arm or a smile at my mum" and "All staff take the time to make my father feel calm and comfortable. They have certainly learnt his ways, issues and temperament and treat him accordingly."
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. People were supported by a group of long-standing staff team. This provided consistency and continuity for people in the service allowing development of meaningful relationships between people and staff.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "We are consulted on any changes and are informed of any issues arising. When we have drawn issues to the attention of the home then these are promptly considered and dealt with."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the information and support they needed to provide care and support in a compassionate and person-centred way. One relative commented, "Each of my parent's has different needs and I believe these are being catered for by the home in a caring and sensitive way. The care workers appear to be well supported by the nursing staff at the home."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. People told us, "Very friendly and respectful staff" and "Most of the time staff do ask my permission before helping me with showering or bathing and other personal care. They are respectful."
- Staff knew how to support people to be independent. During the inspection we saw many good examples

of people being supported to be independent. One person commented, "I can be independent here. I am used to being on my own and making my own decisions, can do that here."

- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept electronically and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service was tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. Staff at Lashbrook House had gone the extra mile to find out what people had done in the past and evaluated whether they could accommodate activities and make them happen. For example, one person had been a train driver on a local line and often talked about this part of their life. Staff arranged to take the person to Henley Station where they met the train driver and went for a ride on their old train route. The person didn't stop talking about this for weeks and still spoke about it when we inspected the services.
- People told us they participated in meaningful activities and commented, "Everybody likes [activity coordinator]. Lots of things to do. Mandolin player, singers, picnics, the garden, bus trips and shopping. It's so nice to pick the things you want", "I walk in the garden, walked round three or four times before breakfast today. I read the paper and magazines, swap them between us. We have a singer and we do quizzes, walks and talk about the news" and "I'm used to the outdoors, so I go out in the garden a lot. Things going on here all the time, join in with some or just spend private time."
- People had access to a full programme of activities which were overseen by a committed, passionate and experienced activities coordinator. Activities included exercise classes, flower arranging, painting and music sessions. The activities coordinator was fully aware of peoples' interests and preferences and gave us examples of where an activity had impacted on people's quality of life and mental wellbeing. We saw evidence people had been involved in 'make a wish', where people had identified their key wish. For example, one person loved animals. The team had arranged for animals to be brought into the home including Alpacas. On the day of the inspection we saw this person had been visited by a relative with a dog and they were patting it. They looked really happy.
- Another person was very reserved yet clearly very religious. Staff took turns to take this person to church. This was very important to the person and had been part of their routine throughout their life. We spoke to this person and they told us they looked forward to this day out every week and were appreciative of staff's efforts as this is what they needed to fulfil their mental wellbeing.
- We saw ample evidence of people involved in a wide range of meaningful activities of their choosing. For example, stimulating activities for people living with dementia using all senses such as food tasting and carving pumpkins. One person who used to be a chef was supported with cooking. Staff explored small things that mattered to individual people and used them to create an account each person's life. This enabled staff to engage with people exploring those personal accounts.
- Relatives told us people were supported to have meaningful activities. One relative said, "All the staff make such an effort. In the summer there was a summer party with a 50's theme. It was on a Sunday and

some of the staff who had the day off, including care assistants, housekeeping staff and the Manager attended. It was great fun and the kitchen put in so much effort even making a 50's inspired cake for the occasion. Another example of how they go above and beyond your average care home."

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

- The service understood the needs of different people and delivered care and support in a way that met those needs and promoted equality. For example, the service had ensured all staff had received training in a virtual dementia tour experience. This is bespoke training where staff get to experience what it feels like to live with dementia. It focused on communication, environment, activities and behaviour. This enabled staff to provide meaningful personalised care tailored for each individual's needs. Staff fed back that they noticed a change of a more positive and enjoyable atmosphere for people living with dementia and a positive change in their practices following this training. The activities team acknowledged they had witnessed more engaging interactions and activities between people and staff. For example, one person kept on asking to go and see their husband. Staff knew this was not possible as the husband had passed on. Instead, staff had suggested they accompany the person to visit the grave and lay some flowers. The person was delighted and grateful for staff efforts. On the day of the inspection we saw many pleasant interactions between people and staff including soft touch gestures and one to one interactions.
- The registered manager knew people and relatives very well. She always took time to talk to each and every one on a daily basis. On the day of the inspection, we found the registered manager sat in her office with three people having tea and engaged in some entertaining conversation with them. We were told this was a normal occurrence and people loved it.
- The registered manager told us they and staff took time to know people in order to support them effectively. For example, when one person came to live at Lashbrook House, they had exhibited distressed behaviour, were reluctant to leave their room or receive care. The staff team allocated a suitable key worker to gain their confidence and trust. They sought input from healthcare professionals, identified triggers and developed a behavioural care plan with distraction techniques. With time the person started to come out of their room, interacted with other people and did not object to care. On the day of the inspection we saw this person interacting with staff and joining in activities. The person's family told us their father was a totally different person from the one who came into the home and it was all credit to the staff team.
- The service kept routines to a minimum. People chose when and how to have support. For example, when they needed personal care and where they wanted to have their meals. Staff knew people's preferences and respected their choices. On the day of the inspection we saw people getting out of bed and having lunch at the time of their choosing. They were served food in a timely non rushed manner whatever time they chose to come for meals.
- Lashbrook House took a key role in the local community and was actively involved in building further links. For example, links had been established with a local college which had resulted in meaningful interactions and learning from people of different age groups. The home had ties with a local group forum which had been responsive when the home needed support during a power cut.
- Contact with other community resources and support networks was encouraged and sustained. For example, Lashbrook House was involved in raising awareness in dementia. They supported people to attend a weekly community dementia café for people living with dementia, their relatives, friends and anyone who needed advice. People who attended the café found it informative and invaluable.
- Staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. We saw people were relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully. One person said, "Definitely get all the help I need, I can't walk so I depend on the staff. They do know how to care for me."
- Some people living at Lashbrook House lived with complex dementia needs. Staff had detailed knowledge

of people's histories and how they wished to be supported. Staff used this information to support people in a way that valued them as unique individuals and respected them for who they were. Staff went to great lengths to ensure they knew people well and spent time with people when they first moved to the service to get to know them. One relative commented, "All staff seem to understand how hard my dad is finding it, adjusting to living in a care home and losing his independence, and all have taken time to help him or to leave him be, judging this on his changing moods and level of frustration."

- Staff were responsive to requests for support and reassurance. For example, one person found receiving personal care difficult and distressing. Staff sought support from the family, Mental Health Team and Care Home Support (CHSS) for their input. Through discussions with family, staff found out that the person loved music. As such staff put music on during personal care and this calms the person down. The person now engages with staff and is cooperative with personal care.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

#### Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since registration, the provider had received two formal complaints which had been investigated and addressed in line with their policy.
- The service used learning from complaints and concerns as an opportunity for improvement. For example, a complaint had been made for poor management of hearing aids. As a result, a 'daily must do task' was created on the electronic care planning system and staff were briefed. A hearing aid storage box was also created, and management of hearing aids had improved.
- People told us they knew how to make a complaint. One person told us, "No complaints at all. I would tell you if I had." Another person commented, "What is there to complain about?"
- Relatives were complimentary of the provider's response to complaints. One relative said, "Never complained, although took issues up with [manager], which were usually swiftly resolved." Another person we spoke to explained how their complaint had been dealt with to their satisfaction.
- Many people and relatives told us they had never had the need to complain since the provider took over the service and the new registered manager came into post. There were many compliments received regarding good care.

#### 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 complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to allow people enough time to respond to any questions.
- Information was accessible to people in different formats such as audio, pictorial and large print. Staff were advised of any significant communication barriers via a handover where significant risks are highlighted.



## End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- We saw feedback that had been received from relatives following end of life care. One message read, 'Your care and support for dad was flawless. I will always remember Lashbrook House, a very special and caring home who go above and beyond to help their resident'.
- On the day of the inspection we saw a couple of volunteers who were doing gardening. The registered manager told us these were family members of people who had since passed away but wanted to continue showing their appreciation for the care provided through volunteering. These family members continued to consider themselves part of Lashbrook family.
- People were supported by staff who understood their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on. well

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been changes in the management and staff structure since the provider took over the service. It was clear the registered manager had created a stable management and staff structure which created a general sense of calmness in the home. Staff looked happy.
- People told us they knew the registered manager and the service was well-led. They said, "Manager is very good, will chat to you. Always around and I can find her any time. Can speak to [manager] any time", "This home is very well managed", "My daughter looked at five different homes before choosing this one. It is well managed under difficult circumstances" and "I think it is good, well run. I like it here, really enjoying it."
- Relatives told us that the service was well led and said, "Lashbrook is very well managed. It does feel like a home, not an institution. It is always clean; the staff are friendly, and the atmosphere is relaxed. In my professional life I have been into many nursing homes, and Lashbrook is the nicest and best", "Manager is an excellent manager. She is so personable and caring" and "Happy staff, controlled dementia residents and a clean well-maintained environment tells me that the operation is managed well."
- People and relatives acknowledged the significant improvements since the new provider and registered manager took over. One relative commented, "I believe the management of Lashbrook has improved since it was acquired by Bondcare. The current manager is very effective and responsive and, for example, instigated a review of my mother's support package with the engagement of her social worker." Another relative said, "The home has improved since [manager] took over. Staff are generally friendly and caring."
- Healthcare professionals were equally complimentary of the management of the home. One healthcare professional told us, "I know Lashbrook House from 2016 and the home has gone through various ups and downs. A major positive change I saw recently is the new manager. Compared to others [manager] knows everything about her residents and is very proactive."

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The registered manager had been in post since the provider took over a year ago. They were supported by a knowledgeable clinical lead as well as an operations manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service, meant concerns were responded to in a timely way and allowed reviews of care to be completed instantly. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

Continuous learning and improving care

- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.
- Staff told us they had opportunities to develop and that the registered manager was supportive. Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression.
- The provider had a 'You said, We Did' approach to improving care. For example, people and relatives had identified communication as an issue. The registered manager had introduced better communication through regular family meetings and shared the meeting minutes thereafter. They also sought feedback from those relatives who would have missed the meetings.

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

- The provider enabled people to be empowered and voice their opinions. For example, the home had created a 'resident champion' who advocated for people's interests and needs.
- People, their families and friends were involved in a meaningful way through surveys and meetings. The information gathered was used to improve the service. For example, people fed back they were not happy with the food. The menu was reviewed and discussed with people. Discussions with the chef resulted in feedback being sought daily after meals verbally and through food feedback cards. People told us the food had improved and was first class.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. The atmosphere was very pleasant.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. One healthcare professional commented, "They have always responded well to our team and have participated in a CHSS pilot study on Behavioural and psychological symptoms of Dementia (BPSD) giving us really helpful feedback."

- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.