

Lambton House Ltd

Lambton House

Inspection report

New Lambton
Houghton Le Spring
Tyne And Wear
DH4 6DE

Tel: 01913855768

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30 May 2019

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05 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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 to 57 people aged 65 and over. At the time of the inspection the service provided support and accommodation for 47 people, some of who were living with dementia or a physical disability.

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

Medicines records continued to not be effectively managed to ensure people received their medicines safely.

Care records were not always updated when there were changes in people's health needs and to reflect guidance issued by healthcare professionals.

Where people were losing weight, appropriate actions were not consistently being undertaken to monitor and seek timely advice. We have recommended that the provider seeks further training for the whole staff team in this area.

Risks to people's health were not always recorded accurately or updated in a timely manner, placing people at risk of harm.

The provider's quality assurance checks had not been effective in highlighting the gaps in medicines, risk to people's health needs and record keeping.

Staff knew how they would identify any signs of abuse to ensure people were kept safe.

Staff were able to tell us what people's current needs were despite care records not always being up to date to reflect this.

The provider had a safe recruitment system in place.

The service had appropriate checks and maintenance to ensure the service and equipment was safe for people living at the service.

The provider encouraged people and relatives to give their views. Meetings were held for people and their relatives.

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 2019) and there was a

breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 December 2018. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment at the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this 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.

Enforcement

At this inspection we identified breaches in relation to the safe management of people's medicines, how the service monitored people's changing health needs and how the management team checked the quality of the service being provided.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 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 and one pharmacy inspector undertook the inspection.

Service and service type

Lambton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 eight members of staff including the registered manager, deputy manager, two senior care workers, 3 care workers and the kitchen assistant.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one new member of staff's file in relation to their recruitment since our last inspection and staff supervision records. 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 corroborate evidence found.

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 requires improvement.

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.

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.

At this inspection we found not enough improvement had been made and the provider remained breach of regulation 12.

- Arrangements were in place for recording of oral medicines. However, records for some people's medicines stock did not balance so we could not be sure these were correct.
- Records and guidance for the application of people's creams and ointments were incomplete. Records for one person did not show where the cream was applied.
- Medicines that were administered in the form of a patch had a system in place for recording the site of application. However, for one person the patch was not rotated following the manufacturer's guidance. This is necessary to prevent side effects.
- Records for people who received their medicines hidden in food or drink had documentation in place. However, records were not clear to show these were correctly authorised and there was no guidance for staff around crushing tablets to ensure these were being administered appropriately.
- Guidance to inform staff about medicines prescribed to be given, only when required, did not always reflect the dose prescribed and was not person centred.
- Staff were not always recording the outcome of giving people as required medicines, to show if they had the desired effect.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were being managed and recorded effectively. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed a full review of their service was being undertaken by an independent quality consultant and all actions would be implemented to ensure the service complied with regulations.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were not always kept up to date to ensure they reflected people's current needs. For example, one person had a care plan in place for food thickeners, however the level of thickener to be used was different on the person's medication administration record and their food/fluid chart.
- Where people were losing weight, the provider was not always acting consistently and in a timely manner to monitor and seek advice. Records of the actions taken and discussions with the management team showed there was confusion in to follow the Malnutrition Universal Screening Tool (MUST) and good practice guidance, Focus on Nutrition (FoN). Staff were not always clear on the actions they should take to manage and support people with weight loss.

We have made a recommendation further guidance and training for the whole staff team on how to apply MUST and FoN to update their practices and ensure consistent actions taken.

- Risks to people's safety because of their mobility needs were not consistently being assessed. Assessment tools being used provided conflicting information and staff were unclear on that actions they needed to take. The registered manager immediately sought guidance from the falls team and new assessments were being introduced across the service.
- Where people were assessed at risk of developing pressure damage to their skin, care plans and risk assessments were not always updated to accurately reflect the guidance provided from health professionals.

We found no evidence that people had been harmed. However, governance systems were not robust enough to ensure risk to people's health, safety and welfare were being managed effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding issues. Staff knew people well and could tell us how they minimised risks to people's health despite care plan records not always being up to date.
- The service had policies and procedure to guide staff and keep people safe. Observations during the inspection indicated staff were quick to respond to people's needs.

Staffing and recruitment

- Staffing levels appeared to be suitable and the registered manager reviewed these according to the needs of people or, where changes were required. For example, additional staff were being employed to support with the changes in medicines in line with recent national guidance.
- The provider had contingency plans in place to support people in emergency situations for example, adverse weather conditions or passenger lift failure.

Preventing and controlling infection

- People were protected from the risk of infection; staff were trained and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.
- The kitchen had received a rating of 5 from the food standards agency. The kitchen was clean and appropriate cleaning schedules and checks were in place.

Learning lessons when things go wrong

- Arrangements were in place to analyse accidents and incidents and learn lessons when things went wrong. Healthcare professionals were consulted following any incidents and changes to people's physical or mental health. However, care records were not always kept up to date to reflect these changes and to guide

staff on their actions to reduce risk of harm for people.

- The provider was committed to driving the necessary improvements required to keep people safe. They acted immediately to bring in an independent quality consultant to review 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 requires improvement.

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; Continuous learning and improving care

- Quality monitoring and audits of the service were in place. However, these had failed to identify the issues found during this inspection regarding the ineffective management of people's medicines and changes to the risks associated with people's health and records.
- Care plans and risk assessments required reviewing and updating to reflect people's current individual health needs and provide clear guidance for staff to follow to keep people safe.

We found no evidence that people had been harmed however, systems were not 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.

The provider responded immediately following the inspection and confirmed they had brought in an independent quality consultant to review all areas of the service to ensure actions are taken to ensure the service is compliant with all regulatory requirements.

- All appropriate reporting had been carried out to notify the CQC and local authorities when incidents occurred.
- One relative felt the service was well managed. They told us, "Staff have worked here for many years so it must be a good place to work. [Registered managers name] seems to have a good grasp of everything that is going on, I think it's well run."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager promoted openness throughout the staff team and were committed to making the necessary improvements to the service.
- There was a commitment to providing person-centred care by engaging with everyone using the service. The service involved people and their relatives in day to day discussions about their care.
- People and relatives had completed a survey of their views and these had been used to improve the service.

- Staff felt listened to and that the provider was approachable. Staff they told us they worked as a team to raise standards.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles. However, these needed to be consistently implemented to make the necessary improvements to the service.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Concerns found following our last inspection had been shared with the whole staff team.
- Meetings were held for staff, people and their relatives.

Working in partnership with others

- Evidence in care records demonstrated the service worked in partnership with wider stakeholders to meet people's needs. Records noted the involvement of GPs, mental health teams, social workers and local authority commissioners of people's care.

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 risks to the health and safety of people were assessed and, the safe management of medicines</p> <p>Regulation 12 (2)(a)(g)</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 to ensure compliance.</p> <p>Regulation 17 (1) (2) (b) (c) (d).</p>