

Treasure Homes Limited

Lampton House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Lampton House is a residential care home providing personal care to people. The service provides support to up to 30 people. At the time of our inspection there were 26 people using the service.

People's experiences of using the service and what we found.

During our first day of our inspection we identified improvements were required to the front door had various locks that could cause a delay if trying to exit in the event of a fire. Four walking frames had missing ferrules. The provider's quality assurance system had failed to identify these shortfalls found during our inspection. We feedback our concerns to the registered manager and the provider who took action to rectify these shortfalls prior to our visit on the second day.

We also found quality assurance systems had failed to identify shortfalls relating to missing risk assessments where people had creams containing paraffin. Along with grab and go files requiring updating and the provider was not ensuring the rating for the service was being displayed as required.

The provider had a fire risk assessment in place and people had individual personal evacuation plans in place. However, we were not assured during our inspection that the building was safe in the event of a fire. We made a referral to the fire safety team so they could review the building in line with fire safety regulations.

People felt supported by staff who were caring and who knew them well. Staff felt able to raise concerns with the registered manager and the provider through the provider's whistleblowing procedures. All people, relatives and staff felt the service was a nice place to live.

People, relatives and staff felt the provider and the registered manager were approachable and accessible. The provider undertook regular visits within the service and the registered manager helped when staffing was short.

People were supported to access a GP when required. Staff meetings supported staff with updates and information. Staff had received safeguarding training and the provider and registered manager had recently undertaken level 3 training.

Staff wore personal protective equipment to prevent the risk of cross infection. Improvements were identified on the first day of the inspection with staff not using tongs to offer people biscuits and one person putting their hand into the biscuit tin. This posed an infection control risk, People told us they wanted access to the TV remote so they could change the channel themselves.

Following our inspection, we asked the provider to send an updated statement of purpose for the service.

The providers statement of purpose describes what they will do, where they will do it and who they will do it for. We will monitor this action is taken.

Rating at last inspection and update

The last rating for this service was Good (published 5 September 2019).

Why we inspected

We decided to inspect due to concerns raised in relation to safeguarding people from abuse and if people were receiving safe care. As a result, we undertook a focused inspection to review the key questions of Safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lampton House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach as the provider's governance arrangements were not robust and had failed to identify shortfalls in the safe domain of this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the local authority to monitor the service.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors on the first day of the inspection and an 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. The second day of the inspection was undertaken by one inspector.

Service and service type

Lampton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lampton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day. The first day of our

inspection was on the 30 November 2022 and the second day was on the 9 December 2022.

What we did before the inspection

We reviewed information we had received about the service prior to our inspection. The Provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people and seven relatives about their experience of the care provided. We spoke with four care staff, the administrator, the registered manager and the provider. We sought feedback from one health professional, but we did not receive a response.

We reviewed a range of records. These included two care plans for people and medicines administration records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures, incidents and accidents, fire records, quality assurance records and personal evacuation plans.

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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- On the first day of our inspection we found aspects of the service that were not always safe. This included walking frame ferrules that required replacing due to being worn, the front door having various bolts and locks and tape partly covering a trip hazard in the dining area. In the quiet lounge we found exposed wires from a missing call bell. We fed this back to the registered manager following our first day of our inspection. Action was taken to address all of these shortfalls by the second day of our inspection.
- A PAT test certificate was dated October 2022. However, some electrical appliances were identified during our inspection as requiring testing. More information can be found in the well-led section of the report.
- Initial grab and go files that were used in the event of an emergency such as hospital admission or a fire were out of date and no longer current. The registered manager confirmed they were working on updating around 10 grab and go files at the time of the inspection. These were being held in the registered manager's office.
- People had personalised (PEEPS) fire evacuation plans in place. These contained information such as if the person was mobile or if they used equipment such as walking frame or stick. Fire evacuation checks were completed, records confirmed this.
- The provider had a fire risk assessment in place in the event of a fire. The provider confirmed following our inspection they had commissioned a fire safety check in 2016. We made a referral to the fire safety team so they could review the safety of Lampton House.
- Certificates were in place for the boiler and central heating system checks. Records confirmed action had been taken when the lift required emergency repairs.
- People had risk assessments and important information for example relating to any risks of falls to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew them well. Staff understood how to protect people from the risk of abuse.
- Staff had received safeguarding adults training. The provider and registered manager had recently undertaken level three safeguarding adults training. Records confirmed this.
- People and relative's felt they received safe care. One person told us, "I Feel safe". One relative told us, "She is safe". Another relative told us, "They are keeping her safe".
- Staff felt able to raise any whistleblowing concerns with the provider and registered manager. The

provider had a whistleblowing policy in place. This could be reviewed on the notice board in reception. Whistleblowing is when staff are supported to raise any concerns internally so that the provider or registered manager can take necessary action to address the issue. All staff we spoke with felt able to do this.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We reviewed one person's care plan in relation to their mental capacity. Their capacity assessment confirmed at times they had variable capacity. Although no confirmation had been recorded of who had completed this assessment.
- The registered manager confirmed they were following up DoLS authorisations made to the local authority. Some records were not current and up to date for example some people had left the service however their paperwork was still within the DoLS folder. We fed this back to the registered manager and provider so they could implement a system for ensuring paperwork was current and up to date.

Staffing and recruitment

- People felt supported by staff who were kind and caring although two people told us they did not always feel supported by enough staff on occasions. One person told us, "Staffing varies. I would say they don't have enough staff, it's at no particular time of day". Another person told us, "We are short in the evening". Other comments we received were all positive. One person told us, "Staff are kind". Another person told us, "I thoroughly enjoy it here. We are well looked after and it's a friendly place". One relative told us, "(Staff) they are extremely helpful and caring". Another relative told us, "It's very good and (Staff) are very helpful". The registered manager confirmed they were available and supported staff when required. The provider confirmed this. On the days that we inspected we found there were enough staff to support people.
- One person shared their experience that at times they were unable to turn the lounge television over as they had no access to the remote control of the television. The person told us, "We can't touch the television. When we want to change channels, we have to get a member of staff to do it and we often can't find anyone". We gave feedback to the registered manager and the provider that people would like access to the remote so they could change the television when they wanted.
- The registered manager confirmed three carers were on duty in the morning and three in the afternoon and two overnight. Staffing rotas confirmed this arrangement although at odd times the rota confirmed some inconsistencies between staff finishing in the morning and starting in the afternoon. The registered manager confirmed they were very hands on and would support staff if the service needed it. Rotas confirmed the registered manager would support staff by working their days off.
- Staff at the time of the inspection picked up additional shifts to prevent the service from using agency. The provider and registered manager felt this was important to ensure the care provided to people remained safe and of good quality.
- People were supported by staff who had checks completed to ensure they were suitable to work with vulnerable adults. This included a full Disclosure and Barring Service check (DBS) and references. Disclosure and Barring Service checks provide information including details about convictions and cautions held on

the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Although risk assessments were required for flammable topical creams. We raised this with the provider and registered manager for them to address this shortfall.
- Not all medicines were stored safely. Medicines administration trolleys were safely locked with medicines safe inside. However, where people had refused their medicines this medicine was taken to the registered managers office and not locked safely away prior to being disposed of. This is not safe practice. We raised this with the provider and registered manager for them to take necessary action.
- Staff received spot checks to ensure they were competent in the safe administration of medicines.
- People received their medicines from staff who respected their privacy and dignity. Staff were observed knocking people's doors and gaining consent prior to administering their medicines.
- People were supported by staff who wore a tabard so that they were not disturbed during administering medicines to people.

Learning lessons when things go wrong

- Incidents and accidents were recorded on individual accident records. However, we found no overview of the incidents only falls. This is important as it can identify any trends and themes to prevent similar incidents from occurring again. We fed this back to the registered manager.
- Falls were recorded monthly so that any trends could be identified.

Preventing and controlling infection

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. Although on one occasion we observed one person take biscuits from the biscuit tin with their hands. This could pose an infection control risk. On the second day of our inspection a member of staff we spoke with confirmed they used tongs to give people biscuits and that people do not access their own biscuits. We fed back to the provider and registered manager our observations in relation to this mixed practice.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting

- We were assured that people were receiving visitors and these were observed at the time of our inspection.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers quality assurance systems were not always identifying shortfalls found during our inspection. For example, during our inspection we found four walking frames needing ferrules replacing. The front door had various locks on the inside making it potentially difficult to exit in an emergency situation. Action was taken prior to our inspection on the second day.
- Where people had topical creams applied that were paraffine based, no risk assessment had been completed. The providers medicine's audits had failed to identify this shortfall.
- Systems and processes were not in place to ensure notifications were made when required. For example, the lift had broken down disrupting the service for eleven days. We raised this with the registered manager who confirmed they thought the provider would have made the notification. No notification had been made to inform us of this disruption.
- Not all electrical appliances had been tested to ensure they were working safely through a Portable appliance testing (PAT) check. For example, the television and lamps in the quiet lounge had no PAT test completed. These items had not been identified on the providers quality assurance systems or within the provider's walk around notes submitted to us following our inspection.
- During our inspection we identified actions such as 'grab and go files' and 'about me' files that required updating and putting in place. This had not been identified on an action plan prior to our inspection.

The provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the first day of our inspection we were unable to see the provider was displaying the rating for the service. This is a legal requirement. We discussed this with the receptionist member of staff. Who took immediate action to display the rating on the reception notice board.
- We found old and out of date information available to visitors within the reception area. For example, we found an old statement of purpose which the provider confirmed was old and no longer current. We asked the provider following our inspection to send us their recent statement of purpose which they did following our inspection.
- The provider was displaying the rating for the service on their website for Lampton House.

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

- The provider visited the service at least two to three times a week. The registered manager felt supported by these visits. The provider kept notes of these visits including support conversations with the registered manager. Records confirmed these visits had taken place.
- The provider following our inspection confirmed they were looking to implement a record keeping system for their visits so they could be viewed as part of the home's compliance.
- People felt supported by staff who treated them well and who were very supportive. One person told us, "Staff are friendly and caring". Another person told us, "The carers are lovely, delightful and kind".
- The provider and registered manager were accessible and approachable. One relative told us, "(registered manager) is very friendly and approachable". Another relative told us, "I have a lot of time for (registered manager)". One person told us, "I have no complaints. (Name of provider) is the owner, it is a family run home".

Continuous learning and improving care; Working in partnership with others

- Due to concerns identified on the first day of our inspection we raised a referral to the fire safety team so they could review the building's safety in the event of a fire. We will monitor the outcome of this referral.
- The registered manager was passionate about the service and they spoke highly of the staff team. The registered manager helped and supported staff when shortfalls on the rota were identified. They worked alongside the care staff and supported people with care.
- Staff felt supported by the provider and registered manager and all felt it was a nice place to work. One member of staff told us, "Good staff team. Nice members of staff, friendly. Get on well with everyone". Another member of staff told us, "Nice home, the culture is good. Work well as a team". Another member of staff told us, "Good team, I can go to (provider) if necessary".
- The registered manager kept up to date with information through reading updates, liaising with the local authority and contacting other registered managers for advice and guidance when the need arose.
- Visits were conducted to the home by the local authority contracts and compliance team. The registered manager felt able to approach and ask their advice should issues arise in between these visits.
- The registered manager confirmed if the need arose, they could liaise with the provider's other registered managers on occasions. One of the providers other registered managers undertook support visits in the home. Records sent following our inspection confirmed a support visit was provided by another registered manager to Lampton House. Some audits had also been completed by another registered manager. These included a medication audit and medication spots checks.
- People were seen by the GP when required. Visits were undertaken once a week. The registered manager and the GP undertook these visits together.
- At the time of our inspection the provider confirmed one complaint had been received. Records of this complaint were not available due to the complaint file being misplaced at the time of our inspection. All people and staff we spoke with felt able to raise any issues and concerns if needed with the registered manager or provider. During our inspection two relatives wished to discuss some aspects of their loved one's care. We fed back to the registered manager so they could liaise directly with these relatives.

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

- All people, staff, and relatives felt the culture was positive and open at the service. One member of staff told us, (I feel) "Supported, can raise things. Not a problem with whistleblowing, got a policy. It's all on the notice board. Can go to (provider) if necessary". Another member of staff told us, "Culture is good, most staff are comfortable here and work well as a team".
- One person told us, "It's a very friendly place". One family member told us, "Staff are nice and if (name) has

fallen they always let us know".

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 and provider were passionate about providing good quality care. Following concerns raised on the first day of our inspection we found the registered manager and the provider had taken our feedback seriously and taken actions to rectify some shortfalls. This positive response reflected the legal responsibility of working in an open and transparent manner in line with the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have systems and processes in place that identified shortfalls found during our inspection.</p> <p>Breach of 17, (1), (2) (a) (b)</p>