

Laburnum House (Shaw) Limited

Hampton Court

Inspection report

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Southport
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Date of inspection visit:
17 January 2023

Date of publication:
08 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hampton Court is a residential care home providing personal care and accommodation for up to 26 people. The service provides support to older people and people who are living with Dementia in one adapted building. At the time of our inspection there were 23 people living at the home.

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

Medicines were not always managed or stored safely. Medicines administered covertly (given without the person's knowledge) were not always administered safely. Stock control of medicines was not robust.

Risks to people's health, safety and wellbeing were not always safely managed which placed people at a risk of harm. Staff did not always have access to information about how to manage people's identified risks and support them safely. The registered manager updated some care records during the inspection.

Infection control procedures were not consistently followed to reduce the risk of the spread of infection. We found some areas of the home were not clean. The cleaning schedules were not adequate.

Governance processes were in place and the registered manager and provider had oversight of essential aspects of the service. However, these processes were not always used effectively and some issues we identified at this inspection, such as medicines, had not been identified by the providers checks.

Some people who required specific diets were not always supported to follow these. Some people were diabetic and were assessed as needing 'reduced sugar' diets. Kitchen staff told us, and records showed that this was not always followed. The registered manager told us some health professionals had assessed the diets did not need to be followed, but this was not recorded anywhere. We made a recommendation about this.

Relatives told us they were usually able to visit people at any time. However, during a recent COVID-19 outbreak all visits had been stopped. This is in contradiction to current guidance on managing COVID-19 outbreaks in care homes. We made a recommendation about this.

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. However, we raised a concern about the use of some language in the home which didn't follow best practice approaches for people living with dementia. We made a recommendation about this.

Staff spoke knowledgeably about the systems in place to safeguard people from abuse. Staff knew people well and people received care and support which was responsive to their needs. People's choices regarding their care and how they were supported were respected, and there were enough staff to support this.

People and family members knew how to complain, and they were confident about complaining if they

needed to. Complaints were used to improve the service.

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

This service was registered with us on 20 August 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 19 September 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, infection control procedures, risk management and governance processes at this inspection.

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

We have made recommendations about the appropriate use of language, visiting during COVID-19 and supporting people with specific dietary needs.

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 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hampton Court

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 carried out by 2 inspectors.

Service and service type

Hampton Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Hampton Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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 reviewed information we had received about the service since the registration date. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 5 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, regional manager, senior care workers 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 6 people's care records, and 10 people's medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 of 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

- Medicines were not always administered safely and as prescribed.
- Covert medicines were not always managed safely. Advice from a pharmacist about how to administer the medicines was not always recorded. When plans were in place which detailed pharmacist directions, staff did not always follow them.
- Stock control of medicines was poorly managed. Medicine counts were not consistently completed when medicines arrived in the home, or throughout the medicines cycle. This meant audits to check stock levels of medicines were not robust.

We found no evidence that people had been harmed however, medicines were not always managed safely. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to the concerns we shared and made immediate improvements to ensure medicines were managed safely.

Assessing risk, safety monitoring and management

- Where people had specific health conditions, such as diabetes, there were not always risk assessments or care plans to support staff being able to recognise people's symptoms and guide them with action needed to support people.
- Risks to people's health and welfare were not consistently assessed or managed. Risk assessments were sometimes not completed, not accurate or reflective of people's current needs, or detailed enough to guide staff on safely supporting people.
- When risks to people's safety had been identified, timely action to reduce this had not always been taken. For example, 1 person had been identified as needing a falls sensor mat due to a risk of falls, but this still wasn't in place 2 weeks later. This person had suffered a fall in this time but came to no harm.

We found no evidence that people had been harmed however, risks to people's health and welfare were not always appropriately assessed or mitigated. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to the concerns we shared and immediately updated some care records and implemented a plan for updating all others.

- Risks within the environment were assessed and well managed.
- Plans were in place to ensure people could be supported safely in an emergency.

Preventing and controlling infection

- The home was clean in some areas, for example people's bedrooms. However, we found serious concerns with the cleanliness of some areas, including blinds in the communal lounge, which were visibly dirty and carpets which were soiled in places.
- Cleaning schedules did not reflect appropriate levels of cleaning for all areas of the home.
- Clinical waste processes were not always safely followed. We found clinical waste bins without the appropriate bags and not inserted correctly leaving an infection control risk.

We found no evidence that people had been harmed however, appropriate infection control procedures were not always applied. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During a recent COVID-19 outbreak, visiting arrangements were not in line with current guidance.

We recommend the provider seeks guidance on managing visiting during COVID-19 outbreaks to ensure people are supported to maintain relationships and wellbeing.

Staffing and recruitment

- Staffing levels overall were safe. There were enough staff to support people's basic needs. We raised some concerns with the registered manager regarding the lack of interactions with staff and people due to availability of staff.
- People's needs were assessed and used to support the calculation of safe staffing levels.
- Recruitment was safe. However, some applications had failed to account for a full employment history. The registered manager agreed to address this immediately.

Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents which occurred at the home.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further occurrences. However, some improvements were needed to the analysis of incidents to ensure patterns, trends and themes were fully identified.
- When something went wrong learning was shared across the team.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on abuse.
- People and relatives felt the home was safe. Comments included, "I think they're good. [Person] is safe and warm", and "[Person] is happy here and well looked after".
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated by the registered manager in a timely manner.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were not supported to follow appropriate diets. Those with diabetes and assessed as needing a 'reduced sugar' diet were not being fully supported to follow this. The registered manager told us health professionals had assessed there being no need to follow these diets, but care plans, nutritional assessments and dietary profiles did not reflect this. We could not find evidence of any professionals agreeing to this course of action.

We recommend the provider seeks guidance from a reputable source on supporting specialised diets and updates their practice accordingly.

- People at risk of malnutrition and dehydration received the support they needed. Their weight, food and fluid intake were monitored, and referrals were made to dieticians where this was required. However, some improvements were needed to ensure consistency with the level of detail recorded on food and fluid charts.
- People were supported to eat and drink independently through the use of specialist equipment if needed.

Adapting service, design, decoration to meet people's needs

- The environment was not appropriate to supporting people living with dementia. Some adaptations had been made to support people to orientate safely, for example large signs. However, further work was needed to ensure the needs of people could be fully supported through the environment. There was an ongoing programme of redecoration and building improvement.
- Adaptions enabled people to safely access the environment as well as promoting their independence. Adaptations included, a passenger lift, bath hoists and grab rails.
- There were communal lounges available to enable people to spend time with others. People were able to personalise their room with their own belongings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most people's needs and choices were assessed prior to them moving into Hampton Court, or as soon as possible following an emergency admission. One person's assessments had not taken place in a timely manner. However, staff had received a verbal handover of this person's needs.
- Outcomes of assessments, including those obtained from other professionals, were used to develop care plans which described people's needs and choices and how they were to be met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked closely with other agencies to ensure people's needs were met. People were supported to access a range of health care services.
- Where incidents or concerns about someone's health were raised, we saw advice and referrals for healthcare support were sought. However, this information was not always recorded effectively.
- People were supported with their oral health needs. Most people had plans in place that detailed the level of support each person needed. However, for some people plans were either missing or not detailed enough. The registered manager agreed to review those care records and ensure a consistent approach to oral health care.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to undertake their role. One relative commented, "They [staff] seem to be doing everything they can to help [person] in a way that suits her."
- Staff had all completed an induction and shadow shifts at the start of their employment. They were provided with ongoing training and supervision to meet the requirements of their role. Staff were positive about the training and support at the home.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had systems in place to assess, review and report on people's capacity and decision-making abilities. Decisions were specific and assessments detailed involvement with others.
- DoLS processes were in place and ensured restrictions on people's liberty were lawful.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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;

- The language used within the home was not always inclusive and empowering. A review meeting for people's care needs, involving people's loved ones was referred to as 'parents evening'.

We recommend the provider seeks appropriate guidance from a reputable source on the use of language for people being supported with dementia.

- In relation to the delivery of care, people were treated with compassion and respect. We observed some positive interactions between staff and people.
- Staff responded to people's requests for assistance and they checked on people's wellbeing.
- People and their relatives told us they felt staff were caring. Comments included, "They [staff] go over and above what's needed", and "[Person] is well looked after, staff know her well".

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

- Staff encouraged people to express their day to day wishes, such as which food they wanted to eat.
- People were given opportunities to voice their views and opinions through daily discussions, care reviews, meetings and surveys.

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to be as independent as they could be, and records reflected this.
- Relatives told us staff were respectful and protected people's dignity and privacy. One comment included, "They [staff] knock on the bedroom and ask before they come in".
- Staff ensured people's confidentiality was maintained. Personal information was securely stored and only accessed by authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. 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 were supported with person-centred care by a regular staff team. There was some improvement needed to ensure care plans contained enough information about people's preferences and how they were to be supported. The registered manager was in the process of updating care records.
- Staff clearly knew people well and supported them in line with their preferences.

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

- People were given opportunities to take part in activities that met their needs and were meaningful and stimulating. We saw photos of people enjoying activities in the local community.
- People were provided with the support they needed to develop and maintain relationships.

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.

- People's communication needs were identified in their care plans. People had been reviewed by external health care professionals and prescribed visual and auditory aids when needed.
- Information could be made available to people in an accessible format.

End of life care and support

- People's preferences for end of life care and support were identified and recorded if they wished.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

Improving care quality in response to complaints or concerns

- Complaints and concerns received were acknowledged and listened to and used to improve the quality of the service.
- People and family members were provided with information about how to complain. They told us they would complain if they needed to and felt they would be listened to.

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 of this newly registered service. This key question has been rated 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; Working in partnership with others; Continuous learning and improving care

- Governance processes were not effective to ensure concerns could be identified and used to improve the quality and safety of the service.
- Concerns with medicines, risk assessments and care plans found at this inspection had not always been identified by the registered manager and provider audits.
- Records were not always well-maintained. Information was not always accurate and up to date.
- Referrals to other professionals were made when needed. However, the recording of the outcome of professional discussions on how to support people to have healthier outcomes were not always recorded. This meant there was a risk people were not being supported in a way that was safe to manage their care needs.

Governance processes were not always effective. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider were responsive to concerns we shared and made some immediate improvements.

- Governance processes had failed to identify a statutory notification regarding an incident in the home had not been referred to CQC as legally required. We identified this during the inspection and the registered manager made a retrospective notification.

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 provider understood their duty to share information in an open, honest and timely manner. There was a policy in place regarding this.

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

- The culture in the home was caring and staff focused on providing care which met people's needs. It was clear that staff knew people well and had developed kind and caring relationships with them.

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

characteristics

- There were systems in place to obtain feedback from people, relatives and staff about the running of the home. Feedback was used to improve the quality of care.
- Staff told us they were supported in their roles and felt the management team were approachable.

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 Infection control procedures were not robust. Risk to people were not always appropriately assessed or managed. Medicines were not always administered, stored or managed safely. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes were not always used effectively. Records were not always accurate or well maintained. |