

Lambton House Ltd

Lambton House

Inspection report

New Lambton
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Overall summary

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

Lambton House provides care and accommodation for up to 47 people who require nursing or personal care. On the day of our inspection there were 42 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.

At the last unannounced, comprehensive inspection on 24, 29 and 30 June 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. 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.

This focused inspection took place to follow up the breach relating to the risks to people who had diabetes, which had not been properly assessed and the risks mitigated.

After the comprehensive inspection of June 2015 we asked the provider to take action to make improvements. The provider wrote to us to say what they would do to meet legal requirements in relation to this breach. We undertook this focused inspection to check that the registered provider had followed their action plan and had made improvements at the service.

We found improvements had been made in the way the home protected people against the risks associated with diabetes.

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 effective?

Diabetes care plans and risk assessments were in place and up to date.

Risks had been assessed for people at risk of malnutrition.

Guidance had been sought from relevant healthcare professionals.

Staff had attended training in diabetes awareness and received supervision sessions in understanding diabetes.

Staff we spoke with had a good understanding of diabetes and the associated risks.

Lambton House

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. We undertook this focused inspection to check that the registered provider had followed their action plan and had made improvements at the service.

This focused inspection took place on 26 November 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

During our inspection we spoke with the registered manager, deputy manager and a senior care staff member. We also spoke with a specialist diabetes dietitian from the Diatetics department at the local hospital.

We looked at the personal care or treatment records of seven people who used the service.

Is the service effective?

Our findings

At the previous inspection we identified that risks to people who had diabetes had not been properly assessed and the risks mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at the care records for people who had diabetes. We saw each person's nutrition care plan was up to date and made reference to separate care plans for diabetes. We looked at the diabetes care plans and saw they had been reviewed monthly. Each care plan provided information on how the person's diabetes was managed, for example, via insulin or diet, and provided important information for staff such as signs and symptoms to look out for and action to take. The plans described who was responsible for the administration of medicines, for example, senior care staff or the district nursing team. We checked the nursing records and saw blood monitoring checks and insulin administration had been carried out as specified.

Where a person's diabetes was diet controlled, we saw information was provided to staff, for example, "[Name]'s diet is monitored and [Name] is provided with a well balanced, low sugar diet." We saw food charts were in place, which documented what people had to eat and drink at each meal.

For each person, we saw records of consultations with GPs and a specialist diabetes dietitian from the Diatetics department at the local hospital. These recorded information and advice, for example, whether regular blood monitoring needed to take place and guidance on diet.

We saw diabetes risk assessments were in place and included the risk to the person, the likelihood of the risk and action to take to reduce the risk. For example, the risks of diabetes for one person included hypo/hyperglycaemic episodes, poor circulation and deterioration of eyesight. The likelihood of the risk was low should a well balanced, low sugar diet be provided. Actions to be taken to reduce the risk included monitoring the person's diet and for the person to attend all diabetic screening reviews.

The risk assessments stated, "Staff are trained in managing diabetes and staff are competent in their knowledge." We looked at staff training records and saw the majority of staff had attended training in diabetes awareness in August and September 2015. The registered manager told us training was planned for the remainder of the staff who had missed the training due to holidays. We saw all staff had also received an 'Understanding diabetes' supervision session as an additional learning exercise. 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 we spoke with had a good understanding of diabetes and the associated risks.

The registered manager told us that they and the majority of the kitchen staff had attended a six week course on nutrition and we saw care staff at the home had attended training on identifying and treating under nutrition in care homes. This training included understanding how and when to refer to a dietitian and how to monitor dietary intake.

We looked at the 'Food diary' file and saw that some people with diabetes were being given some foods with a high sugar content, such as sponge and custard and chocolate biscuits. We discussed this with the registered manager who told us these people were at risk of under nutrition and a balance had to be found between the risk of diabetes and the risk of under nutrition. The Diabetes UK (2010) 'Good clinical practice guidelines for care home residents with diabetes' states, "Older people in care homes may be more likely to be underweight than overweight and prevalence of malnutrition and under nutrition is high. It may therefore not be appropriate to reduce the fat, sugar and salt content in the diet for every older person with diabetes." The registered manager had sought advice from the Diatetics department and from GPs and it was agreed the risk of under nutrition was higher than the risk of diabetes for these people. We spoke with the specialist diabetes dietitian who confirmed this and did not raise any additional concerns.

This meant the risks to people who had diabetes had been properly assessed and the risks mitigated.