

Lambton House Ltd

# Lambton House

## Inspection report

New Lambton  
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Tyne And Wear  
DH4 6DE

Tel: 01913855768

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lambton House is a residential care home providing personal care for up to 57 people aged 55 and over, some of who are living with dementia. At the time of the inspection the service was supporting 42 people.

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

At our last inspection medicines were not being managed safely. Quality assurance systems were not robust and had failed to identify the areas of concern. At this inspection we found we found some areas of improvement had been made. However, further improvements regarding the care and supervision people received and, the overall governance of the service were still required.

Staff were not always available to safely supervise people. The registered manager told us they used a dependency tool to calculate staffing levels and were working above this level.

People's dining experience required improving to make it a more enjoyable experience. Further improvements were required to records for monitoring people's eating and drinking. Most people told us they enjoyed the food provided and there was a choice.

We have made a recommendation for people's dining experiences to be improved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Most staff sought consent from people when assisting them. Records needed improving to show how people and their representatives had been involved in decisions about their care.

We have made a recommendation for MCA records to be improved.

People were able to participate in some activities. Improvements were required to provide more inclusive and stimulating activities for people living with dementia.

We have made a recommendation for improvements to be made to enhance the daily experiences of people living with dementia.

Medicines were now managed safely but further improvements remain.

We have made a recommendation for improvements to the management of medicines following national guidelines.

Improvements to the assessments of risks for people's health had been made. Additional improvements and monitoring were required to ensure they reflected people's current health needs.

Improvements to people's care plans had been made. Further improvements were required to make them more person centred. Staff knew people's care needs well. People and relatives told us staff were kind and caring.

Staff recruitment was safe. Staff received training in line with the providers training policy and had received further training in monitoring people's weight and risk levels. Further training was required to enhance staff knowledge in the care people received who were living with dementia and/or mental ill health.

Some improvements had been made to the provider's quality assurance checks. However, these require further development as they had not identified the issues found during this inspection. The service worked with a range of professionals to best meet people's needs.

Staff understood how to safeguard people from abuse. People's privacy and dignity was maintained. The registered manager used information following accidents and incidents to learn lessons. An effective complaints system was in place.

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 and update: The last rating for this service was requires improvement (published 5 July 2019). The service remains requires improvement. This service has been rated requires improvement for the last two consecutive inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to risks to people's safety and the quality monitoring of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

Two inspectors, two pharmacy inspectors and an Expert by Experience undertook the 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.

#### Service and service type

Lambton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, senior care workers, care workers, the cook and maintenance team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### 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 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

- The provider continued to lack effective systems for managing risks to people's safety.
- Records for documenting the risks to people's health and safety remained inconsistent.
- Care records for some people did not always accurately reflect their current needs. For example, records where people required thickened fluids or management of wounds were not always correct. This put people at risk of harm.
- Checks of the environment and equipment were not robust. We identified some safety issues such as a bathroom out of use which was accessible to people and, one piece of broken bathing equipment. This put people at risk of injury.
- Audits carried out by the registered manager had failed to identify the areas found at inspection.

This was a breach of regulation 12 (Safe Care and Treatment) and a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The provider did not ensure staff were suitably deployed to keep people safe. People, some of who were living with dementia, were left unsupervised for periods of time by staff.
- Relatives told us staff they could not always find staff when needed. Comments included, "[Relative's name] is usually in the lounge on their own and when we have come in we have had to look for staff to help other people" and "The buzzers are sometimes going for a long time, and this causes distress to [relatives name]."
- The provider had submitted several notifications reporting unwitnessed falls or incidents between people living at the service.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us staffing levels were currently above the home's assessed dependency level for people's needs and included additional support for when there were changes.
- The providers recruitment processes were safe.

The provider responded immediately both during and after the inspection. They confirmed a full review of how staff were deployed had been undertaken to ensure people always received an appropriate level of supervision to ensure their safety.

### Using medicines safely

At our last inspection the provider had failed to manage medicines effectively placing people at risk of harm. This was a breach of regulation 12 (safe care and treatment) 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 for medicines.

- People received their medicines when they needed them. One person said, "Oh yes, I get my tablets on time."
- Records for the application of creams required further improvement to evidence people were receiving creams as prescribed.
- Where changes had been made to people's medicines, some records had not been updated to ensure people received their medicines as prescribed.
- Guidance to support the administration of medicines prescribed on a 'when required' basis was now in place. Further improvement was required to records to show staff consistently followed them.

We have made a recommendation the provider makes further improvements to ensure medicines are managed following national guidelines.

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

- Procedures and processes were in place to ensure people were protected from abuse.
- People and their relatives told us they felt safe. Comments included, "Sometimes staff appear to be extremely busy running around, they are just so busy" and "[Relatives name] is well looked after although sometimes there should be more staff."
- Staff understood safeguarding issues, knew people well and could tell us how they minimised risks to people's health. This was not always reflected in care records.
- Training records showed, and staff confirmed, they had received training in how to safeguard both adults and children.
- Arrangements were in place to learn lessons from when things went wrong.
- The registered manager and provider reviewed incidents and events to determine where improvements were needed. They gave us examples of how lessons had been learnt from previous incidents.

### Preventing and controlling infection

- People were protected from the risk of infection. Staff received training and followed safe practices. Staff had access to disposable gloves and aprons.
- Overall the home was clean and well maintained.



# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's dining experiences required improvement to make it more enjoyable.
- Tables were not always set for meals to support people who were living with a dementia.
- Some people had to wait a long time to be able to eat. One person was still waiting to be served their meal when everyone else sitting with them had finished their meal.
- Improvements to records relating to people's eating and drinking had been made. Additional details were required to support staff in monitoring people's daily food and fluid intake. For example, one person, who was at risk of infections, had recorded in their care plan that drinks were to be encouraged. Records lacked guidance for staff on the recommended amount of fluids this person should have each day.

We have made a recommendation the provider makes improvements to people's dining experience to ensure it is positive and enjoyable.

- Most people told us the food was good. One person said, "I like the food, it's well balanced."

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

- Improvements to the environment were required to support and enhance the lives of people who were living with dementia.
- Seating in lounge areas did not support a homely feel and promote conversation. Chairs were positioned around the walls limiting people's ability to engage with others. We raised this with the registered manager and it was addressed on the second day of inspection
- For those people living with advanced dementia, the home had invested in dementia friendly signage to support people to find their way around the home.
- Bedrooms contained personalised items such as pictures and soft furnishings.

We have made a recommendation the provider improves the environment to enhance the lives of people living with dementia.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Improvements to records were required to ensure the provider was following the requirements of the MCA.
- Care plans did not clearly show where people or their relatives had been involved in decisions about their care.
- DoLS applications had been made appropriately.
- Some improvements had been made in people's care records to demonstrate where best interests' decisions had been made.

We have made a recommendation the provider strengthens their records to demonstrate how people and/or their representatives are involved in making decisions about their care.

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

- People's needs were assessed before they moved into the home to ensure their needs could safely be met.
- Systems were in place to review people's care records. These were not always comprehensive and had failed to identify some of the issues found during inspection.
- Nationally recognised tools were used to monitor people's skin and weight. Improvements and further staff training had been undertaken.
- One health professional working with the home told us, 'The staff in Lambton house are always approachable, always kind, compassionate and show genuine care to their residents.'

Staff support: induction, training, skills and experience

- Staff received training in line with the providers training policy and requirements.
- Additional training was required to support staff in caring for people living with dementia and/or mental health.
- Staff received regular supervision and an annual appraisal.
- New staff completed an induction programme and had chance to work alongside more experienced staff until they felt confident enough to work unsupervised.

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

- People were supported to have access to a range of healthcare professionals to help ensure they remained healthy.
- Where needed, staff supported people with medical appointments.
- People's oral hygiene and dental needs had been assessed.

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff did not always support people effectively so that they could make decisions about their care.
- Records were not always clear to show all people had been involved in making decisions about their care.
- People and their relatives provided mixed views on whether they were involved in making decisions about their care. One person said, "I was involved a little bit." One relative said, "We have meetings and things get discussed, but things don't always happen following meetings."

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When required, people had access to advocates to support decisions around their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful in how they spoke with people.
- Care plans did not always reflect the steps needed to promote people's independence and the goals they wished to achieve.
- Staff could explain how they respected people's right to have privacy and dignity promoted. One member of staff said, "I treat everyone how I would want my own parents to be treated. I always respect people's dignity; ask their permission before doing things."
- One person said, "Staff are very good with me, they let me do things for myself. I have my own room and it's nice and private."

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

- Most staff treated people with kindness and compassion when providing care. However, there were missed opportunities where staff could have engaged and interacted with people. We raised this with the provider who assured us this would be addressed with the full staff team.
- Staff received training in equality and diversity. People's cultural and spiritual needs were respected and recorded.
- People and relatives said staff knew people well, were respectful and treated people with kindness. One relative said, "I do think staff are caring and respectful. They call people by their first names and they are all courteous and patient when dealing with people."
- Relatives said they could visit at any time. Some told us they struggled to have the door answered in a timely manner. One relative said, "I can wait 5-10 minutes to get in, staff just ignore the doorbell. I've even

used my phone to ring staff to get in."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People were at risk of not receiving appropriate care because their care records did not always provide staff with up to date information about their individual needs.
- Care records, although improved, were not person-centred and were more task orientated. However, staff were knowledgeable about the people they provided care to and knew their likes and dislikes.
- There was limited evidence in care records that people and their families were involved in reviews of people's care needs.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were able to access some activities and outings. However, improvements to the range of activities on offer were required to ensure they were inclusive of all people's needs.
- One person told us, "There's not much here to do, I play cards but would like a snooker table." One relative told us, "There's no involvement with the outside world apart from Christmas when they had some carol singers, generally it's a depressing place, I wouldn't like to be here."
- Staff did not always involve people in discussions about what they wanted to do with their day. For example, one staff member changed a TV channel without consulting people or asking them what they would like to watch.

We have recommended the provider improves the range of activities provided to all people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified within the care plans. Staff had good knowledge of people. They had developed a good rapport with people who had limited communication skills.
- Information was available in different formats for people if required for example pictures and other languages.

#### End of life care and support

- Staff worked with other health and social care professionals to help ensure the right care was provided to meet people's needs at this important time in their lives. Staff were knowledgeable about how to effectively care for people coming to the end of their life.
- End of life care records were in the process of being reviewed along with people's care and support plans.
- Some people had chosen to have 'Do Not Attempt Cardiopulmonary Resuscitation' (DNAR) forms completed, so staff had guidance about the action they needed to take in an emergency.
- The service had received many compliments about the care they had provided. One card said, 'Thank you for the care you provided to [relatives name]. You made sure [relatives name] was treated with dignity and respect - whatever time of day we visited we were always made welcome.'

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

- Complaints had been investigated and responded to following the providers complaints policy.
- Information about how to make a complaint was on display at the service.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 17

- Quality monitoring of the service required further improvement. The current systems had failed to identify the issues found during this inspection regarding the management of staff, people's medicines and care records.
- Care plans and risk assessments required further updating to ensure they accurately reflected people's current individual health needs and provide clear guidance for staff to follow to keep people safe.
- We received mixed views around how the service was managed. One person said, "I've never needed to see the manager, I have no complaints about the staff, they are doing a good job." One relative said, "The manager is approachable, but I don't always feel they always listen to what you have to say."

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All appropriate reporting had been carried out to notify the CQC and local authorities when incidents occurred.

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

- Most people and their relatives said the management were approachable.
- Communication between management and staff required improving to ensure people received the care they needed and any areas of concern were addressed quickly.
- Feedback surveys and meetings for people and their relatives had not taken place to allow people and their relatives to share their views on the quality of the service received.

- Staff meetings had not been held to allow staff the opportunity to express their views and be involved in the day-to-day running and improvement of the service.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was fully committed to making the necessary improvements to the service and acted immediately to arrange meetings for people, staff and relatives.

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; Continuous learning and improving care

- The provider and registered manager understood their duty of candour responsibilities.
- Policies, procedures and best practice guidance were in place. However, these were not being consistently applied across all areas of the service to ensure people's needs were met.
- The provider responded immediately both during and after the inspection. They provided us with a detailed action plan of the reviews being undertaken in all areas of concern found during the inspection to ensure people's needs were being met safely.

Working in partnership with others

- The service worked with a range of professionals and outside agencies to meet people's needs.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the safety and risks to people's health were assessed.</p> <p>Regulation 12 (2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems were robust; systems or processes were not operated effectively and managed appropriately.</p> <p>Regulation 17 (1) (2)(a)(b)(c)(e)(f)</p>