

Autism Anglia

# Lambert House

## Inspection report

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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

### About the service:

Lambert House is a residential care home that provides care and support for up to 11 people with a learning disability and a primary diagnosis of autism. Nine people were living in the home at the time of this inspection, plus two people were staying for respite care.

### People's experience of using this service:

- The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments were thorough and personalised.
- The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. The registered manager confirmed that robust recruitment procedures were followed.
- Medicines were stored, managed and administered safely. Staff were trained, and their competency checked, in respect of administering and managing medicines.
- People who used the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People enjoyed their meals and were supported to choose what they wanted from the menus and other options available.
- Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of helping people to make their own choices regarding their care and support. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff treated people with kindness, respect and compassion. People also received emotional support when needed. People were involved in planning the care and support they received and were supported to make choices and decisions and maintain their independence as much as possible. Information was provided to people in formats they could understand.
- Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain and enhance their independence and what could help ensure they consistently had a good quality of life. People's comments and concerns were listened to and taken seriously. The service also used any comments or complaints to help drive improvement within the service.

### Rating at last inspection:

At our last inspection (report published 26 August 2016) all the key questions were rated Good and the service was rated as Good overall. This rating has not changed and the service remains Good.

Why we inspected:

This was a planned inspection based on the date and the rating of the last inspection.

Follow up:

We will continue to monitor the service through the information that we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remains effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remains caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remains responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remains well-led

Details are in our Well-led findings below.

Good ●

# Lambert 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out on 19 March 2019 by one inspector.

#### Service and service type:

Lambert House is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

The inspection was unannounced.

#### What we did:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the Provider Information Return (PIR). This is information we ask the provider to send

to us at least annually to tell us about what the service does well and any improvements they plan to make. This information helped us to plan our inspection.

During the inspection visit, we spoke with one person who used the service and observed a further four people. We also met and spoke with the registered manager, the deputy manager, the team leader, a member of care staff and the cook. We reviewed three people's care records, discussed the recruitment procedures with the deputy manager and looked at records relating to the management and operation of the service, such as staff training, quality assurance checks and audits.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We saw that people were safe living in Lambert House. One person told us that they liked living in Lambert House. They said they were safe and that staff looked after them properly.
- Systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies.

Assessing risk, safety monitoring and management

- Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected. For example, risk assessments were completed with regard to eating and drinking, accessing the community safely and taking part in activities they enjoyed.
- Staff knew the people who used the service well and understood people's behaviours. Staff received training in recognising and handling potentially challenging situations between people and supported people within agreed and legal guidelines. For example, we saw that staff quickly recognised the signs that indicated a person was becoming unsettled. The member of staff spoke calmly and reassuringly to the person and redirected their attention. The staff member's manner was kind and respectful and we saw that the person quickly became settled again.
- People who used the service were supported to be actively involved in discussions and make decisions regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives.
- For example, one person had been purchasing 'over the counter' medicines, such as cold and flu remedies and paracetamol and had been storing these in their bedroom. We noted that staff had explained the risks of taking too much of this medicine, as well as the need to store them securely. The person was given their own lockable safe in the medication room and agreed to store their homely remedies there. The person also agreed for staff to record what they took and when they took it.
- Records we looked at with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

- There were effective systems in place to promote and encourage concerns, to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as whistleblowing, staff concerns, safeguarding, accidents and incidents.

- Regular and appropriate checks were carried out to ensure the premises and equipment used in it was properly maintained and remained safe and fit for purpose. During this inspection we saw that some areas of the home were in the process of being redecorated. The deputy manager told us that the service benefitted from a regular maintenance person, who helped make sure the home was safe.

### Staffing and recruitment

- The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff were also appropriately deployed so that people received consistent support from staff. Where people who used the service required one-to-one staff support, we saw that this was provided accordingly. One member of staff told us, "A lot of our people need one-to-one support, which can sometimes be quite intensive. We rotate some of the shifts so that people aren't supported by the same member of staff all day. This works well for both the staff and the person being supported."

- The deputy manager told us that robust recruitment procedures were followed. For example, they confirmed that references were obtained for all staff and DBS checks were carried out. DBS is the Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helps to ensure that only staff who are suitable to work in a care environment are employed.

### Using medicines safely

- The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews.

- We saw that only trained staff who had been assessed as competent supported people with their medicines. We also saw that the service had appropriate facilities to ensure the safe storage of medicines. Staff adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service. We saw that regular medication audits were carried out and the team leader told us that significant improvements had been made with regard to combatting medication errors in the last year.

- People who used the service had care plans and medication records that explained how their medicines needed to be given. Guidance and protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief.

### Preventing and controlling infection

- We found the home to be clean and hygienic throughout.

- People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.

- Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection.

## Learning lessons when things go wrong

- The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly.
- Audits were undertaken and reviewed regularly to identify any negative trends and risks to people's safety. The registered manager told us that the provider had an analyst who reviewed all accidents and incidents to help the service avoid recurrences wherever possible.
- Staff demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People who used the service had their needs assessed and regularly reviewed, which helped ensure the service could continually meet people's needs.
- Staff told us that they read people's care plans to ensure they understood people's needs effectively.
- Staff meetings took place regularly, to help ensure staff were kept up to date with information about the people who used the service and the service as a whole.
- Staff took part in a handover before and after each shift, so that relevant and up to date information could be shared with staff to provide good outcomes for people.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals.
- Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as the registered manager, the deputy manager or the team leader.
- Staff completed training that was relevant to their role as well as more specialised training in supporting people with complex needs, including learning disabilities and autism. Some of the service specific training we saw that staff had completed included intensive interactions, de-escalation techniques, managing epilepsy, effective communication and swimming and rescue.
- Staff told us that the training they received was effective and said they felt confident in supporting the people effectively who used the service.

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

- People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet.

- We saw that people were supported to make decisions regarding their menus and could choose what they wanted.
- To help some people make 'real' choices, we noted that care staff offered people two plated options of the main meals. Some people were supported to choose and prepare their own breakfasts and one person told us how they regularly prepared and cooked their own main meals.
- Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.
- People were assisted to eat and drink when needed and individual diets were catered for. For example, some people required a soft diet and one person required a gluten free diet.

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

- We saw that the service worked well with other professionals and organisations who were also involved in providing people with care and support. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people who used this service consistently received effective care, support and treatment.
- People were supported to maintain good health and had regular access to healthcare services as needed such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists.

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

- The design and layout of Lambert House was suitable and appropriate to meet the needs of the people living there. People's bedrooms were personalised and, where people wanted, they reflected their individual interests, likes and hobbies.
- The property itself was a spacious bungalow, with a number of separate communal areas. In addition to the dining room there was a lounge, a sensory room, an activities room and a very large hall where people could enjoy physical activities such as exercise machines, pool, table football, indoor sports, dancing or just listening to music. There was also a large enclosed garden, which was safe and accessible for the people who used the service.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that it was.

- The registered manager of the service understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.
- Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw that staff were caring and consistently treated people with kindness, compassion, empathy and respect.
- The comfort and wellbeing of people who used the service was important to staff. Staff interacted positively with people, engaged in conversation with them and listened to them. This helped ensure that people who used the service knew they mattered and were cared about.
- We saw that staff responded quickly to people's needs. We also noted that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately.
- The service had policies and procedures in place that gave guidance to staff in line with the Equality Act 2010. Staff had completed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. This helped to ensure that staff demonstrated interactions that respected people's beliefs, values, culture and preferences. All our observations during this inspection confirmed that people were treated equally and their human rights were respected.

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

- People who used the service were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible.
- Information was provided to people in various formats, such as pictures or objects, to help them understand what was being asked of them or offered to them. This helped people to make informed decisions and choices for themselves. People were supported to access an independent advocate if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. We saw that people who used the service had their privacy, dignity, independence and confidentiality consistently promoted and respected.
- People who used the service were supported to maintain relationships that were important to them and relatives and friends were welcome to visit without restrictions. One person told us that they visited their

relative on a regular basis. Another person regularly used Skype to keep in touch with their relatives.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People who used the service were provided with individualised care. Care and support was provided promptly when people needed it.
- People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately.
- Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life. Staff told us that they used the care plans to help them provide person-centred care to people.
- The care plans we looked at were detailed, easy to follow and contained clear guidance and information for staff about how people wanted to be supported.
- Staff completed daily records of how people were supported and what people had done so that they could monitor people's welfare. We saw that one person who used the service wrote their own daily records to share with staff. We saw notes such as, 'Went to the shop to buy a magazine. Ironed my sheets and hoovered my carpet.'
- People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities. For example, we saw that people enjoyed taking part in activities such as cooking, arts and crafts, weaving, knitting, meals and drinks out, swimming, shopping, listening to music and watching their favourite films. We also noted how some of these activities supported people to be environmentally aware and to mix with people from the wider community.
- People's individual communication needs were identified and met appropriately and staff supported people in line with the Accessible Information Standards (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- Each person had a detailed 'communication book', which described each person's individual way of communicating and explained how staff should communicate in return.

Improving care quality in response to complaints or concerns

- People were supported to raise any concerns or complaints if they needed to.
- There was a complaints policy in place for people who used the service that was available in an easy to read format.
- The complaints procedure was designed to encourage improvements.
- The manager and deputy told us that any complaints received were responded to and resolved appropriately.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager ensured CQC's registration requirements were met and complied with.
- The registered manager told us they were supported well by the provider and completely understood their responsibilities. They also told us that they ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.
- The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. We also found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service.
- The registered manager promoted transparency and honesty. The registered manager, deputy and other staff all said that they openly discussed issues with relevant parties if anything went wrong.

Registered managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager provided strong leadership and everyone we spoke with said they liked and respected them.
- The management team and staff consistently supported people in ways that helped them achieve their goals of increased independence.
- All the staff we spoke with said they were happy and enjoyed working at Lambert House.
- The registered manager understood their legal duties and submitted notifications to CQC as required. The ratings of the service were displayed on their website and within the home.
- We saw that the service had effective systems and procedures in place to monitor and assess the quality of the service. Regular checks and audits were completed in respect of areas such as medication, care plans,

environment and staffing levels.

- Appropriate remedial action was taken when any shortfalls were identified, which helped ensure a good quality service was maintained.

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

- Staff told us they could contribute to the way the service operated through staff meetings, supervisions and daily handovers.

Continuous learning and improving care

- The registered manager, deputy manager and team leader told us that they and the whole staff team continually strived to improve the service. They told us that they discussed any issues with staff and showed us the action plans they had in place to help monitor and drive improvement.

Working in partnership with others

- We saw that the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from 'joined up' and consistent care.