

The Hamptons Retirement Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Hamptons Retirement Home is a residential care home providing personal care to up to 30 people. The care home accommodates people across two separate floors, some of whom are living with dementia. At the time of our inspection there were 27 people using the service.

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

The management processes in place to monitor and audit the service required some improvement. Daily environmental checks around the home had not always identified potential risk to people. For example wet flooring. The processes for re-ordering of some medicines and food supplements needed to be reviewed to reduce future over-stocking.

People told us they felt safe living at the home. Staff were aware of their responsibilities to report any concerns about people's care and safety. Care plans and risk assessments were reviewed. People's weights were being monitored and prompt referrals to appropriate agencies were made.

There were enough staff on duty at the time of the inspection. Recruitment checks had been completed prior the appointment of new staff. Competency checks had been completed to make sure staff supported people safely. People had received their prescribed medication. The home environment was clean.

People and relatives spoke positively about the staff and management team of the home. The home was well supported by health and social care professionals. Staff received appropriate training and told us they felt supported through team meetings and supervision.

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

The last rating for this service was good (published 28 June 2022).

Why we inspected

We received concerns in relation to the how the home was being managed. Low staffing numbers, the safe administration of medicines and prescribed food supplements. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remained good based on the findings of this inspection.

We have found evidence that the provider needs to make some improvements. Please see the well-led section of this full report.

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 The Hamptons Retirement 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?

The service was safe.

Details are in our safe 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 ●

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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 team comprised of two inspectors.

Service and service type

The Hamptons Retirement Home 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. The Hamptons Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the 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.

We also reviewed information available on the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 7 people, 6 staff that included the registered manager, deputy manager, senior and care staff and the nominated individual. 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 looked at care records for 4 people, a selection of medication records and 3 staff files. After the inspection, we spoke with 3 relatives of people living in the home and with 2 additional care staff. We also reviewed information requested from the provider, which was promptly sent to us.

Is the service safe?

Our findings

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

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

Using medicines safely

- Concerns had been raised about the administration of medicines and food supplements. However, on the day of inspection we found processes for managing medicines and food supplements were being practiced safely. People told us they received their medication when needed. Relatives told us as far as they were aware there were no issues with their family members' medications. Records we checked showed people had received their medication as it was prescribed. One person told us, "It's there (medication) when I need it." Staff we spoke with knew which medicines needed to be administered before food or first thing in the morning. One staff member told us, "The system we use tells us what time these medicines should be given and will 'flag up' if the time is missed."
- The registered manager and deputy manager were open and honest with us surrounding difficulties they had with their pharmacy. Records we looked at showed staff went to extreme lengths to make sure medication did not run out. However, on checking prescribed food supplements, we found for one person their supplements had run out for one day. We were told the service was waiting for the pharmacy to make a delivery. We checked the records for people prescribed food supplements. We found their weights were stable and within the safe parameters for their height. The service was in regular contact with the dietician, Speech and Language Therapist (SaLT) and GP.
- Medicines that required additional checks were monitored and stored safely.
- For medicines prescribed on "as and when required" basis, there were clear instructions in place for staff to follow.

Staffing and recruitment

- Concerns had been raised with us regarding the staffing levels at the home and recruitment processes. We found, at the time of the inspection visit, there were enough staff on duty to meet people's individual needs and maintain their safety. All staff spoken with told us they thought the staffing levels were adequate; although on occasion there was difficulty in covering some night shifts. At the time of the inspection some staff had left. The registered manager was in the process of trying to recruit additional staff.
- Recruitment processes included robust checks to ensure only suitable staff were employed. These comprised requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps providers make safer recruitment decisions. Staff competencies were routinely checked and monitored to make sure staff had the skills to support people safely.
- Where it was appropriate, risk assessments to support staff were in place. For example, if they had a medical condition.

Assessing risk, safety monitoring and management

- Individual risks to people's health and safety were identified. Staff were provided with guidance on how to mitigate the risks.
- Health and safety checks were routinely conducted throughout the home. Staff knew what action to take in the event of a fire. One staff member told us, "We would go to the designated area, the senior on duty checks the fire panel. We do regular fire checks so we're doing it right."

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. Staff were aware of the importance of encouraging and supporting people to make decisions, promoting their independence as much as possible. Where it was appropriate, best interest meetings had been held involving medical professionals and family members or persons close to the person.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to protect people from the risk of abuse. Staff knew what action to take to safeguard people. One person told us, "It's very nice here (at the service), safe and the carers are very good."
- Relatives of people living at the home told us they thought the service was safe for their loved ones. One relative told us, "We as a family are more than happy (with the home) and we feel [person] is safe."
- The registered manager had conducted thorough investigations into issues or concerns raised with them regarding the safety of people living at the home.

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 was supporting people to receive visits from their loved ones in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded on the provider's systems. This information was reviewed and monitored for any patterns or trends. Appropriate action was taken to minimise risk of future reoccurrences.

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

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

- The service had improved their quality assurance and auditing systems from the last inspection. For example, a robust system was now in place to investigate, review and monitor for trends when things went wrong. A new checklist had been introduced to monitor falls. This list navigated staff through the areas to check. Such as, urinary infection, medication, lighting and slippers. These are some of the factors that could contribute to a person falling. However, there was room for further development to maintain the improvement already made and effective management oversight. For example, daily environmental checks had not identified an unlocked door to the boiler room and a wet floor in a communal bathroom. Both these issues were immediately actioned on the day and no-one came to any harm.
- Medication audits had been completed regularly and had identified issues. For example, missed signatures, the registered manager had addressed them with staff in their supervision. However, the audit system in place to review stock counts of medicines and food supplements required improvement. For example, to reduce over-stocking and maintain good stock rotation.
- The provider's processes had not always ensured care plans and risk assessments always contained key information for staff to support people's health needs. For example, catheter care and for when people became angry or upset. However, conversations with staff showed they knew how to support people safely.
- The registered manager and staff understood their roles and the importance of complying with regulatory requirements.

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

- The management team and staff focused on delivering care that took account of people's individual needs and preferences. One person told us, "I'm well cared for here." Processes were in place to ensure people's care was regularly reviewed and any changes were promptly acted upon. This meant people had their needs met and staff promoted positive outcomes.
- People and relatives we spoke with were complimentary about the staff and NI. One person said, "The [NI] is a nice 'gaffer', it's nice (in the home)." One relative said, "It's (the home) such a nice feel to the house and [person] says the [staff] are ever so kind and keep their room clean. [Person] is happy and that gives us all piece of mind."
- One person had recently moved into the home and their first language was not English. The NI had tried to

learn some basic phrases and was seen to talk with the person. We could see the positive impact this had on the person through their reactions and responses. One staff member said, "That's [NI] for you, they're not very good at it (the language) but they do try."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. They knew the importance of being open, honest and when to apologise, investigate and respond when things had gone wrong.
- Policies and procedures were in place to promote safe, effective care for people. These were reviewed and updated to ensure staff had access to best practice guidance and up-to-date information to support them in their role.

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

- Staff received support through supervision and staff meetings, however there were some mixed views on the effectiveness of the support. One staff member told us, "For me [NI] plays too much of a role and doesn't always understand care and will make decisions, even [Registered Manager] doesn't know about and doesn't always allow her to manage." Another staff member said, "[Registered Manager and Deputy Manager] are brilliant. They are always there for us when we need them. It is a good place with a good team." Overall, the feedback from the staff spoken with was positive about the management team.
- The provider sought feedback to improve the service. People and relatives were asked to complete surveys. This enabled the provider to learn from feedback and find ways to develop and improve the service. There was a 'you said, we did' on display as you entered the home showing the action taken to suggestions or comments made to the provider.
- The management team, NI and staff were committed to continuous improvement. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people. For example, dementia friendly plates and cutlery had been purchased. This helped to support people living with dementia to have more control and independence during their dining experiences.

Continuous learning and improving care; Working in partnership with others

- The management team and staff received continuous training to ensure their learning, skills and knowledge were up to date to support people.
- The registered manager and staff understood the importance and benefits of working alongside people, their relatives and health and social care professionals. This ensured people's specific needs were being met.