

Lambton House Ltd

Lambton House

Inspection report

New Lambton
Houghton Le Spring
Tyne And Wear
DH4 6DE

Tel: 01913855768

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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

Lambton House is a residential care home providing personal care for up to 57 older people, some of whom were living with a dementia. At the time of the inspection the service was supporting 41 people.

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

People were happy at the service, and received the care and support they wanted. People and relatives said staff were caring and kind.

Medicines were managed safely. Risks to people were assessed and action taken to reduce the changes of them occurring. The premises were generally clean and tidy, but in some areas redecoration was needed to ensure effective cleaning could take place. The registered manager acted on this immediately. People were safeguarded from abuse.

Staff were supported with regular training, supervision and appraisal. People received effective support with eating and drinking. The environment had improved to make it more dementia friendly, and further improvements were planned. 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 the care and support they wanted. Care records were regularly reviewed to ensure they reflected people's choices. A wide range of activities took place, which people said they enjoyed. The provider had a clear complaints process in place.

Good governance systems were in place to monitor and improve standards. The culture and values of the service promoted positive outcomes for people. Staff worked in effective partnership with a range of external professionals.

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 (published 12 February 2020) and there were breaches of regulation.

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.

At our last inspection we recommended that the provider review and improve people's dining experience, medicines management, mental capacity records and the daily experiences of people living with a

dementia. At this inspection we found the provider had reviewed and made improvements to all of these areas.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lambton House 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 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 ●

Lambton 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 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

Two inspectors carried out this inspection.

Service and service type

Lambton House 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. Lambton House 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 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 since the last inspection. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and three relatives about their experience of the care provided. We reviewed a range of records. This included three people's care records and four medicine administration records. We spoke with 10 members of staff, including the registered manager, care and domestic staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and plans put in place to reduce the chances of them occurring. People we spoke with told us they felt safe.
- The premises and equipment were regularly checked to ensure they were safe to use. Staff received health and safety training to help keep people safe.
- Plans and systems were in place to support people in emergency situations.

Staffing and recruitment

At our last inspection the provider had failed to ensure staffing levels were sufficient to keep people safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives said staff were always around when people needed help. One person told us, "They are there as soon as you press the buzzer." A relative said, "There are plenty of staff around."
- Staffing levels were monitored and planned to ensure people received safe support. One member of staff we spoke with said, "There are enough staff on shift and I know we are recruiting as well."
- A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included obtaining references and checking employment histories.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Medicines were safely and securely stored. Stocks were monitored to ensure people had their medicines available when needed.
- Guidance was in place for staff on the use of topical medicines such as creams, and on using 'when required' medicines.
- Medicine administration records had been completed without errors or unexplained gaps.

Preventing and controlling infection

- The premises were generally clean and tidy, but in some areas redecoration was needed to ensure effective cleaning could take place. In other areas, such as the kitchen, effective cleaning was not always taking place. We discussed this with the registered manager, who took immediate action to address this.
- The provider was preventing visitors from catching and spreading infections.
- The provider was ensuring staff were using PPE effectively and safely.
- Systems were in place to ensure safe visiting to the home, which aligned with government guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had.
- Incidents were monitored and reviewed to see if any lessons could be learned to keep people safe.

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 we rated this key question requires improvement. At this inspection the rating has improved 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 improve people's dining experience to ensure it is positive and enjoyable. The provider had made improvements.

- People told us they enjoyed mealtimes at the service. One person told us, "Meals are fantastic, they do anything you like." We saw people having friendly conversations at lunchtime, and people received their meals in a timely manner.
- Meals reflected people's assessed eating and drinking needs and preferences. Specialist diets were catered for, and any changes to these were communicated to kitchen staff.
- People's nutritional health was monitored to ensure they were maintaining a balanced diet.

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

At our last inspection we recommended the provider improve the environment to enhance the lives of people living with a dementia. The provider had made improvements.

- Improvements had been made to outdoor areas to make them more accessible to people living with a dementia. This included building a tearoom and pub with reminiscence areas. One person told us, "It is good to get out in the garden."
- Further improvements to the premises were planned, and external professional advice was being sought on how to ensure these met people's needs.
- People had customised their rooms in line with their own tastes and preferences. A relative told us, "They have done [named person's] room how she wants it."

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.

At our last inspection we recommended the provider improve their records to show how people had been involved in decisions about their care. The provider had made improvements.

- Staff worked within the principles of the MCA in making decisions for people who lacked capacity to do so for themselves. Records showed how decisions were made in people's best interests, and how relatives were involved in doing this.
- Where people lacked capacity, staff still involved them in making decisions as much as possible. One member of staff told us, "I still try and give people choice, for example when going to bed what would they like to wear?"
- DoLS were applied for and monitored appropriately.

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

- Assessments were carried out before people moved into the service to ensure the home was appropriate for them. People and relatives were involved in this process which helped ensure people's choices were reflected.

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

- Staff worked effectively with other agencies to monitor and promote people's health and wellbeing. People were regularly reviewed by external professionals involved in their care.
- The service had good links with a range of external professionals to ensure people received timely care. A relative told us, "[Named person] was breathless the other day, they got the doctor straight out."

Staff support: induction, training, skills and experience

- Newly recruited staff completed the provider's induction programme before they could support people without supervision. Staff told us this was useful in preparing them for their roles.
- Staff were supported with regular training, which they spoke positively about. One member of staff told us, "You get all the training you need."
- Supervision and appraisal meetings took place. These were an opportunity for staff to raise any support needs they had, which they told us would be acted on.

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 we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
At our last inspection the provider did not always support people effectively so that they could make decisions about their care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff supported people to express their views and make decisions about the support they received. One person told us, "They're always asking what you would like to do." A relative said, "They definitely do what [named person] wants."
- During the inspection we saw staff asking people their views and supporting them to make choices. When people made choices these were respected.
- Care records contained information on people's preferences and decisions. Staff were knowledgeable about how people wanted to be supported and the choices they had made.
- People were supported to access advocates where needed.

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

- People said staff were kind and treated them well. Comments included, "They look after you so well" and, "I am happy here."
- Relatives spoke positively about the support people received. One relative told us, "[Named person] is happy there. Staff are wonderful, it is wonderful."
- Staff treated people as individuals and helped them to live the lives they wanted. This included maintaining friendships and relationships outside of the home.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us staff were, "Very kind, very caring, very polite."
- Staff had friendly but professional relationships with people. One relative we spoke with said staff were, "so friendly, so easy going but also professional. Just lovely."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved 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

At our last inspection the provider did not ensure care records were accurate and current. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received support based on their assessed needs and preferences. People and relatives confirmed people received the care they wanted. One relative told us, "Lambton covers all their needs."
- Care plans were personalised and regularly reviewed to ensure they reflected people's current choices. The provider was introducing a new electronic care plan system, and further personalisation of records was planned.
- Staff were able to discuss people's needs and preferences. Handovers took place at the start of each shift to ensure incoming staff knew about any changes.

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 our last inspection we recommended the provider improve the provision of activities at the service. The provider had made improvements.

- People and relatives spoke positively about activities and opportunities to socialise at the service. One person said, "I never get bored in here, the entertainers they get are brilliant."
- Activities were based on people's interests, and relatives were encouraged to participate so people could enjoy them with their families. One relative told us, "They had a singer on yesterday. It's about the fourth time I've been there to watch them."
- The registered manager regularly reviewed activities to ensure they remained relevant to people's interests. An additional activities co-ordinator had been employed to facilitate more one-to-one activities with people.

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.

- Staff supported people to make their voices heard and ensured they received information in the most

accessible ways possible.

Improving care quality in response to complaints or concerns

- People and relatives were aware of the provider's complaints policy and said they would be confident to raise any concerns. One person said, "Yes, I've made them aware of complaints before."

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and systems were in place to provide this should it be needed.

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 we rated this key question requires improvement. At this inspection the rating has 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 our last inspection the provider had failed to ensure systems and records were robust enough to demonstrate people's health was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and provider carried out checks to monitor and improve standards. Audit systems had been improved to help ensure action was taken when issues were identified.
- Staff ensured that care records were regularly reviewed to ensure people received the support they needed.
- People and relatives spoke positively about the registered manager. One person told us, "The manager is fantastic, you can go to her for anything."
- Staff said they felt supported by the leadership of the service. One member of staff said, "I feel comfortable going to anyone on the team for help."

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

At our last inspection the provider had failed to ensure feedback was sought and acted on. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to obtain and respond to the feedback of people, relatives and staff. People said they were confident issues would be addressed if they raised them.
- Staff spoke positively about the culture and values promoted by the provider and registered manager. One member of staff said, "Very welcoming and very caring. We try to promote independence as well. It has a good atmosphere."
- People were supported to achieve positive outcomes. One relative told us, "The difference in [named person] is incredible"

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

- People and relatives said they had regular and open communication with the service. Records showed that updates were sent when needed. One relative told us, "They keep in touch with any changes."

Continuous learning and improving care; Working in partnership with others

- Continuous learning was used to help improve the service. For example, expert advice was sought during the renovation of the garden to ensure it was accessible and beneficial to those living with a dementia.

- Staff worked in successful partnership with a range of external professionals and agencies to ensure people received the support they wanted and needed.