

The Hamptons Retirement Home Limited

# The Hamptons Retirement Home Ltd

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Requires Improvement**



Is the service well-led?

**Requires Improvement**



# Summary of findings

## Overall summary

### About the service

Hamptons Retirement Home is a residential care home, registered to provide personal care and accommodation for up to 30 people aged 65 and over some of whom were living with dementia. The building consisted of two floors. At the time of the inspection 30 people were living there.

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

Whilst people had not come to any harm, we found the management of people's medicines required improvement. Guidance was missing for staff and medicine storage was not always safe and people did not always receive their time-critical medicines as prescribed.

Quality assurance systems were not always effective at identifying areas for improvement and did not always ensure people received safe care. Incidents were not always notified to the CQC as required. Lessons had not always been learnt when things had gone wrong.

Other risks, such as risk associated with people's mobility and health conditions to people had been assessed. However, some risks to people in relation to their health or care needs were not always identified and needed to be improved to give clearer information.

We saw people were relaxed in the presence of staff and each other. Staff understood how to raise any safeguarding concerns and where to go if they felt these were not acted on by the provider. Relatives were positive about the care provided and told us they felt their family members were safe living at the home.

Staff treated people with kindness, dignity and respect. We saw positive interactions between people and staff and feedback from people and relatives about the staff was good.

Staff were positive about the way the new management team managed the home. They said the new home manager had made a number of changes that were necessary to improve the standards at the home.

Safe recruitment processes were followed. There were enough staff to meet people's needs.

Infection control procedures were followed and the home was regularly cleaned.

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.

The service worked with health and social professionals and in partnership with other agencies.

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

### Rating at last inspection

There is no previous rating because this is a new service, registered with us on 03/08/2020. This was a focused inspection to look at the Safe and Well-led questions only. We have not inspected the remaining three questions Effective, Caring and Responsive, which means we are unable to give an overall rating.

### Why we inspected

We received concerns about a loss of electricity supply to the home and we were not assured people were safe. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. We have found evidence that the provider needs to make improvements. Please see the safe and well-led key question sections of this report.

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

The provider has taken immediate action to mitigate potential risk.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe management of medicines and governance processes at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### 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 local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe findings below.

**Requires Improvement** ●

# The Hamptons Retirement Home Ltd

## **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.

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 team comprised of two inspectors.

#### Service and service type

Hamptons Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight staff members including the nominated individual(s), home manager, deputy manager, care and domestic workers.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

### Using medicines safely

- Staff were not aware time-critical medicines should be administered within a specified timeframe. This meant some people did not receive their time-critical medicines consistently at the required time.
- Staff did not always accurately complete electronic Medicines Administration Records (e-MAR). Whilst stock levels generally matched with the e-MAR, one person's record showed a significant difference from the e-MAR balance and the actual medicine in stock. This meant we could not be sure where the medication had gone and if it had been returned to the pharmacy and safely disposed of.
- Medicines should be stored between a certain temperature range. The temperature of the medicines refrigerator and medicines room were not appropriately monitored and maintained. We could not be sure medicines were always stored safely at the correct temperature, which can change their effectiveness.
- We found four tubes of cream used to treat skin infections were stored in the refrigerator. Water damage from the refrigerator had rendered the labels illegible, there was no opening dates on the creams and one cream had no cap. We could not be sure how long the cream had been in the fridge or length of time it had been opened. This meant the effectiveness of the cream could have been reduced.
- The provider's administration processes to store, monitor and dispose of drugs that required additional monitoring required improving. For example, there was no safe and effective means of disposing and destroying spent Fentanyl patches. A damaged packet had been sellotaped and returned to medicine stock and we could not be sure the medicine patch had not been used or damaged.

We found no evidence that people had been harmed however, the management of medicines required improvement to protect people from avoidable harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people required medicines on an 'as required' (PRN) basis for pain relief or when they felt anxious. We found more detailed information was required on PRN protocols to inform staff of the signs and behaviours that would guide staff as to when a person may need this medicine.

### Assessing risk, safety monitoring and management

- The home had suffered an electricity power outage which lasted four days. The provider had not informed the Care Quality Commission (CQC) or the local authority at the point it happened. CQC received numerous concerns and allegations about the loss of the electricity supply from whistle-blowers. CQC responded with an urgent inspection to make sure people were safe. People and relatives we spoke with and staff, told us the staff and provider had done their best given the difficult circumstances. The provider told us there had been considerable learning for them to take forward. We found no harm had come to people and the

provider had taken appropriate action to resolve the situation safely. One person told us, "It was ok, we were altogether, we were warm and I slept very well". Another person said, "It reminded me of the blitz (laughing)." A relative told us, "It was upsetting. But the staff were absolutely brilliant and did the best they could."

- The provider gave us assurance the necessary repairs had been completed and the future electricity supply would continue uninterrupted.
- Following the power outage, we checked the fire doors and fire alarm system were in working order. The provider arranged for a fire risk assessment to be completed for the building. The only issues we found were with the fire extinguishers that were last serviced in May 2020. The provider has arranged for these to be serviced post inspection.
- Risk assessments were in place in relation to people's needs, for example, weight loss, skin integrity and their mobility. Staff we spoke with knew people's needs.
- The staff supported people to move safely around the home. Where people required modified diets or fluids, because of a choking risk, they received the right support.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded but there were no processes in place to review and monitor them to identify trends and implement changes to mitigate future risks. The new manager, who had been in post for just six weeks at the time of this inspection, told us they had started to introduce a new system to help monitor incidents and identify any trends.

#### Systems and processes to safeguard people from the risk of abuse

- People and family members we spoke with all said they felt people were safe. One person said, "I am safe here." A relative told us, "In my opinion, yes I do (feel person is safe). [Person] had a fall and when I arrived three carers were attending to [person], cradling and cuddling them which was nice to see. [Person] is well looked after."
- Staff we spoke with explained how they would support people who became upset and may present with behaviours that could challenge. It was clear from conversations had with staff they knew people well.
- We found where safeguarding incidents had been identified, the relevant agencies had been notified and appropriate action had been taken by the provider.
- Staff we spoke with were aware of their legal duty to keep people safe from risk of abuse. They knew how and who to report concerns to.

#### Staffing and recruitment

- There were no issues identified with the provider's recruitment processes.
- There was a mixture of opinions around staffing levels. One staff member told us more staff were needed. A relative said, "Staff are all over the place, I can usually find somebody and when the buzzer is pressed they do come quickly; press red button (emergency) there's a stampede."
- The home manager explained they were in process of recruiting additional staff. At the time of writing this report a new staff member had started working at the home to provide additional support in the mornings.
- Our observations during the day, indicated there was enough staff on duty to meet people's identified needs.

#### Preventing and controlling infection

Overall the infection and prevention control measures in the home were effective. We found one open bin was used outside the home for the disposal of lateral flow device tests. This was immediately replaced with a lidded bin.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated required 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 care.

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

- The provider did not have effective systems in place to monitor, assess and improve the quality and safety of service being provided. For example, the widespread issues we found relating to medicines management had not been identified.
- Daily environmental checks had failed to identify visitors to the building were disposing of their used lateral flow tests into a non-clinical waste bin.
- Audits had not identified firefighting equipment should have been serviced in May 2021.
- Incidents and accidents were being recorded but audits had not been conducted to effectively analyse the data. This meant the potential opportunity to identify trends to mitigate future risk had been missed.

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

- The provider responded immediately during and after the inspection. They confirmed new and additional processes had been introduced to ensure all regular quality assurance processes were being maintained and the new management team at the home had responsibility for making the improvements in this area.
- The management team met regularly and had created detailed action plans to show how they would make improvements.

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

- Relatives and staff we spoke with were positive about the new management team at the home. One relative said, "If I had any concerns I'd go to the manager, but I've never had any concerns. The managers are always there to help with whatever they can." Another relative commented, "It is very good, they are very thorough."
- One staff member said, "They're all (management team) absolutely lovely, I love it here, I get on with everyone and I have made the best decision (to come and work here), everyone is great." Another staff member said, "[Home manager] is really good to be fair, you can always speak to her and she's good at

sorting things out and gives you advice."

- Relatives we spoke with told us they could not recall completing any feedback surveys or questionnaires about the service but all confirmed they had been kept up to date with any changes in their family member's care and support needs.
- Team meetings had been re-introduced post COVID-19 and were used to share information with staff and allow staff to feedback. Staff we spoke with confirmed these meetings had taken place.

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 home manager was able to tell us of the types of incidents that the CQC needed to be notified of. However, we were made aware of one incident we were not notified of. The home manager submitted the notification post inspection.
- All other notifications had been appropriately sent to us.

Working in partnership with others

- The home manager and staff had worked in partnership with the local authority and health services.
- The home had good links with the local GP practice and community nursing team.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not have effective systems in place to identify the widespread issues we found relating to medicines management.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to monitor, assess and improve the quality and safety of service being provided.

### **The enforcement action we took:**

We have issued a warning notice for the identified issues to be addressed within a specified time frame.