

Lambton House Ltd

Lambton Grange

Inspection report

New Lambton,
Houghton le Spring.
DH4 6DE
Tel: 0191 3852206

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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 

Overall summary

This inspection took place on 26 March 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Lambton Grange provides care and accommodation for up to eight people. On the day of our inspection there were eight older people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Lambton Grange was last inspected by CQC on 6 May 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Incidents and accidents were appropriately recorded and included details of any follow up action.

Medicines were administered safely and there was an effective medicines ordering system in place.

Summary of findings

Staff training was up to date and staff received regular supervisions and appraisals.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager who told us that there were DoLS in the process of being applied for.

People who used the service, and relatives, were complimentary about the standard of care at Lambton Grange.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People who used the service had access to a range of activities in the home and within the local community.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Incidents and accidents were appropriately recorded and included details of any follow up action.

Medicines were administered safely and there was an effective medicines ordering system in place.

Good



Is the service effective?

The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

Staff had knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People who used the service had access to healthcare services and received ongoing healthcare support.

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

Good



Is the service responsive?

The service was responsive.

Risk assessments were in place where required.

People had access to a range of activities in the home and the within the local community.

The provider had a complaints policy and complaints were fully investigated. People who used the service were made aware of how to make a complaint.

Good



Is the service well-led?

The service was well led.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us they were supported in their role and felt able to approach the manager or to report concerns.

Good



Lambton Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 March 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by an adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also

contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

During our inspection we spoke with four people who used the service and two relatives. We also spoke with the registered manager for Lambton Grange, the registered manager for Lambton House and two care workers.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Lambton Grange. They told us, “Staff always keep us informed” and “[Name] has really improved since being in the home”.

Lambton Grange is a detached, two storey building in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

The home comprised of eight single bedrooms, all of which were en-suite. Two bedrooms were located on the ground floor and six bedrooms were located on the first floor. All were clean, spacious and suitable for the people who used the service. En-suite bathrooms were clean and contained appropriate, wall mounted dispensers.

We saw that the accommodation included three lounges, a kitchen diner and several bathrooms and communal toilets. There was also an enclosed garden at the rear of the property. The home was clean and tidy. Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. They contained appropriate soap, towel dispensers and easy to clean flooring and tiles. Grab rails in toilets and bathrooms were secure. We looked at staff training and saw all staff had completed NHS infection prevention and control training.

Equipment was in place to meet people’s needs including hoists, pressure mattresses, shower chairs, wheelchairs, and pressure cushions. We saw the slings, hoists and passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) in March 2015.

Windows we checked were fitted with window restrictors that appeared to be in good working order to reduce the risk of falls. We looked at the records for portable appliance testing and the electrical installation certificate. All of these were up to date.

We looked at the provider’s accident and incident reporting policy, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences

regulations 2013 (RIDDOR) and the procedures for notifying CQC. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends.

We saw a fire emergency plan on each floor which displayed the fire zones in the building. We saw fire alarms were tested each week, fire drills were undertaken on a regular basis, six monthly on day shift and 3 monthly on night shift, and a fire risk assessment was in place.

The service had Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service. These included the person’s name, assessed needs, details of how much assistance the person would need to safely evacuate the premises and any assistive equipment they required.

We saw a copy of the provider’s safeguarding adult’s policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We discussed with the registered manager, and saw from the records, there had not been any safeguarding incidents at Lambton Grange since 2012. We looked at three staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We spoke with the registered manager and staff about the home’s policy on restraint. We were told, restraint was never used in the home, and instead staff had been trained to deal with behaviour that challenged the service with positive reinforcement, reassurance and distraction. This meant people were protected from the risk of harm because staff did not use physical interventions.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out on appointment and then renewed every three years. Two written references were obtained, including one from the staff member’s previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and

Is the service safe?

that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the registered manager. She explained that in addition to herself, there were always two members of staff on duty on a day shift and two staff on a night shift. Any absences were covered by their own staff or regular agency staff. We observed plenty of staff on duty during our visit. A staff member told us, "All staff work together to complete tasks and provide cover". This meant people were being cared for by staff who were familiar to them and knew their individual needs and the provider ensured there were adequate numbers of staff on duty at all times.

We looked at the provider's medicines policy, which provided staff with guidance on ordering, storage and disposal of medicines. It also detailed the procedures for

homely remedies and self-administration of medicines. We discussed the medicines procedures with a senior care assistant and looked at records. We saw medicines were stored securely in a locked medicine trolley which was secured to the wall in a medicine store room which was kept locked at all times when not in use. We looked at the medicines administration charts (MAR) for four people and found no omissions. Records were kept for medicines received and disposed of.

We saw that medicines audits were up to date. We also saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and their competency was reviewed and recorded by the registered manager. This meant that the provider stored, administered, managed and disposed of medicines safely.

Is the service effective?

Our findings

People who lived at Lambton Grange received effective care and support from well trained and well supported staff. A relative told us, “The staff are very good and know [Name] well and understand [Name’s] needs” and “Staff organise appointments and sort everything out”.

We discussed staff training with the registered manager and we looked at the training records for three members of staff. We saw that all new members of staff received a thorough induction to Lambton Grange, which included information on the provider, a tour of the home, a health and safety handbook and codes of practice. The induction also included training in moving and handling, managing of medicines, fire procedures, food hygiene, health and safety, first aid, care planning, control of substances hazardous to health (COSHH) and care of the residents.

The training records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, first aid, fire safety, safe handling of medicines, safeguarding, infection control, health and safety and food hygiene. Records showed that all staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. In addition staff had completed more specialised training in for example bowel management, swallowing difficulties, oral hygiene, end of life, equality and diversity, epilepsy, diabetes and positive dementia care. Staff files contained a record of when training was completed and when renewals were due. Staff we spoke with told us, “We are always attending little courses”.

We saw staff received regular supervisions, six times a year, and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions included a discussion about individual’s practice, for example, the administration of medicines, the philosophy of care, whistleblowing, safeguarding, training, concerns, future needs and their personal plan for the next two months. This meant that staff were properly supported to provide care to people who used the service.

We saw communication care plans were in place, which provided guidance for staff on communicating with the people who used the service. For example, observations

suggested for staff included; “[Name] has no oral communication”, “[Name] will express their happiness through vocal sounds or smiling” and “[Name] will bite their hand if they feel you are invading their personal space”.

We saw there were robust handover arrangements in place for staff to communicate resident’s needs, daily care, treatment, professional interventions, appointments, incidents and relatives visits between shifts both orally and in writing.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager, who understood her responsibility with regard to DoLS and told us authorisation applications were in the process of being applied for.

We saw a mental capacity assessment had been completed for a person and a best interest decision made for the use of a wheelchair. We saw that family members and the person’s care manager had been involved in the decision making. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including the GP, community nurse, occupational therapist, speech and language therapist and chiropodist.

Consent forms had been completed in the care records we looked at for medicines and these had been signed by relatives of people using the service.

People had access to a choice of food and drink. We saw people helping themselves to snacks and making themselves drinks, with support from staff if required. We saw staff supporting people in the kitchen diner at meal times when required. We observed staff chatting with people who used the service. The atmosphere was relaxed and happy.

We looked at the provider’s nutrition policy and we saw nutrition care plans were in place which recorded people’s

Is the service effective?

food and drink preferences and specialist dietary requirements. A person who used the service told us, “I like coffee and bananas.” A staff member told us, “People choose what they want to go in their packed lunches” and “[Name] drinks Fortisips”, which is a ready-made milkshake style drink for people who cannot consume enough solid food to maintain a balanced diet.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Lambton Grange. They told us, “I like it here”, “[Name] comes home for visits and can’t wait to come back to Lambton Grange”, “[Name] loves it here” and “It’s a 100% really good”.

People we saw were clean and appropriately dressed. We saw staff talking to people in a polite and respectful manner and were attentive to people’s needs.

Staff interacted with people at every opportunity for example encouraging them to engage in conversation or asking people if they wanted help. We observed a member of staff talking to a person about the new clothes they had bought and we saw a member of staff ask a person about their day.

Staff we spoke with were knowledgeable about the people they cared for. Staff told us, “[Name] enjoys dancing, doing jigsaws and talking to a friend on the phone”, “[Name] enjoys going to the Catholic Club at Lambton Grange”, “[Name] likes to visit Herrington Country Park” and “[Name] enjoys watching television, listening to music and 1:1 time with staff”.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people’s rooms and closing bedroom doors before supporting them with their personal care.

We looked at people’s care plans which recorded prompts for staff to “Encourage independence” and “Respect privacy and dignity”. We spoke with a relative who told us, “Staff are really helpful”. This meant that staff treated people with dignity and respect.

We saw the bedrooms were very individualised with people’s own furniture and personal possessions. Staff supported people to maintain links with family and friends and we saw in people’s bedrooms there were many photographs of relatives and occasions.

The service provided a small lounge at the side of the premises where visitors and relatives could meet with people who used the service in private.

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the resident’s needs and treated people with respect. Staff we spoke with told us, “I enjoy this work”, “I like looking after the residents”, “It would be nice to have more staff at times so we could go out more with the residents” and “I enjoy helping residents and making a difference”.

We saw that care plans were in place. Each care plan contained evidence that people who used the service or their relatives had been involved in writing the plan and their wishes were taken into consideration, for example, we saw the care records included people’s bathing and activity preferences.

Is the service responsive?

Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for four people who used the service.

We saw that the home operated a keyworker system. A keyworker is a member of staff, who with a person's consent and agreement, takes a key role in co-ordinating a person's care and promoting continuity, ensuring a person knows who to access for information and advice.

We saw that pre-admission assessments had been carried out which included personal information, next of kin, GP and social worker details, medical history, communication needs, medicines, dietary requirements, dependency assessment and any mobility issues.

Each person's care record included a pen picture, which included details of the person's family tree, life history, important events, interests, hobbies, religion, likes and dislikes. For example, "[Name] likes drinking coffee", "[Name] likes cookery sessions" and "[Name] likes going to bed around 10.30pm – 11pm". We saw these had been written in consultation with the person who used the service and their relatives.

Care plans were in place for personal hygiene, dressing, mouth care, mobility, continence, skin integrity, nutrition, communication, moving and handling, spiritual, epilepsy and activities or stimulation. Each care plan outlined the persons short and long term goals. Care plans detailed what people were able to do and what they enjoyed doing. For example, "[Name] is able to sit and rise independently". Each care plan was reviewed and evaluated regularly.

We saw risk assessments were in place and included falls, boarding and alighting transport, washing dishes, nurse call, using showers, baths and hot water taps. Assessments contained control measures and recommendations from

professionals including speech and language therapists. For example, one person had a risk assessment in place for choking which described the potential risks and the measures to be taken by staff which included "Food should be cut no bigger than a 5p piece". Risk assessments were regularly reviewed and changes were made if needed.

Each person's care records included details of activities the person liked to do. This included party games, connect 4, musical instruments, ball games, armchair exercises, baking, skittles, movie night and relaxation session. We saw people could choose whether to take part in an activity. The registered manager also told us that the home shared a mini bus with Lambton House Care Home and was proposing outings for residents in the next few months.

We saw a copy of the provider's complaints policy and procedure and discussed complaints with the registered manager. We saw there had been no complaints about the service since 2004. We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People, and their relatives, we spoke with were aware of the complaints policy. Staff we spoke with told us, "We address issues as they arise" and "We don't receive complaints". This meant that comments and complaints were listened to and acted on effectively.

We saw some people's care records had detailed hospital passports completed. A hospital passport is designed to help people with a learning disability to communicate their needs to doctors, nurses and other healthcare professionals. It provides a picture of the whole person by including information that isn't only about illness or health. For example, it can include lists of what people like or dislike from physical contact to their favourite type of drink. This will help hospital staff know how to make the person feel comfortable. This meant that people's needs could be met should they need to transfer to hospital.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We looked at what the registered manager did to check the quality of the service. We saw that the home had been awarded a “5 Very Good” Food Hygiene Rating by the Food Standards Agency in October 2014. We looked at the provider’s audit files, which included audits of care plans, risk assessments, health and safety, medication, infection control, quality assurance and maintenance (electrical appliances, fire alarm and extinguishers, emergency lighting, hoists, passenger lift and slings). All of these had last been audited in 2014 and included action plans for any identified issues.

We looked at what the registered manager did to seek people's views about the service. We saw staff meetings took place and staff were asked for their views through regular customer satisfaction surveys. For example, staff were asked about teamwork, working rotas, contracted hours and to provide suggestions to improve the service. The responses were positive, most staff were “Happy” and suggestions for improvements included, “More staff to support residents” and “Decorate throughout”. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns.

We discussed processes for obtaining the views of people who used the service or their relatives with the registered manager and saw the responses from the most recent service users/relatives questionnaires completed in August 2014. The questionnaires contained twelve questions about the standard of the service including the atmosphere, staff, level of care provided, décor and cleanliness, quantity and variety of food provided, activities, meetings, privacy and dignity, facilities, concerns and suggestions for improvements. Responses were received from four relatives and were very positive with comments for example, “Level of care is excellent”, “Staff are wonderful when approached”, “The atmosphere is very welcoming”, “No problems with the standard of cleanliness”, “Always a friendly atmosphere”, “Care is excellent”, “Very good food” and “No concerns at present”.

This meant that the provider gathered information about the quality of their service from a variety of sources.

We saw a copy of the provider’s business continuity management plan. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists. This meant the service ensured people’s wider healthcare needs were being met through partnership working.