

Cumberland Council

Lapstone House

Inspection report

Lapstone Road
Millom
Cumbria
LA18 4BY

Tel: 01229404060

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lapstone House is a residential care home providing accommodation and personal care to up to 23 people. The service provides support to older people, people living with dementia and people who have a physical disability or sensory impairment. At the time of our inspection there were 18 people using the service.

The provider for the service changed to Cumberland Council following the local government reorganisation and creation of Cumberland Council and Westmorland and Furness Council. The service was previously carried on by Cumbria County Council.

People's experience of the service and what we found:

People were safe and protected from abuse and avoidable harm. Risks to people's safety had been identified and managed. People received the care they needed because there were enough staff to support them. People received their medicines safely and as they needed. The registered manager learned and shared lessons from incidents to improve the safety of the service.

People received good care because staff were trained and skilled. People enjoyed the meals provided and staff supported them to make healthy eating choices. Staff worked with appropriate services to ensure people received the healthcare support they needed. Although the home had equipment and adaptations to promote people's independence, the premises were old and outdated. However, people told us they liked their rooms. The provider had a plan to refurbish the premises to provide more comfortable accommodation for people.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. 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.

People were treated in a kind, caring and respectful way. Staff knew people well and supported them to make choices about their care. Staff respected people's privacy and dignity and supported people to maintain their independence.

People received person-centred care that met their needs and took account of their wishes. Visitors were made welcome in the home and people were supported to maintain relationships which were important to them. People were provided with a range of activities which they enjoyed. The registered manager had links with appropriate services which would support people at the end of life. The provider had a procedure to respond to complaints about the service.

The registered manager had developed a person-centred culture which promoted positive outcomes for people. People told us they would recommend the home. The registered manager sought people's feedback

and used it to further improve the service. People received care that met their needs because staff worked with other services to plan and provide their support.

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 18 April 2023 and this is the first inspection.

The service was previously carried on by a different provider. The last rating for the service under the previous provider was good, published on 20 April 2018.

Why we inspected

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

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Lapstone 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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Lapstone 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. Lapstone 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

The inspection was unannounced. We carried out an unannounced visit to the home on 1 November 2023. We contacted people's relatives and staff after our visit. We arranged to return to the home on 7 November 2023 to look at additional records.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete 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 10 people who lived in the home and 4 relatives. We looked around the home and observed how staff interacted with people. We also spoke with the registered manager and with 5 members of staff. We contacted 2 relatives and 5 staff to gather their views.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and training. We also reviewed records relating to the management of the service. 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Assessing risk, safety monitoring and management

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe in the home. One person said, "I feel very safe, I know the staff would never let anything happen."
- Staff were trained in how to identify and report abuse and told us they would report any concerns immediately.
- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Relatives told us they were confident people were safe. One relative said, "As a family we know that [relative] is well cared for and is in a safe environment."
- Information about risks and the actions for staff to take to manage them were recorded in people's care records. Staff told us they had the information they needed to keep people safe from harm.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People and their relatives told us there were enough staff to care for people. One relative said, "There are always staff around when I visit." We saw staff were patient and unhurried while supporting people.
- The provider operated safe recruitment processes. They carried out robust checks on new staff to ensure they were suitable to work in the home. These included confirming applicants' good character and checks against records held by the Disclosure and Barring Service, (DBS). DBS 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 were supported to receive their medicines safely. Staff who handled medicines were trained to do so.
- People told us they received the support they needed with taking their medicines. One person said, "They, [staff], help me as I need with my tablets, I know what I take. I've never any issues."
- The registered manager and senior staff carried out audits on medicines stocks and records to check people had received their medicines safely and as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection because staff were following safe infection prevention and control practices.

- Staff had received training in infection prevention and control. The provider had ensured staff had appropriate personal protective equipment to keep people safe.

Visiting in Care Homes

- People were able to receive visitors without restrictions, in line with best practice guidance.
- Relatives told us they could visit as they wished and were always made welcome by the staff. One relative told us, "I visit the same time every day and have a drink with [relative]. I always feel welcome."

Learning lessons when things go wrong

- The provider and registered manager learned lessons when incidents occurred. Learning from incidents was shared with the staff team to improve the safety of the service.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The registered manager carried out a thorough assessment of people's needs before they were offered accommodation in the home. This helped to ensure the care and facilities were suitable to meet people's needs.
- Advice had been taken from appropriate specialist services, where required, and included in people's needs assessments. The needs assessments had been used to develop individual care plans which guided staff on how to support people and ensure good outcomes.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People told us they were confident staff had the skills to provide their care. One person told us, "All the staff are very good, they certainly know what they are doing."
- Staff told us they received the support and training they needed to be able to provide good care to people. One said, "We gets lots of training and we can go to our supervisors for support."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they had a choice of meals and enjoyed the meals and drinks provided in the home. One person told us, "The food is excellent and there is always a choice."
- People were provided with a range of healthy snacks, including fresh fruit. Where people needed support from staff to enjoy their meals, this was provided patiently and as people needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People told us the staff supported them to contact their doctor if they were unwell.
- People were supported to access local and specialist healthcare services as they needed to maintain their health.

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

- The premises were old and outdated. The registered manager and staff tried to reduce the impact the premises had on people. The home had a range of equipment including handrails, accessible signs and a lift to the first floor, to support people to move independently around the home. The registered manager told us the provider was planning to refurbish the accommodation to bring it up to date and make it more comfortable for people.
- People told us they liked their rooms. One person said, "I like my room, it's cosy. I have my own things around me, I like that."

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 with appropriate legal authority. 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 was working in line with the Mental Capacity Act.
- People were supported to make decisions about their care and lives. Where people were not able to make significant decisions about their care, decisions had been made in their best interests. Appropriate people had been included in best interests' decision making.
- Where people required restrictions on their liberty, to protect their safety, the provider had applied to the local authority for a DoLS authorisation.
- Conditions relating to DoLS authorisations were being met.

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

- People were well supported by staff who knew them well and who knew the care they needed..
- People and relatives told us the staff were kind and caring. One person told us, "The staff are very kind." A relative said, "All the staff are friendly, caring and helpful."
- Staff treated people with respect and gave people time to make decisions about their care. They supported people to express their views and respected the choices people made.
- Staff were trained in equality and diversity. They respected people's individuality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People and their relatives told us staff treated them with respect. One person told us, "The staff are friendly and respectful."
- People were supported to maintain their independence. Staff gave people time to carry out tasks themselves. They ensured any aids people needed to be independent were available as people needed.

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 as individuals, in line with their needs and preferences.
- Staff knew people well and knew the things that were important to them.
- Each person had a care plan to guide staff on how to provide their care. Staff told us the care plans gave them the information they needed to support people. They told us the care plans were updated regularly or as a person's needs changed. This meant they provided up to date and accurate information for staff to follow.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard and people's communication needs were understood and supported.
- The registered manager had identified how people needed information to be provided. People's communication preferences and needs were detailed in their care records. Staff gave people information in the way they preferred and gave them the support they needed to understand information.

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 supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People saw their visitors as they wished and were provided with a range of activities they enjoyed.
- People's families and friends confirmed they were able to visit when they wanted. They said staff made them feel welcome in the home. One relative told us, "I come whenever I want and am always made to feel welcome."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The provider had a procedure for receiving and responding to complaints about the service. No one we spoke with had needed to raise a formal complaint about the service. People told us they could speak to the staff or registered manager if they needed to raise any concerns. One person told us, "If I wasn't happy about

anything, I could speak to the girls [staff]."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The registered manager had links with services that could support the staff to provide the care people needed at the end of their lives. People had been asked to share their wishes about how they wanted to be supported at the end of their lives. People's wishes were recorded in their care records, so staff had information about how to support people's wishes, beliefs and cultural needs at the end of their lives.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. Staff cared for people in a way that was respectful and supported people to make choices about their lives.
- The registered manager had developed a person-centred culture which focused on providing good outcomes for people.
- People told us they would recommend the service. One person told us, "It's very nice here, I would definitely recommend this home." A relative told us, "I can't speak highly enough because when your loved ones have to go into residential care you want the best possible care for them, and I believe [relative] gets that in Lapstone House." Another relative said, "I would recommend this home. I feel we were lucky to get [relative] a place here."

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 and registered manager understood their responsibilities under the duty of candour.
- The registered manager had been open and honest with people and their families when incidents occurred in the home.

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

- The registered manager and staff were clear about their roles and committed to providing people with good-quality care and support.
- People told us the home was well-managed and said they knew the registered manager and supervisors. One relative told us, "The manager [registered manager] and supervisors are very approachable and easy to talk to."
- The registered manager carried out their own checks on the service and identified where improvements could be made. They took advice from appropriate agencies and shared learning and feedback with the provider.

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

- The registered manager asked people for their views and their feedback was used to improve the service.
- The registered manager held meetings with people to ask for their feedback and seek their suggestions for

how the service could be improved. This included seeking people's views about the meals and activities provided. They also regularly walked around the home and spoke to people to ask if they were happy with the care provided.

- Staff were given the opportunity to share their views at staff meetings and in regular meetings with the registered manager or one of the home supervisors. We discussed with the registered manager how feedback to staff about actions taken in response to their suggestions could be improved.

Working in partnership with others

- Staff worked in partnership with other services to ensure people received support as they needed.
- Where specialist services were involved in providing people's care, the advice they had given had been included in people's care plans. We saw staff provided people's care in line with the advice given by the specialist services that supported them.