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

About the service
Lampton House is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

Lampton House is a period home that has been extended and is laid out over three floors. There are 30 single rooms available, all have toilet, handwashing facilities and telephone. The ground floor accommodates a large dining room, lounge, kitchen, laundry room and bedrooms. The middle floor consists of further bedrooms, manager's office, communal toilet and bathroom, there is level access to a large garden, including a seating area and green house. All floors are accessible via stairs and a lift. Parking is available outside.

People's experience of using this service and what we found
People told us they received support from staff who were kind and caring, we saw many kind and caring interactions between people and staff during our inspection. Staff told us they felt people received good care and were treated with dignity and respect.

People told us they felt safe. The provider took steps to ensure people were safe, these included assessing and managing risk and taking appropriate steps to protect people from potential harm and abuse. All staff we spoke with were confident about how they would identify potential abuse and actions they would take if abuse was witnessed or suspected. There were sufficient numbers of suitably qualified staff to meet the needs of people. People told us their medicines and creams were managed safely, guidance about the safe management of medicines was available for staff. The registered manager reviewed accidents and incidents to identify themes and trends and prevent a recurrence.

People received care that was personalised to meet their needs. When complaints and concerns were raised, these were dealt with appropriately and the provider acted to resolve them. End of life preferences and choices were explored when people moved into the home. People were well supported towards the end of their lives, care plans included guidance for staff about the person's care and emotional needs.

People, staff and relatives spoke positively about the management team and told us they felt well supported. There was a positive team culture with staff across the service working together. The provider maintained oversight of the service and there was an effective governance system used to identify errors, omissions and shortfalls. There were good links with organisations in the local community and the provider used different ways to engage with stakeholders.

Care plans reflected peoples' needs, choices and preferences. Staff told us they received ongoing training relevant to their roles and to people living in the home. People told us the food was good quality and a choice of food and drink was available. People were supported to access healthcare services and the provider told us they had good links with local healthcare professionals. The home was pleasant and free

from malodours. Where people lacked the capacity to make a particular decision, capacity assessments were not completed appropriately. However, in practice the provider and staff were working in line with the principles of the Mental Capacity Act 2005 (MCA).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published February 2017)

Why we inspected This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below

Lampton 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
The inspection team was made up of one inspector and one Expert by Experience. 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
Lampton 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.

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 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 nine people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, senior care worker and care workers. 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 three 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 the training matrix and audits, 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. We spoke with two professionals who regularly visit the service.

Good

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 Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of potential harm and abuse. Staff spoke confidently about how they would identify different types of abuse and actions they would take if abuse was suspected. Comments from staff included, "If I saw a bruise or anything I would report it to [registered manager's name]. Then I would go to the provider if I was ignored the telephone numbers [for safeguarding] are all downstairs in the office." Comments from relatives included, "Very safe here - very much so. I am very impressed, always go away happy knowing that Mum is looked after" and, "Content that it is safe here, and I can't fault them [care staff]."

● The registered manager made safeguarding alerts to the local authority safeguarding team when it was appropriate.

Assessing risk, safety monitoring and management

● People told us they felt safe. Comments from people included, "Oh yes, I do feel safe and sound because the staff are very good."

● Risks were assessed, and guidance was available for staff about how they could lower the risk to people. For example, the provider used a recognised tool to assess a person's risk of developing a pressure ulcer and guidance was available to staff about areas of skin that may be affected and what actions they should take.

● The registered manager completed three monthly checks to ensure the home was free from environmental hazards, such as obstacles and loose wiring.

Using medicines safely

● People told us their medicines were managed safely. Comments from people included, "[Staff] bring my medication in morning, noon and night and I take them. Always on time."

● Guidance was available for staff when people were receiving 'as required' medicines (PRN). The guidance included information for staff about why the person should have PRN medicines and potential side effects of the medicines, including actions staff should take if the side effects were observed.

● The registered manager told us they had developed an, "Amazing relationship with the Pharmacy" and the Pharmacy had recently visited to complete an audit, at the time of our inspection the provider was awaiting the outcome of the audit.

Preventing and controlling infection

● Staff wore personal protective equipment (PPE) such as gloves and aprons and changed them appropriately.

● Two domestic staff were responsible for cleaning the home daily, the home was clean and free from

malodours. One person said, "Definitely very clean and I have a bag to put my laundry in. The bag is taken away and the laundry comes back, I'm very happy with it."

Learning lessons when things go wrong

● Accidents, incidents and falls were analysed as a way of identifying themes, trends and to prevent a recurrence.

Staffing and recruitment

● People told us there were sufficient levels of suitably qualified staff to support them and meet their needs. Comments from people included, "Never any problem finding somebody. Nurses [care staff] around all the time, they are there when you need them" and, "When I press the button they [staff] get to me quickly."

● The registered manager used a staffing tool to allocate appropriate numbers of staff according to the needs of people. The tool reviewed the assistance each individual required to undertake certain tasks. For example, if the person could mobilise independently, how mush assistance the individual required to use the toilet and also considered any sensory impairments.

● The registered manager and provider were working to attract staff to work in the home. They were running an advertising campaign and also operated a 'refer a friend scheme' and if a staff member was recommended and employed a cash incentive was awarded.

● Staff were recruited safely. We reviewed three recruitment files, and all included relevant checks, such as those with previous employers and Disclosure and Barring Service (DBS). However, one file we reviewed did not contain a copy of the staff member's photograph ID. We spoke with the provider about this who told us they had reviewed the ID as it was used to apply for the staff member's DBS and it was a filing error. The registered manager contacted us after the inspection and told us a copy was now in the file.

Good

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.
● The provider undertook capacity assessments. Capacity assessments should include details about the specific decision that needs to be made, a person may be judged as lacking the capacity to make a particular decision but should not be assessed as lacking overall mental capacity. However, three capacity assessments we reviewed did not include information about the decision that needed to be made and incorrectly recorded each person, "Does not have mental capacity."

We recommend the provider reviews published best practice guidance about the completion and recording of capacity assessments and acts to implement changes in line with the guidance.

● All staff we spoke with were familiar with the principles of MCA. One staff member said, "People make their own choices, we can help them along with making their choice. It's important to remember they are to make their own choices."
● At the time of our inspection, one person was subject to Deprivation of Liberty Safeguards (DoLS) and no concerns were identified that conditions of the DoLS were not being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care plans reflected the needs, choices and preferences of people and there was guidance available for staff about how to meet these. For example, one person's care plan said, "[Person's name] likes to wear make-up so please ensure she can access it as she can apply it herself."

● The provider emailed the registered manager with relevant guidance and updates about best practice. For example, a recent report about the state of oral care in care homes prompted the registered manager to review how oral care was managed in the home and changes were made, including monthly checks of oral care items, as a result of this.
● People were asked to formally record they consented to various aspects of the care they received, this including the taking and displaying of photographs, how care-plans were stored and if the person consented to receive care.
● People told us they were asked for their consent prior to care interventions. Comments from people included, "[Staff] knock on my door, [ask] 'anything you want'? They don't do anything without asking."

Staff support: induction, training, skills and experience
● Staff told us they received training relevant to their roles. Comments from staff included, "I'm forever doing training, it's relevant to the role" and, "I get training that is constant and renewed, I have more training booked for October."
● The provider ensured staff received training relevant to the people living in the home, for example one person was living with an illness and all care staff had received training relevant to the illness.
● Staff received ongoing support in the form of supervision sessions, appraisals and competency checks. Comments from staff included, "They [management team] are very good, they support me all the time" and, "I'm well supported by the registered manager, deputy manager and provider."

Supporting people to eat and drink enough to maintain a balanced diet
● People spoke very positively about the food they ate. Comments from people included, "Food is exceptional, lovely, like being in a restaurant. Choice on the menu. The other day curry and rice, for tea there was pizza, lots of good roasts, can't fault the food" and, "'Food, love the food, always empty plates. Main menu choices but lots of alternatives like omelettes, jackets, and sandwiches."
● People were offered a choice of drinks with their meal and throughout the day, we saw two people drinking glasses of wine with their meals. Communal jugs of different flavoured squash and water were available for people to access themselves.
● The provider used tools to ensure people received the right support to eat and drink. For example, the provider used the Malnutrition Universal Screening Tool (MUST) to assess if people were at risk from malnutrition and made referrals to external services, such as Speech and Language Therapy (SALT) when it was appropriate.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked effectively with external organisations and professionals to ensure people received care they needed. These included the GP, Occupational Therapist and District Nurses. One person said, "GP comes in, District Nurse, [I] see her. The chiropodist comes in about every six weeks."

Adapting service, design, decoration to meet people's needs
● The home was adapted to meet the needs of people, there was a lift providing access to each floor and specialist equipment, such as hoists and stand aids, were available if people required them.
● The garden was very well maintained, and people valued being able to access the greenhouse with the gardener to plant fruit and vegetables. The registered manager told us any food grown by people was eaten by people living in the home. Comments from people included, "Love walking and helping in the garden. Help with watering and looking after the plants" and, "Had a nice big garden at home, loved gardening so it's nice to have a lovely garden here. Lovely flowers."
● There was a 'homely' atmosphere, with pictures of people displayed on walls and people were encouraged to personalise their rooms with their own belongings. Different visitors 'popped in' throughout

the day and the atmosphere was happy and pleasant. One relative said, "Staff are very nice to relatives."

Supporting people to live healthier lives, access healthcare services and support
● People told us they were supported to access healthcare. Comments from people included, "They [staff] will take me to hospital appointments if necessary."
● Guidance was available for staff in peoples' care plans about how and when healthcare services should be accessed. For example, one person's care plan guided staff to contact the GP when certain symptoms were observed.

Good

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 now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by kind and caring staff. Comments from people included, "Staff are brilliant, no question about that. Staff go above and beyond" and, "Staff are beautiful as people, lovely, can't fault any of them." One relative said, "Carers care for people as if they were their own parents. I hear them go into peoples' rooms they are very patient. Anybody who is anxious they talk to them."
- People were treated with dignity and respect. One staff member said, "People receive good care, they are cared for, respected and there are good relationships between staff and residents."
- Staff spoke fondly about the people they supported. Comments from staff included, "Best bit? I love the people and listening to their stories, you learn a lot from them."
- People's cultural and religious beliefs were respected, and the provider supported people to access relevant organisations. For example, the registered manager provided transport for two people who wished to attend a religious service when needed.

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

- Staff supported people to complete 'My Life Story' books that included photographs of the person and people who were important to them, significant memories and the person's family tree. One staff member said, "The life books are nice" and discussed how it offered staff and people the opportunity to get to know each other as each staff member supported one or two people through the process.
- Care plans were reviewed monthly or sooner if required.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. Comments from people included, "I think I can still be independent here, choose what I want to do, choose when I go to bed and get up."
- Staff knocked on peoples' doors before entering their rooms. One person said, "Carers know I like my own space, I can be private in my room."
- Staff told us they treated people with dignity and respect. Comments from staff included, "Everybody is treated well and fairly, their dignity is respected." One person said, "[Staff are] very respectful when they are helping me with showering."

Good

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 now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they were involved with making choices about their care. Comments from people included, "I like my baths. Can choose when I have one."
- People's care and support plans reflected the person's wishes. For example, one person did not wish to attend six monthly check-ups with the dentist, this was clearly documented and included guidance for staff about when the person would wish to visit the dentist, when a dental issue occurred.

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

- There was a comprehensive programme of activities available for people to access and an activities coordinator was on-site daily to facilitate different activities. One person said, "Very good activities, entertainment, singing going to the exercise class now" and, "We have club nights twice a week. Sit and talk to friends, entertainment, games." There were also planned trips away from the home, these included outings to the seaside and a trip to visit the museum. One person said, "Went on the museum trip, had a really nice time."
- People were supported to maintain relationships with their loved ones. Visitors were welcomed at all times and each room included a telephone, so people could make and receive calls.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in a communal area, people told us they did not feel the need to complain but would be listened to if they did. Comments from people included, "I'm very happy here because I am well looked after, and the carers are very good, no complaints" and, "Can definitely talk to the staff. If there was a problem I know that it would be sorted out straight away."
- Complaints were dealt with honestly and transparently. When required, an apology was offered, and the provider took appropriate actions to prevent a recurrence or resolve the issue.

End of life care and support

- Where appropriate, the provider explored people's end of life wishes and preferences when they moved into the home. A leaflet was used to record information such as the person's religion, beliefs and next of kin details and was available to guide staff. The relative of one person who received end of life care said, "Very homely here. One of the staff bring in their dog and the dog sleeps on Mum's bed. Mum loves dogs."
- When people required end of life care, their needs were assessed, and an end of life care plan was produced. Information in one person's end of life care plan said, "Hold [person's name] hand, she may want to feel secure" and, "[Person's] music is very important to her and she loves to listen to the CD player."

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.

● The provider ensured people who had a sensory impairment or disability could access information in a way they could understand. This included using larger fonts, providing people with access to photographs of meals being offered and care staff reading a person's care plan aloud.

Good

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 Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff, people and relatives spoke positively about the registered manager. Comments from people included, "[The home is] managed very well. [Name of manager] works long, long hours, far more than they are supposed to, making sure everything is ok." One relative said, "Well led, well organised. You can see that [registered manager] is caring and dedicated."
- Staff told us there was a team spirit and staff across the organisation worked together. One staff member told us, "Definitely work as a team, we are one big team, we all mix and work together, we all help each other out."

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

- Governance systems were used effectively to identify errors and omissions.
- There was a clear staffing structure, staff had specific job roles and staff knew what was expected of them.
- When staff performed well this was recognised with an increase to their hourly wage.

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

- The provider used different ways to engage with people, staff and relatives. These included meetings and a newsletter. The registered manager was visible in the home and operated an open-door policy, so people, staff and relatives could access them when they needed to.
- The provider was proud that many staff had worked in the home for a long period of time. Two staff we spoke with had been working in the home for 14 and 21 years, the registered manager had been working in various roles within the home for more than ten years. One person said, "Staff been here a long time some of them do know what I like."

Working in partnership with others

- The provider had formed important links with local organisations. These included a local pub where people had afternoon tea, the village hall whose choir visited during the festive season and children from a local scout group had visited to spend time with people.
- A local library visited the home regularly and provided people with access to audio books and those with larger print, we saw one person reading their book form the library during our inspection.

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

● The registered manager was aware of their responsibility in relation to the duty of candour. The registered manager said they had a duty to be, "Honest and open."

Continuous learning and improving care

● The registered manager from another home in the same organisation visited the home regularly to share their experiences and complete audits. This supported the registered manager to continually learn and improve care.