

Mr & Mrs Murphy C Hampton and Ms C Hampton Lakenham Residential Care Home

Inspection report

Lakenham Hill
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Bideford
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lakenham is a residential care home providing accommodation and personal care to 19 people in one adapted building at the time of the inspection. The service can support up to 25 people.

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

Staff were deployed appropriately within the home to meet people's needs in a timely manner.

People said staff were kind and compassionate in their approach. One person commented, "They (staff) are wonderful, they have the right attitude." Relatives commented, "The staff are lovely" and "The staff go over and above to make residents feel at home, happy and secure. Mum has taken a little while to settle in and their patience and professionalism have really helped. The manager (manager name) inspires me with confidence, along with her team. (Staff names) are respectful and kind to residents. The atmosphere there is happy and relaxed. I enjoy visiting!"

The provider was actively recruiting for staff on an ongoing process via various advertising sources. There were effective recruitment and selection processes in place.

People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls, skin care, eating and drinking and pain management. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible.

Since our last inspection comfort charts had been introduced where appropriate and handover documentation was more robust to ensure people's risks were managed safely, consistently and in a timely manner.

People said they felt safe with staff; staff practice showed they knew them well. A person commented, "I feel really safe here, the staff look after me. I have no concerns." People were at ease and looked comfortable in the company of staff.

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.

We found the service was working within the principles of the Mental Capacity Act and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

People's medicines were managed so they received them safely. Infection control measures were in place.

The service sought feedback from people who use the service to identify areas for improvement. In response to a change in management in the service and feedback there was a greater emphasis on ensuring people received person-centred care. For example, people developing their life stories in order for care and support to be more personalised according to them as individuals.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's overall statement documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was increasingly being embedded in Lakenham Residential Care Home. For example, people were constantly encouraged to lead rich and meaningful lives to aid their physical and mental health well-being.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 October 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider documented interview questions and answers to further strengthen recruitment practices within the home and strengthened medicines administration practices in line with best practice guidance. At this inspection we found the provider had acted on these recommendations and improvements had been made.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, safe care and treatment and good governance.

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

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 requires improvement to good. This is based on the findings at this inspection.

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.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lakenham Residential Care Home

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

The inspection was carried out by one inspector.

Service and service type

Lakenham Residential Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post. A new manager was in post and they confirmed they would be applying to register.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 spoke with five people using the service and seven members of staff, which included the manager and provider.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included three care files and three staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from two relatives, and one health and social care professional. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection people were not always receiving person-centred care which met their needs and reflected their personal preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Staff were deployed appropriately within the home to meet people's needs in a timely manner. For example, since our last inspection the mealtime experience had improved, the home had invested in warming plates to ensure food was kept hot and people were receiving their meals in a timely manner. People commented that they enjoyed the meals provided in the home.
- The staff team met people's care needs. People said staff were kind and compassionate in their approach. One person commented, "They (staff) are wonderful, they have the right attitude." Relatives commented, "The staff are lovely" and "The staff go over and above to make residents feel at home, happy and secure. Mum has taken a little while to settle in and their patience and professionalism have really helped. The manager (manager name) inspires me with confidence, along with her team. (Staff names) are respectful and kind to residents. The atmosphere there is happy and relaxed. I enjoy visiting!"
- The manager explained that staff skills were integral to enable people's care and support needs to be met. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by staff members who knew and understood them. The use of agency staff was kept to a minimum. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

At our last inspection we recommended the provider documented interview questions and answers to further strengthen recruitment practices within the home. The provider had made improvements.

- The provider was actively recruiting for staff on an ongoing process via various advertising sources.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection people were not always receiving care and support in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls, skin care, eating and drinking and pain management.
- Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible.
- Since our last inspection comfort charts had been introduced where appropriate and handover documentation was more robust to ensure people's risks were managed safely, consistently and in a timely manner.
- There were governance systems which ensured the environment and equipment were effectively maintained. Checks included, hot water temperatures, fire safety, window restrictors and equipment to aid people's independence.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment. A relative commented, "They (staff) keep us informed of any falls or health concerns."

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff; staff practice showed they knew them well. One person commented, "I feel really safe here, the staff look after me. I have no concerns." People were at ease and looked comfortable in the company of staff.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC).
- Staff had received safeguarding training, to ensure they had up to date information about the protection of vulnerable people.
- The manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 in care homes

- The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- The provider invested sufficiently in the service, embracing change and delivering improvements. The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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 service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the services' policies.
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the manager worked well with them, encouraged

team working and an open person-centred culture. Staff felt that since the new manager had been in post there had been positive improvement in the feeling of the home and people being encouraged to participate in a wider variety of personalised activities.

- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, handovers and conversations on an on-going basis.
- The service sought feedback from people who use the service to identify areas for improvement. In response to a change in management in the service and feedback there was a greater emphasis on ensuring people received person-centred care. For example, people developing their life stories in order for care and support to be more personalised according to them as individuals. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.
- The manager was in the process of implementing the 'Namaste Care Programme' within the service to further enhance the lived experience of people with dementia. It is a focus on enhancing quality of life that defines 'Namaste Care.' Through a daily programme involving a range of physical, sensory and emotional care practices, residents with advanced dementia are supported to engage with carers, family and their surroundings. The programme includes improving pain management, increased access to snacks and drinks, using music, aroma, visual stimuli, therapeutic touch and personalised, nurturing communication with each individual.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's overall statement documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was increasingly being embedded in Lakenham Residential Care Home. For example, people were constantly encouraged to lead rich and meaningful lives to aid their physical and mental health well-being.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs, community nurses and the local care home team. Regular reviews took place to ensure people's current and changing needs were being met. A relative commented, "They (staff) have acted swiftly to address any health concerns. They contact relevant health care professionals (falls team, GP, hospital) and treat residents with respect and dignity."