

Newlyn Court Limited

Hampton Court Care Home

Inspection report

Merstone Close
Bilston
Wolverhampton
West Midlands
WV14 0LR

Tel: 01902408111

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hampton Court is a residential care home providing personal and nursing care to up to 80 people. The service provides support to older people, some of whom are living with dementia, or have mental health needs. At the time of our inspection there were 51 people using the service.

Hampton Court accommodates people across 2 separate units, each of which has separate adapted facilities. The smaller unit, known as The Lodge, specialises in providing care to people living with advanced dementia.

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

Systems used to review and monitor the quality of care provided were not always effective at identifying concerns.

People told us they felt safe. Staff knew how to identify possible signs of abuse and how to escalate concerns for people's safety. People received their medicines as prescribed and there were enough staff to support people safely and respond to their needs. Staff had been safely recruited and there were systems in place to monitor the risk of infection. Where things went wrong action was taken to reduce the risk of reoccurrence and learn for the future.

People's needs had been assessed and care plans contained details of their wishes and preferences. Staff knew people well and understood their likes and dislikes. Staff had received training in the roles and felt supported by the wider staff team and the management team. People received enough to eat and drink, and any dietary needs were known by staff so people could receive appropriate support. People's health needs were managed with the support of external agencies. Improvements had been made to the home environment and were suitable for the needs of people living with dementia.

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 told us staff were kind and caring. There was a friendly, relaxed atmosphere within the home and people were comfortable to approach staff for care and support. People were involved in decisions about their care. Support was dignified and people's independence was promoted where possible.

People's care was planned with their involvement where possible. Staff understood people's individual preferences and provided care tailored to each person. People's communication needs had been considered to give people the best opportunity to understand information presented to them. People were encouraged to take part in activities which interested them. There was a system in place for the management of complaints. People's end of life wishes were considered and staff worked alongside

external agencies to ensure people received dignified care.

People, relatives and staff spoke positively about the management of the home. Feedback reflected there had been numerous positive comments and compliments made about staff and the care people received. There were established governance systems in place used to monitor the quality of care people received. There was a positive approach to learning at the home and any learning identified was shared with staff to raise the standard of care provided. Staff worked in partnership with other agencies to meet people's needs. People, relatives and staff had been asked for their feedback about the home and responses were reviewed to ensure action could be taken to drive improvements in people's care.

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

Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, published on 5 December 2019.

Why we inspected

The inspection was prompted in part due to concerns received about safety. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hampton Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 one contractual agreement dependent on their registration with us. Hampton Court is a care home with 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.

During the inspection

We spoke with 9 people who used the service and 5 relatives about their experience of the care provided. 1 visiting professional also shared their feedback with us. We also spoke with 6 staff members, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 7 people's care records, medicines administration records and governance and quality assurance records. We also looked at 3 staff recruitment files. 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

- People and their relatives told us they felt safe living at Hampton Court. One relative said, "I go home knowing [person's name] is safe and well cared for." Another relative commented, "I know [person] is safe, I don't worry about them when I am not here."
- Staff had received training in safeguarding and knew how to identify signs of possible abuse and how to escalate any concerns. The registered manager understood their responsibilities in relation to keeping people safe. Where safeguarding incidents had occurred, they had made appropriate referrals to local authority safeguarding teams and had notified us, as required by law.

Assessing risk, safety monitoring and management

- Risks to people's safety and health had been assessed and clear guidance was available for staff to follow to reduce the risk of avoidable harm. This included information about falls risks, mobility needs, dietary risks as well as support required to maintain people's skin integrity.
- Staff understood people's risks and we observed them providing care safely while being mindful of people's mobility or behavioural needs. One person told us, "The staff make sure I use my walking frame to get about, sometimes I forget." Changes to people's needs were discussed daily and any changes shared with the staff team so staff could provide care that met people's current needs.
- People's needs when responding to an emergency had been assessed. Information about how staff should support people to evacuate the building were respectfully displayed to enable action to be taken swiftly.

Staffing and recruitment

- People and relatives told us there were enough staff. One relative said, "I have no concerns, there are more than enough staff, many more since the new owners took over."
- We observed staffing levels throughout the day across all areas of the home. There were enough staff to support people safely. We saw staff were available to provide planned care in a timely way as well respond to people's needs and requests.
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. We observed people being supported to take their medicines and saw staff took time to explain the purpose of the medicines and offer reassurance where

needed.

- Where people required their medicines 'as required', guidance was available for staff to ensure these were given in a consistent way. Protocols were also in place where people received their medicines covertly, for example hidden in food or drink.
- Procedures for the safe management of medicines and systems to ensure the administration, storage and disposal of medicines were in place. Where people were prescribed controlled drugs, which have special regulations on ordering, storage, administration, and recording; we found records we checked relating to the administration and storage of these medicines were accurate. Checks were carried out on the medicines room to ensure the temperature remained safe.

Preventing and controlling infection

- We observed some staff practices that were not always in line with guidance relating to the prevention of cross infection. We discussed this with staff and the registered manager who took immediate action to address our concerns.
- The home environment was clean and hygienic and actions from a recent infection control visit were being progressed.

Visiting in care homes

The registered manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. Visitors could access the home freely.

Learning lessons when things go wrong

- Systems were in place to ensure learning took place following incidents and events. Accidents and incidents were reviewed regularly in staff meetings to ensure the action taken was appropriate and to introduce any further changes or improvements. Staff told us learning was shared with them so they could make changes where required.
- Records relating to accidents and incidents reflected changes had been made to people's care and support to reduce the risk of reoccurrence and keep people safe from avoidable harm.

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 had been assessed and information gathered included details of protected characteristics, such as people's cultural needs. Information about people's life histories were included in their care plans as well as details of their likes and dislikes and personal preferences.
- Relatives told us they were involved in their family member's care planning where appropriate. One relative said, "I was fully involved with the care planning, and I am kept informed and feel involved in [person's name]'s care."
- People's health and support needs were recorded in care plans which enabled staff to provide personalised care. People's needs were regularly reviewed so care provided reflected their current needs.

Staff support: induction, training, skills and experience

- Staff received training relevant for their role. We observed staff had the skills required to provide personalised support. Although staff had received training in supporting people with dementia, some staff required additional training to further develop their understanding of people living with advanced dementia. The registered manager was already aware of this, and training was planned to ensure staff were fully equipped to meet people's complex needs.
- People spoke positively about staff skills and knowledge. One person said, "Two staff help me to get up, I use the hoist, the nurse gives me my medicine, I have never had any problems."
- Staff received an induction and on-going training and support which helped them carry out their roles effectively. One staff member told us, "The training is much better than we had before, we can request training in things we are interested in." Staff told us they felt supported in their role and spoke positively about the observations completed by the compliance team and competency assessments.

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

- People received support to ensure they received enough to eat and drink. People were supported with snacks and drinks and at mealtimes staff understood their dietary requirements. Feedback about the food provided was generally positive, one person commented, "The food is very good."
- Where people had specific dietary needs, staff were aware, and people received food and drink that was safe and met their needs. Where people were at risk of malnutrition or dehydration staff monitored their dietary intake and shared any concerns with healthcare professionals.
- We observed lunchtime in various areas of the home. There was a busy atmosphere in the main area of the home and people received their meals over a longer period of time. However, people were getting on with their daily activities and were not left waiting for their meals. The registered manager told us regular audits were conducted to identify any concerns and improve people's lunchtime experience.

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

- People spoke positively about the support they received to manage their health. One person told us, "I couldn't be bothered to prepare food at home, but since being here I am enjoying it much more. Staff have even managed to control my diabetes."
- Staff worked with healthcare professionals to ensure people's health needs were met. Where changes in people's needs had been identified, referrals were made to relevant healthcare professionals. These included referrals to GP's and speech and language therapists.
- Information about people's health needs was shared with staff in daily meetings. This included direction being given to staff where they needed to undertake additional monitoring. Where a decline in a person's health had been observed, actions were agreed to reduce the risk of further deterioration.
- A visiting healthcare professional told us they felt people's health needs were well managed and the nursing care delivered was effective.

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

- The home had undergone extensive refurbishment since the new provider had taken over. Communal spaces were bright and freshly decorated and furniture and equipment had been replaced. Changes to the building also meant that people who would benefit from a smaller, less busy environment could be accommodated within The Lodge.
- There was signage throughout the home to aid direction and orientation and there were a variety of communal spaces for people to enjoy depending on their preferences. Memory boxes had also been introduced for people, to aid reminiscence.

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.

- People were asked for their consent before care was provided. One person told us, "The carers always ask me about what care I want and when it suits me."
- Where people lacked capacity to make specific decisions staff had followed the principles of the MCA to ensure their rights were protected and any decisions were made in their best interests. Where people's rights were restricted, applications had been made to ensure this was done lawfully.

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

- People spoke positively about how they were cared for by the staff team. One person said, "All the staff are kind." Relatives expressed similar views, with one relative commenting, "Nothing is too much trouble for the staff, they go out of their way to make sure [person's name] is happy."
- The home had a warm and friendly atmosphere and all of the people we spoke with felt staff were kind and caring. Staff knew people well and understood their personalities and interests. We observed numerous positive interactions between people and staff throughout the day.

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

- People told us they were able to make their own decisions about their care and how they spent their time. One person told us, "I choose when I get up or go to bed, the staff listen to me."
- We observed staff offering people choices throughout the day, including where they spent their time and whether they took part in group or one to one activities.

Respecting and promoting people's privacy, dignity and independence

- Feedback from people and relatives demonstrated staff treated people with dignity and respect. One person said, "Staff always knock on my door, I feel they treat me with respect." A relative also told us, "Staff are always polite and welcoming. They always treat [person's name] with dignity and respect."
- People were supported to be independent, and staff knew people's capabilities and needs. We observed staff encouraged people to do as much as they could for themselves to promote their independence.

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's care was planned with their involvement as well as their relatives where appropriate. Care plans were personalised and included information about people's individual preferences and wishes.
- Staff used guidance offered in care plans and 'This is me' summary documents to help them understand people's needs. Relatives told us they felt able to share information about their family members and felt their views were listened to and valued.

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.

- People's communication needs were recorded in their care plans and known by staff. This included people's chosen language, or whether they used hearing aids or glasses to aid communication.
- We observed staff adapted their communication styles according to who they were speaking with, personalising their approach to support each person's communication style.

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 by the staff team and reminiscence coordinators who enabled them to spend some of their time doing things that interested them.
- We observed activities took place throughout the day, both in groups and with people on a 1 to 1 basis. Communal spaces throughout the building allowed people to spend time in busy or quieter areas of the home and we saw people enjoyed the quieter spaces to spend time with visiting relatives.
- Larger events were planned monthly, details of which were displayed so people could see what was taking place.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident to complain if they were concerned about aspects of their care and support. One relative said, "I think the home is well run, the manager is available to speak to. I have not made a complaint but wouldn't hesitate if I needed to."
- There was an established system in place for the management of complaints and complainants were provided with an outcome and an opportunity to discuss any on-going concerns. Positive feedback was

displayed within communal areas of the home which the registered manager told us they did to ensure staff could see the positive impact they had.

End of life care and support

- Although there was no-one in receipt of end of life care at the time of the inspection, there were plans in place to support people in a dignified way. The staff team worked alongside a local hospice who provided additional support to both people and their relatives.
- Specialist professionals also provided support to people and families when discussing their end of life preferences and wishes. This ensured people's care was personalised and appropriate to them.

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 sometimes 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

- Audit processes carried out by the registered manager and the compliance team had not always identified areas of concern. For example, we observed some poor staff practice in relation to infection control, which may place people at risk of cross infection.
- The lunchtime experience we observed appeared disorganised and was protracted. Although people did receive their meals, a calmer, more streamlined approach would have benefited people.
- Medicines checks had not identified a concern found with one person's medicines. The person had been newly admitted to the home and records did not accurately reflect the number of medicines held in stock.
- We shared these concerns with the registered manager and nominated individual. They told us they carried out audits in all these areas, and although they had identified areas of improvement, they acknowledged the concerns we found meant the standard of care fell below their expectations. They told us they would increase lunchtime observations, as well as infection control spot checks with immediate effect. They also advised a full medicines stock take would be undertaken to identify any wider concerns with people who had been newly admitted to the home.

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

- People spoke positively about life at Hampton Court. One person said, "I wouldn't change anything, there is a happy atmosphere in the home." Relatives also expressed similar views and commented on the welcoming nature of the staff team.
- Since taking on the home the new provider had worked alongside the staff team to make improvements to the home. Staff spoke positively about these changes. One staff member commented, "The new owners didn't come in and just tell us we're doing everything wrong, and this is the right way to do it. They have explained where things could be done differently or improved on. They have worked with us, and I think the staff have appreciated that. I know I have."
- There was a positive culture within the staff team, who told us they felt supported by the management team. One staff member told us, "We do our best for people, I love working here."
- There was a positive approach to learning and improvement led by the registered manager and the compliance team. Where audits were carried out areas for improvement were identified and actions agreed to raise the standards of care people received. Staff told us they received feedback and learning from incidents and events was shared with them so the whole staff team could make any required changes.
- The nominated individual also ensured learning from events was shared across the provider's other

services, so any changes could be implemented.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the registered manager had spoken with people and their relatives, to explain what action they had taken to improve the quality of care people received and reduce the likelihood of things going wrong again.

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

- People, relatives and staff had been invited to contribute to the continuing development of the home. One relative told us, "I have completed a feedback form a while back, to be honest, I didn't suggest any changes. I think the new owners have far more interest in making everything right for the residents, it is a completely different ethos."
- Staff told us they were able to share their views about the home and make suggestions where they felt things could be improved. One staff member said, "The staff work together well. We are a good team. When senior managers come round, we don't feel under pressure, not like they are thinking we're doing things wrong. We have improved the quality of care, I think. Better monitoring, we can quickly see when things haven't been done...change has been positive."
- The registered manager told us they had recently introduced a 'rate my day' with the staff team. This offered the opportunity for staff to share any positives or concerns about their day, which could then be used for learning and development.

Working in partnership with others

- The registered manager and staff team worked alongside other professionals to ensure people's needs were met. This included referring people for support from GP's, speech and language therapists, dieticians, and social workers.
- Staff had also developed a positive working relationship with a local hospice, which supported them to offer a high standard of end of life care. This allowed the nurses at the home to work in partnership with specialist trained carers to support people at the end of the lives.