Lambton House Ltd

Lambton Grange

Inspection report

New Lambton
Houghton Le Spring
Tyne And Wear
DH4 6DE

Tel: 01913852206

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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

This inspection took place on 7 March 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Lambton Grange provides care and accommodation for up to eight people with a learning disability. On the day of our inspection there were seven people using the service.

The service 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. At the time of our inspection visit, the registered manager was on annual leave and the deputy manager was in charge of the home.

We last inspected the service in March 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good'.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty to keep people safe however staffing levels did not always provide the flexibility for staff to take people out.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members 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's end of life care wishes had been discussed and recorded.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

People who used the service, family members and staff were regularly consulted about the quality of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 registered 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 7 March 2017 and was unannounced. One Adult Social Care inspector and an expert by experience took part in this inspection. An expert by experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with five people who used the service and five family members. We also spoke with the deputy manager and one member of care staff.

We looked at the personal care or treatment records of three 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 and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People who used the service were safe at Lambton Grange. Family members told us, "My [family member] could tell you if they don't feel safe, I would rather [Name] takes small risks in life and live. [Name] has never missed a dose of their medication" and "I feel [Name] is 100% safe".

We discussed staffing levels with the deputy manager and looked at staff rotas. Staff worked 12 hour shifts and there were always two members of staff on duty during the day and one at night. Staff absences were covered by existing permanent staff and the deputy manager told us agency staff were not used.

There were sufficient numbers of staff on duty to keep people safe however staffing levels did not always provide the flexibility for staff to take people out. A family member told us they wished their relative could, "Go out on a good day but with only two staff they can't take them out and about." They also told us, "I have no complaints about the place or the staff. I would like to see extra staff on two or three days a week to have staff go out with the residents." Another family member told us, "The only thing is another member of staff would help as three of the residents are in wheel chairs." We spoke with the registered manager following their annual leave about staffing at the home and the comments we had received from family members. They told us they agreed with the comments and staffing had been discussed with the registered provider however there were no immediate plans to increase staffing levels.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and were analysed monthly. One person had experienced a fall that required a visit to hospital. No serious injury was caused but we saw details of the accident and action taken were clearly recorded.

Risk assessments were in place for people who used the service and included falls, falling out of bed, using the shower and bath, wheelchairs, mobility, obstructions and uneven surfaces, choking and transport. These described potential risks and the safeguards in place to reduce the risk. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Electrical testing, portable appliance testing (PAT) and hot water temperature checks had been carried out and were up to date. Hot water temperatures were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date and people who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate checks and records were in place to protect people in the event of a fire.

The registered provider had a 'Safeguarding adults' policy in place and copies of the local authority safeguarding policies and procedures. There had not been any safeguarding incidents recorded however the deputy manager was aware of their responsibilities and staff had been trained in protecting vulnerable adults.

We found appropriate arrangements were in place for the administration and storage of medicines and medicines audits were carried out on a monthly basis.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A person who used the service told us, "I like it here." Family members told us, "I trust them [staff], they are marvellous", "I would give the service 10/10. We are glad [Name] has a very good home" and "I find the staff fabulous, I go on spec and always find the care excellent. I am very observant and I'd be the first to say if something was not right, [Name] is very happy, they do such a good job. I have never visited and felt concerned".

Staff were supported in their role and received regular supervisions 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. Staff mandatory training was up to date. Mandatory training is training that the registered provider thinks is necessary to support people safely and included first aid, moving and handling, fire safety, mental capacity, food hygiene, medication and safeguarding. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. This meant staff were supported in their role.

People who used the service had 'Nutrition' care plans in place, which described people's likes and dislikes, any specific diets and details of equipment needed to support the person. We saw one person had been identified as being at risk of choking and their care plan stated, "Food cut into pieces no bigger than a 5p coin following recommendations from SALT." This meant a Speech and language therapist (SALT) had been consulted and their guidance taken into consideration. The person had a risk assessment in place, which provided additional guidance to staff. For example, "Encourage to chew food and swallow before putting more food in mouth", "Staff to supervise during mealtimes" and "Verbal prompts from staff".

All the people who used the service were weighed monthly and had up to date malnutrition universal scoring tools (MUST). MUST is a screening tool used to identify whether people are at risk of malnutrition. A family member told us, "Food is [Name]'s favourite hobby. [Name] has put on a bit of weight so they have started a star chart with my agreement and it's working. It's encouraging [Name] to do things and earn stars. The staff make sure [Name] has a balanced diet and when they are eating as a group all have the same food. This meant people were supported with their dietary needs.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA. DoLS applications had been submitted for all of the people who used the service. We saw that three had been authorised by the local authority and the other four were being processed.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including GP, dentist, optician, district nurse and chiropodist. People had health action plans and hospital passports in place, which provided information to health care staff should the person be admitted to hospital.

Good

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

Family members we spoke with told us the staff at Lambton Grange were caring. They told us, "They always do their best, my [family member] is loved by all", "I am more than happy with the care, they do great work" and "The staff are caring, promoting happiness and wellbeing".

We saw staff knocking on bedroom doors and asking permission before entering people's rooms. People's care records described how staff were to promote dignity and respect people's privacy. For example, "To promote dignity, [Name] is left unattended whilst using the toilet", "Always promote privacy and dignity" and "Promote privacy and dignity at all times". We observed one person had a stained top. The staff took the person to their bedroom to change their top and explained to the person what they were doing beforehand. A family member told us, "They will knock on the door and let [Name] know they are coming in. When they are showering [Name] they always have the towel and clothes ready." This meant that staff treated people with dignity and respect.

Family members we spoke with told us staff promoted independence and care records described how people's independence was to be promoted. For example, "Staff to encourage [Name] with hand over hand action to motivate [Name] to eat independently", "Staff to guide [Name] to the toilet at regular intervals throughout the day in order to maintain their independence" and "[Name] is capable of dressing themselves but requires guidance to ensure their clothing is on correctly". Where possible, people were encouraged to help in the kitchen, laundry and clean their own bedrooms. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individually furnished and decorated to meet people's specific needs. We saw photographs of relatives and social occasions in people's bedrooms and family members were made to feel welcome.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the deputy manager who told us none of the people using the service at the time of our inspection had independent advocates.

People had 'Spiritual' care plans in place, which provided information on the person's religion, whether they attended church and level of family involvement. People's end of life needs and wishes had been discussed with family members and relevant forms were in place.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were reviewed and evaluated every three months and a full review took place annually.

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they moved into Lambton Grange. Each person's care record included important information about the person including next of kin and GP contact details, preferred name, religion and medical history.

Care records were person centred, which means the person was at the centre of decisions made about their care. People had care plans in place, which included personal care, dressing, mouth care, mobility, continence, skin integrity, medication, nutrition, communication, sleep, activities and spiritual. Care plans described the person's need, long term goals, progress made towards goals and action to be taken to achieve the goals.

For example, one person was identified as being at risk of pressure ulcers. The person had a Waterlow assessment in place that was reviewed monthly. Waterlow is used to assess the risk of a person developing a pressure ulcer. The person's 'Skin integrity' care plan stated, "Continue to monitor [Name]'s skin, recording and reporting any issues/changes." Another person was identified as being at risk of falls. The person's 'Mobility' care plan described how the person could walk with the assistance of staff but used a wheelchair when out in the community. The person had a risk assessment in place and the records were regularly reviewed.

Daily handover reports recorded important information about the people who used the service. For example, updates on the person's health, diet, activities carried out and personal care.

We found the registered provider protected people from social isolation. People had 'Activities/stimulation' care plans in place, which provided information on people's individual needs and what staff should do to protect the person from social isolation. A 'Social activity log' was kept for each person and recorded the date and time of any activities the person had taken part in, and any additional staff comments. Activities included exercises, skittles, games, relaxation and musical instruments. We saw some people were accessing community facilities and day centres on the day of our visit. A family member told us, "[Name] loves the stage and does productions at the day centre. We take [Name] out and [Name] has four days at the day centre learning new skills."

The registered provider had an effective complaints policy and procedure in place. This described the procedure for making a complaint and how long the complainant would expect to wait for a response. People were made aware of the complaints procedure via regular meetings and there had not been any complaints at the service within the previous 12 months. People and family members we spoke with did not have any complaints to make.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place however they were on annual leave and the deputy manager was in charge of the home. A registered manager is a person who has registered with CQC to manage the service. We spoke with the deputy manager about what was good about their service and any improvements they intended to make in the next 12 months. We saw there were refurbishment plans for the home, which included widening the upstairs corridors to allow the use of the first floor rooms for people who used wheelchairs, and development of the rear garden.

The registered provider was meeting the conditions of their registration. Statutory notifications had been submitted in a timely manner however three statutory notifications for Deprivation of Liberty Safeguards had not been submitted to CQC. A notification is information about important events which the service is required to send to the Commission by law. We discussed this with the deputy manager who submitted the notifications immediately following the inspection.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff were consulted and kept up to date with information about the home and the registered provider. Staff meetings took place regularly and an annual staff satisfaction survey took place.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered manager completed a number of regular audits, which included staff files, kitchen, laundry, bathrooms, hazardous substances, window security and safety and wheelchairs. A monthly inspection of the premises was carried out, which included communal areas, storage, medicines, hoists and lifting equipment, hot water, maintenance issues and external areas. All of these checks formed part of the monthly quality audit. We saw these audits were up to date.

Residents' meetings took place regularly, which gave people who used the service the opportunity to discuss issues that were important to them, such as activities and menus. An annual questionnaire took place for people who used the service and family members. This included questions on the staff, quality of care, décor and cleanliness of the home, food, activities, privacy and dignity and whether people's needs were being met.

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