Treasure Homes Limited

Lampton 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

This inspection was unannounced and took place on 10 and 11 January 2017. We previously inspected the service on 2 December 2013, and found the service was compliant with the five standards inspected.

Lampton House care home provides accommodation and personal care for up to 30 older people, some of whom are living with dementia. The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

People were relaxed and comfortable with staff that were attuned to their needs. Staff treated people with dignity and respected their privacy, they were discreet when supporting people with personal care. Staff developed positive, kind, and compassionate relationships with people.

People's care was individualised. Staff spoke with pride about the people they cared for and celebrated their achievements. They knew people well, there was a relaxed, calm and happy atmosphere at the home with lots of smiles, good humour, fun and gestures of affection.

Staff understood the signs of abuse and knew how to report concerns, including to external agencies. They completed safeguarding training and had regular updates. Personalised risk assessments balanced risks with minimising restrictions to people's freedom. Accidents and incidents were reported and included measures to continually improve practice and reduce the risks of recurrence.

People appeared happy and content in their surroundings. The service had enough staff to support people's care flexibly around their wishes and preferences.

People experienced effective care and support that promoted their health and wellbeing. Staff had the knowledge and skills needed to carry out their role. Each person had a comprehensive assessment of their health and care needs and care plans had instructions for staff about how to meet those needs. Staff worked closely with local healthcare professionals such as the GP, community nurses and mental health team to improve people's health. People had access to healthcare services for ongoing healthcare support. Staff recognised when a person's health deteriorated and sought medical advice promptly when they were feeling unwell. Health professionals said staff were proactive, sought their advice and implemented it. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely.

People praised the quality of food and were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet, make healthy eating choices and to exercise and maintain their mobility.

People and relatives were happy with the service provided at Lampton House. The culture of the home was open, friendly and welcoming. Care was holistic and person centred, staff knew about each person, their lives before they came to live at the home. They understood people's needs well and cared for them as individuals.

People's rights and choices were promoted and respected. Staff understood the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and involved person, family members and other professionals in 'best interest' decision making.

People pursued a range of hobbies, activities and individual interests. For example, reading, arts and crafts and organised quizzes and games such as Bingo and Scrabble. Where people chose to remain in their rooms, volunteers and staff spent time with them to chat and keep them company.

People received a good standard of care because the staff team were led by the provider and registered manager who set high expectations of standards of care expected. There was a clear management structure in place, staff understood their roles and responsibilities, and felt valued for their contribution. Staff were motivated and committed to ensuring each person had a good quality of life. The provider used a range of quality monitoring systems such as audits of care records, health and safety and medicines management and made continuous improvements in response to their findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected because staff understood signs of abuse, and knew how to report any concerns.

People's individual risks were assessed and actions identified for staff to reduce them as much as possible. Environmental risks were managed with further improvements planned.

People were supported by sufficient staff who could provide care at a time and pace suitable for each person.

A robust recruitment process was in place to ensure people were cared for by suitable staff.

People received their medicines on time and in a safe way.

Is the service effective?

Good

The service was effective.

People were well cared for by staff that were trained and had the knowledge and skills to carry out their roles.

People were offered choices and their preferences respected. Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted in accordance with them.

People were supported to access healthcare services. Staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

People were supported to lead a healthy lifestyle and to improve their health through good nutrition, hydration and exercise.

Is the service caring?

Good

The service was caring.

People and relatives said staff were caring and compassionate

and treated them with dignity and respect.

People were able to express their views and were actively involved in decisions about their care.

People were supported by staff they knew and had developed good relationships with.

Staff protected people's privacy and supported them sensitively with their personal care needs.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support that met their needs and promoted their independence.

People's needs were assessed and care records accurately reflected their care and support needs.

People were engaged in activities that were meaningful to them.

People knew how to raise concerns and complaints, and were provided with information about how to do so. Any concerns raised were investigated and improvements made in response.

Is the service well-led?

Good

The service was well led.

People received a consistently high standard of care because the provider and registered manager led by example. They set high expectations for staff about standards of care expected.

The culture was open, friendly and welcoming.

Staff worked well together as a team and care was organised around the needs of people.

People, relatives' and staff views were sought and taken into account in how the service was run.

The provider had a variety of systems in place to monitor the quality of care and made changes and improvements in response to findings.

Lampton 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. This inspection checked whether the 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 10 and 11 January 2017 and was unannounced. An Adult Social Care inspector visited the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with 12 people using the service, and spoke with five relatives. A number of people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience. We looked at four people's care records. We spoke with 13 staff, which included the provider, registered manager and with care, housekeeping, catering and estates staff. We attended a staff handover meeting and looked at four staff records.

We looked at the provider's quality monitoring systems which included how staffing needs were assessed, staff rotas staff recruitment, training, supervision and appraisal. We looked at audits of medicines, care records, health and safety, and at actions taken in response to feedback from people, relatives and staff. We also looked at five staff files, which included recruitment records for new staff. We sought feedback from health and social care professionals who regularly visited the home and received a response from six of them.

Good

Is the service safe?

Our findings

People said they felt safe and secure living at the home. One person said, "It is very nice here." A relative said, "She feels safe here, it's always warm and clean."

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies in place. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. The registered manager had not reported any concerns about suspected abuse since we last visited, and confirmed no safeguarding concerns had been identified.

People had individual risk assessments and care plans to minimise risks identified. For example, people at risk of malnutrition, dehydration, with choking/swallowing risks or of developing pressure ulcers. Staff demonstrated awareness of each person's safety and about how to minimise risks for them. For example, they reminded people to use their mobility aids when they were moving around the home to increase their safety and independence. The level of detail in risk assessments varied, although staff we spoke with had a good knowledge of how to manage individual risks for people.For example, a person with a choking risk preferred to eat their meals in the privacy of their room. The registered manager said staff checked on the person's safety regularly at mealtimes, although these weren't included in their care plan or documented, which they said they would address.

Accidents and incidents were reported and reviewed to identify ways to further reduce risks. For example, where a person was at high risk of falling a series of measures had been introduce to minimise that risk. This included regular visits by staff to check on the person and anticipate their needs, to avoid slips, trips and falls.

People's safety and wellbeing was promoted because there were sufficient staff to keep people safe and meet their needs at a time and pace convenient for them. The atmosphere in the home was calm and organised; staff worked in an unhurried way and were able to spend time with people. People confirmed staff responded quickly to call bells. The registered manager used a dependency tool to assess and monitor the support each person needed and staffing levels were amended accordingly.

There were four care staff on duty during the day and two waking staff on night duty. An additional member of staff was on duty during busy periods such as early morning and bedtimes, where the dependency tool showed this was needed. There was a dedicated catering team, two housekeeping staff and a member of staff worked in the laundry. Weekly rotas were prepared in advance, so staff knew which shifts they were working and any gaps in staffing could be filled by existing staff working extra shifts. This meant people were always cared for by staff who knew them and agency staff were never used.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed, including robust checks for volunteers working in the home. Staff had police and disclosure and barring checks (DBS), checks of qualifications, identity and references were obtained. The DBS helps employers make safer

recruitment decisions and prevents unsuitable people from working with people who use care and support services.

People received their medicines safely and on time and could administer their own medicines, where it was assessed as safe for them to do so. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Where a person's medical condition required them to receive their medicines at set times, staff made sure this happened. This meant the person was able to gain the maximum benefit from their medicine.

Medicines administered were well documented in people's Medicine Administration Records (MAR), as were prescribed creams. Medicines were checked and MAR sheets audited with actions taken to follow up any discrepancies or gaps in documentation. A pharmacist audit reported positively about medicines management at the home.

Staff received regular fire, health and safety, and infection control training. Each person had a personal emergency evacuation plan showing what support they needed to evacuate the building in the event of an emergency. Contingency plans were in place to support staff out of hours with any emergencies related to people's care or related to services at the home such as electricity, gas and water supplies. There was an ongoing programme of repairs, maintenance and refurbishment to improve the environment of the home. Following a recent fire safety visit by the fire authority work was underway to improve fire safety arrangements, particularly in corridor and stairwells.

Environmental risk assessments were completed and showed measures taken to reduce risks. For example, warning signs where there were steep steps and staff tested water temperatures before people got into the bath. Gas and electrical appliances and equipment was regularly serviced and tested as was all equipment used at the home such as hoists, slings and pressure relieving equipment.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Housekeeping staff used suitable cleaning materials and followed cleaning and infection control procedures. Staff used hand washing, and protective equipment such as gloves and aprons to reduce cross infection risks. The provider had recently installed some sluice equipment close to where the laundry was located. However, the environmental risk assessment did not demonstrate the cross infection risks of these arrangements had been considered. We asked the provider to seek expert advice about this to see if further measures were needed to minimise cross infection risks, which they agreed to do. The most recent environmental health food hygiene inspection had rated the home with the top score of five.

Good

Is the service effective?

Our findings

People felt well supported by staff who were well trained. One person described the care staff provided as "excellent." Training enabled staff them to feel confident in meeting people's needs and recognising changes in their health. A visiting professional said staff at Lampton House were particularly good at managing people with diabetes and managing people's skin care and avoiding pressure ulcers.

People received effective care, based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. In the provider information return, the registered manager outlined the staff team received a combination of formal training, practical training and individual monitoring of their practice.These methods helped ensure the staff team were competent and demonstrated the values and attitudes needed for their role. Annual appraisals provided staff with individual feedback on their performance and identified further development opportunities.

When staff first came to work at the home, they undertook a period of induction, and worked alongside more experienced staff and the registered manager to get to know people. A new staff member was undertaking the national care certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. Most staff had completed health and social care diplomas at level two or above, so had the knowledge, skills and competencies they needed to meet people's needs.

Staff undertook regular update training such as fire safety, moving and handling, health and safety, and infection control. They also completed training relevant to people's individual needs, for example, dementia awareness. Staff had just undertaken innovative training to understand the experiences of people living with dementia. A virtual dementia tour bus enabled staff have various sensory experiences similar to those people. Staff said how powerful this training was in making them aware of the importance of the environment of care for people, such as being aware of loud noises and understanding why a person living with dementia sometimes paced up and down.

People were involved in decision making about their care and were offered day to day choices. Staff sought people's agreement before carrying out any care and treatment and ensured they were supported to make as many day to day decisions as possible. For example, about the time they wished to get up or go to bed, what they wanted to wear and about food choices.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. Staff had undertaken relevant training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, relatives and professionals were consulted and involved in best interest decisions. This showed people's legal and human rights were upheld.

DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. The registered manager had made applications for six people to the local authority DoLS assessment team for people living at the home, and were awaiting their assessment. This was because they identified some people may be deprived of their liberty due to their frailty and inability to leave the home without supervision for their safety and wellbeing. Staff consulted and involved relatives and professionals appropriately in making decisions in people's best interest.

People had access to healthcare services through regular visits from their local GP and district nurses. They had regular dental appointments, eye tests and visits from a chiropodist. A physiotherapist visited several people to help them with their mobility. Health professionals said staff were proactive, contacted them appropriately about people and carried out their instructions.

People praised the quality of food and were supported to improve their health through good nutrition. People enjoyed lunch in the dining room and adapted crockery and cutlery was provided to those who needed it, so they could eat independently. Kitchen staff were passionate about the importance of good food and nutrition for people's health and all meals were home made using fresh ingredients. Typed menus on the table reminded people of the choices available and where a person didn't fancy either cooked lunch options, they were offered an omelette instead. Menus were updated regularly in consultation with people.

Staff knew people's likes/dislikes and any food restrictions due to medical conditions. Where people had their the texture of their food changed because of swallowing difficulties, staff were aware of this and made sure each ingredient was presented separately to make the meal more appetising. Staff encouraged people to eat a well-balanced diet and make healthy eating choices and offered people drinks regularly to maintain their hydration. For one person who was unwell and had little appetite, their care record instructed staff to, 'Offer encouragement with small amounts of food and drink regularly. Be patient and wait until he has swallowed it.' Catering staff also made homemade milkshakes, snacks and added cream and butter to increase the calorie intake of people with poor appetites. Some people's weight was monitored weekly so any record of weight gains or losses were managed proactively.

Adaptations were made to the home to meet the individual needs of people with disabilities, for example, grab rails were fitted in corridors, bedrooms and bathrooms to help people move around independently. Picture signage to toilet and bathroom areas to help people locate them and raised toilet seats enable people to use them independently. A passenger lift provided people with access to most rooms. In the provider information return, the registered manager highlighted further improvements were being made to improve disabled access to the remaining rooms.

Good

Is the service caring?

Our findings

There was a family atmosphere at the home; people looked relaxed and comfortable with staff who were kind towards them. Staff developed positive, caring and compassionate relationships with people. They knew each person well and treated them as an individual. People's comments included; "Staff are kind to me," and "Staff are very friendly, I can talk to any of them." Relatives said they felt welcome at the home and said staff were polite and friendly. A visiting professional said, "As soon as I go in the door, I have a good feeling, its friendly and not institutionalised."

Staff were visible round the home, spent time with people and were interested in what people had to say. Staff treated each person as an individual and demonstrated empathy in their conversations with us about people. They knew people well, and spoke about them with respect and affection and organised themselves flexibly around people's needs and wishes. One person was having a lovely chat with a member of staff about their schooldays. There was lots of laughter, chatting and good humour. When a person was worried or upset or wanted something, staff noticed and responded immediately. Speaking about their ethos, a staff member said, "Each person is somebody's mother or father, if I can do something to make their day, I will."

Staff treated people with dignity and respected their privacy when helping them with daily living tasks. They were discreet, respectful in their manner and approach when supporting people with personal care. For example, knocking on doors before entering, seeking the person's permission before providing any personal care and providing privacy for a person to use the bathroom. People could spend quiet time on their own, whenever they wished. 'Do not disturb' signs were available in all rooms, so people could indicate when they wished to have privacy.

People's care records included details details of people's communication needs, for example, when people needed glasses for reading or used hearing aids. People were supported to express their views and be actively involved in making decisions about their care. They were consulted and involved in developing their care plans. Where appropriate, relatives were also invited to participate in regular reviews of people's care.

Visitors were made welcome and could visit at any time. Staff supported people to keep in touch with family and friends, including by phone and e mail. Staff organised family celebrations for people's birthdays. Each person had an allocated a key worker who worked with the person to identify what they would like to do and what support they needed. One person speaking about their key worker said, "We have a laugh and a joke."

Each person was encouraged to personalise their room with things that were meaningful for them. For example, photographs of family members, treasured pictures or favourite ornaments and pieces of furniture.

People were part of the local community and enjoyed visits from children from their local nursery and primary schools and from local carol singers at Christmas. One person still continued attending their local Tai Chi class after moving to live at the home. On the second day we visited, several people enjoyed a visit

from a local person with their dog, from the 'Pat a dog' scheme.

People's spiritual and religious needs were known to staff, for example, some people liked to attend local services and others received holy communion when the local vicar visited. People were asked about where and how they would like to be cared for when they reached the end of their life. Any specific wishes or advanced directives were documented, such as the person's views about resuscitation in the event of unexpected collapse.

Good

Is the service responsive?

Our findings

People received care that was personalised and responded to individual needs. One person said, "They are all marvellous." Staff knew people well, understood their needs and cared for them as individuals. One person appreciated that staff gave them a neck pillow which helped them sleep more comfortably at night. For another person who was a keen dog lover, a staff member left their dog in its crate in their room, whilst they were working. This meant the person could safely enjoy the dog's companionship, which staff said improved their mental wellbeing. Relatives feedback included, "I feel my mother is seen as a person" and "Staff are helpful and approachable."

Before each person came to live at the home, a thorough assessment of their needs was undertaken. The service used evidence based tools to assess if people were at risk of developing pressure sores, of falling, malnutrition and dehydration. People had detailed moving and handling plans which showed how staff needed to assist a person to mobilise, and any equipment such as a wheelchair or walking frame. Where a person was at risk of developing pressure sores, care plans provided staff with detailed instructions about the care. This included information about appropriate moving and handling aids and pressure relieving equipment in use. The person received regular skin care, used a pressure relieving cushion when they sat in their chair. Staff regularly helped them change their position when they were in bed and applied cream to their skin to prevent it becoming dry, in accordance with their care plan. All equipment people needed such as electric beds, pressure relieving mattresses and moving and handling equipment was provided.

Staff involved people and those close to them in developing individualised care plans and in reviewing and updating them as people's needs changed. However, some people's records lacked detail about the person before they came to live at the home and about their individual interests and hobbies. The provider recognised the current care records needed replacing and was in the process of introducing electronic care records to the service, which they said were more person centred. To provide more personalised information about each person, the registered manager asked key workers to ask family members to help complete 'This is me' an Alzheimer's society tool for people living with dementia that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes. This personalised information will be included in the new care records.

A person sometimes became anxious and confused about why they were at the home. Their care plan instructed staff to, 'Explain and make her a hot drink. Spend time talking with her, she likes to talk about her holidays….Show her places she recognises on the computer and ask her to show you her photographs.' Where a person had continence needs, staff recognised when the person needed to use the toilet and made sure they offered them the opportunity to visit the toilet at regular intervals throughout the day.

Several people enjoyed a daily paper and there was a selection of books for people to borrow, including large print options and audio books. The service employed two part time activity co-ordinators and other care staff were also encouraged to involved people in activities individually and in groups. A weekly programme of activities provided interest and stimulation for people, one person said, "plenty to keep me occupied" although another person said they were lonely sometimes and didn't always have enough to

occupy them. On the first day we visited, several people enjoyed an exercise class in the lounge, and having their hair done by a local hairdresser on the second day. Regular external musical entertainment was arranged. An entertainment programme included arts and crafts, quizzes, bingo and scrabble. A member of staff described how they had engaged a person who preferred to stay in their room in teaching them to knit, which meant they were able to chat with them and keep them company. The service had a gardening club which was very popular, and people enjoyed planting flowers and vegetables in raised planters and spending time in the greenhouse when the weather was fine. Staff said people enjoyed visiting local coffee shops, local restaurants, pubs and Chew Valley farm shop.

Each person had a phone in their room, so they could keep in contact with family and friends. Where people chose to spend most of their time in their room, or didn't have many visitors, staff popped in regularly and chatted with them and the activity co-ordinators did one to one sessions. Volunteers visited and befriended people, one read poetry which staff said several people enjoyed and another chatted to various people on a range of subjects of interest to them such as modern and vintage cars, the military and agriculture. Several people had also made friends with others living at the home and offered mutual support and companionship.

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the manager or any staff and were confident it would be dealt with straightaway. The provider had a written complaints policy and procedure. Written information was given to people and was on display in the home about how to raise a complaint. People, relatives, staff and visiting professionals said they would be happy to raise concerns with the registered manager or provider and were confident any concerns would be addressed. We looked at the complaints log which showed two minor complaints had been raised, one about a problem with a TV and another about room cleanliness. The registered manager had addressed both issues swiftly.

Good

Is the service well-led?

Our findings

People, relatives and professionals said Lampton House had a good reputation locally and said they would recommend the home to others. One professional said, "There is a good staff team, very supportive and help one another." Another professional said, "Excellent manager."

The service had a positive culture that was person-centred, and was open and inclusive. A new manager registered in May 2016, they had previously been the deputy manager and worked at the home for many years. Staff described a "smooth transition" between the previous and new manager who they said was "approachable, committed and hardworking."

There was a clear management structure in place, the registered manager was in day to day charge, supported by a deputy manager. They organised, supported and lead the staff team and acted as a role model for staff about the standards of care and attitudes they expected. They monitored and supported staff in their practice and were developing care staff to take on more responsibilities. Staff worked well together as a team, and there was good communication and support. They felt valued and appreciated for their work and there were opportunities to progress. Regular staff meetings were held with all staff and minutes showed people's individual care needs were discussed, as were care records, dignity and respect issues and 'best interest' discussions. Also discussions about people's individual care, the role of keyworkers and about risks and how to minimise them.

Staff were made aware of any recent changes to people's health and care needs when they came on duty through a staff handover meeting. This ensured that important information was shared, and acted upon. A written handover sheet highlighted what people needed staff assistance with. A communication book was used to follow up important messages about people care and treatment. For example, blood test results and prescription changes.

People's and relatives views were sought day to day, at regular residents meetings and through care reviews. For example, in response to the feedback about activities, the registered manager had arranged an organised activity each morning and afternoon and at weekends. They also arranged evening entertainments such as bingo, scrabble and regular film entertainment, which was proving popular. In response to a mealtime experience questionnaire, a person suggested daily menus were displayed on the dining tables to remind people of the menu choice, which staff arranged. This showed staff sought people's views and acted on them.

Feedback from a relatives survey included; 'My mother's quality of life has been transformed, she is very happy' and 'Lampton House is the nearest you can get to your own home. Staff create a friendly and caring environment'. Feedback from visiting professionals were also sought through an annual survey. Feedback comments included; ' Supportive and attentive staff' and 'Staff prompt in expressing any resident concerns.'

The provider used a range of quality monitoring systems to continually review and improve the service. The

registered manager did a range of checks and audits to monitor and identify areas for improvement. For example, by checking people's care records, medicine records, health and safety checks and checks of cleanliness, equipment, of kitchen, laundry and waste management. They took action to address areas where improvements were needed.

The service had policies and procedures were provided to guide staff in their practice. These included policies on safeguarding, Mental Capacity Act, health and safety and infection control.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.