

# Curtis Homes Limited

# Hampton House

## Inspection report

94 Leckhampton Road, Cheltenham  
Gloucestershire, GL53 0BN  
Tel: 01242 520527  
Website: [www.hamptonhousecare.co.uk](http://www.hamptonhousecare.co.uk)

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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 

### Overall summary

We carried out an unannounced inspection of Hampton House on 18 and 19 November 2014.

Hampton House is a care home providing accommodation and personal care for up to 32 older men and women with 28 people living there when we visited. People living at the home had a range of support needs including help with communication, personal care, moving about and support if they became confused or anxious. Staff support was provided at the home at all times and some people required the support of staff when away from the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were supported by a caring staff team who knew them very well and treated them as individuals. For example, staff worked with each person to identify their personal goals and then helped them to achieve them. People were encouraged to make choices and to do

# Summary of findings

things for themselves as far as possible. In order to achieve this, a balance was struck between keeping people safe and supporting them to take risks and develop their independence.

People had access to a range of activities which prevented social isolation and promoted an active life. Staff helped people to stay well by seeking advice from health and social care professionals as needed. People enjoyed the meals provided, which they said were of a high quality. People also benefitted from an environment that helped them to stay safe and was pleasant to live in.

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff met

with their line manager to discuss their development needs and action was taken when concerns were raised. Learning took place following any incidents to prevent them happening again.

People and their relatives were encouraged to provide feedback which was used to enhance the service. They felt able to raise concerns and the issues were promptly addressed. Staff understood what they needed to do if they had concerns about the way a person was being treated. Staff were prepared to challenge and address poor care to keep people safe and happy.

# Summary of findings

## 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. The risks people faced had been assessed and a balance was achieved between keeping people safe and supporting them to be as independent as possible.

People were protected from preventable harm as learning and action took place following any incidents and staff had a good understanding of safeguarding requirements.

Sufficient staff with the relevant skills, experience and character were available to keep people safe and meet their needs. People safely received the medicines they needed. The premises were well-maintained and clean.

Good



### Is the service effective?

The service was effective. Staff had received training about making decisions in people's best interests when they lacked the mental capacity to do so themselves.

People's immediate health needs were met to help them stay well. They were supported to eat a healthy diet by staff and enjoyed the food provided.

The training staff needed to support people had been assessed and provided as needed. Staff met with their line manager to receive feedback on their practice and discuss development needs.

Good



### Is the service caring?

The service was caring. People were treated with kindness and respect by staff who understood the importance of dignity. People using the service and their relatives spoke very positively about the quality of care provided.

Staff showed a passion for supporting everyone in a personalised way. People were supported to communicate by staff who knew them well. They were encouraged to make choices and to be as independent as possible. Staff were prepared to challenge and address poor care.

Good



### Is the service responsive?

The service was responsive. Staff knew people well and people's care plans reflected their likes, dislikes and preferences. Each person was treated as an individual and was involved in developing their care plan.

People were supported to take part in a variety of activities in the home and the community.

People and relatives were confident complaints would be dealt with and they felt able to complain if they needed to. Staff monitored people's behaviour to identify if they were unhappy.

Good



### Is the service well-led?

The service was well-led. People spoke highly of the management team and had confidence in them. Staff sought out and followed examples of high quality care.

The quality of the service was regularly audited by staff from the home. People using the service and family members were asked for feedback and comments had been positive. Action was taken to address any shortfalls identified.

Good



## Summary of findings

The provider had clear expectations about the way staff should support people and made sure staff were aware of these. Staff understood their responsibilities and felt able to share concerns with the registered manager.

# Hampton House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 18 and 19 November 2014. It was carried out by one adult social care inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification.

We talked with people using the service, relatives, friends and visitors. We interviewed seven members of staff. We reviewed the care plans for six people and looked at the support they were being provided with. We also looked at four staff recruitment files and training records, staff duty rotas and a selection of the policies and procedures relating to the running of the home.

Following the visits we sought some further information from the registered manager.

# Is the service safe?

## Our findings

One person described how they were helped to feel safe living at Hampton House. They said, “The door is locked in winter at 8pm and this makes me feel secure”. Relatives said their loved ones were protected and secure. One relative said, “I feel so much better when I know my family member is happy, settled and they are enjoying life in a safe environment”. The provider information return (PIR) explained the provider planned to seek feedback from people using the service on how safe and secure they felt.

People were supported by staff who had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They had received safeguarding training and staff described the correct sequence of actions to follow if they believed abuse may be taking place. The PIR explained that an open culture between managers, staff and people using the service ensured relevant information was communicated promptly.

The risks people faced were being managed by staff. The way these risks should be managed was recorded using risk assessments which showed how the risk had been assessed and reduced. This included getting advice, support and equipment from health care professionals as needed. The registered manager described how staff helped people to take positive risks. For example, one person with a visual impairment was encouraged by staff to walk outside even though they were at risk of falling. Staff ensured the person had the correct mobility aids and remained close by to provide support and make sure their path was clear. The person was known to benefit physically and psychologically from spending time walking outside. The risks people faced were reviewed at least every four weeks. If a person’s risk assessment indicated they could no longer be safely cared for by staff at the home, action was taken in a timely fashion.

The risk of people suffering preventable harm was reduced because learning and action took place following any incidents. Incidents were recorded and reviewed and this resulted in changes to people’s risk assessments and care plans. All incident reports were reviewed by the management team every four weeks to identify any patterns that needed addressing. The majority of incidents related to people falling when they were alone. Staff were able to track if people were having more falls or falling at a

particular time of day or during a particular activity. This enabled them to seek guidance from health professionals. For example, one person had lost weight and their shoes no longer fitted properly which resulted in more falls. Staff were able to address this and reduce the falls.

People lived in a clean and well-maintained home. There was a cleaning schedule in place to make sure tasks did not get forgotten. Staff followed infection control procedures and used aprons and gloves when providing care. They also understood the importance of managing laundry safely and followed internal protocols. The kitchen had been awarded a five star rating (very good) at the last inspection by the local authority, reflecting a high standard of food hygiene. The building and equipment were regularly checked for any defects to help people stay safe.

There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. Fire alarms and equipment were regularly tested to ensure they were in working order.

There were enough staff on duty to meet people’s needs and people had built up trusting relationships with the staff. The number of staff needed for each shift was calculated by assessing the needs of the people being supported. People confirmed there were enough staff to meet their needs and staff supported people in a calm and unhurried manner during our visit.

People were cared for by suitable staff because safe recruitment procedures were in place and managed by the provider. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people. The registered manager ensured new staff were of good character and had the qualifications, skills, knowledge and experience necessary to carry out their role.

People received their medicines when they needed them from trained staff who had access to the information they needed to safely administer them. Medicines were stored safely, including those requiring additional security, and staff disposed of spoilt medicines at the right time. People were supported to take their medicines according to their own personal preferences, for example with their preferred

## Is the service safe?

drink. The relevant records were completed appropriately and we saw no gaps in the administration record. Audits were carried out to check the right volume of each medicine was in stock and that company procedures were being followed. Staff also used this as an opportunity to

identify any changes in the way people were taking their medicines so this could be shared with relevant health care professionals. Where necessary, action was taken to address issues identified such as ensuring all medicines were signed for on administration.

# Is the service effective?

## Our findings

People's rights under the Mental Capacity Act 2005 (MCA) were being met. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Procedures were in place with regard to the MCA and staff confirmed they had received relevant MCA training.

People's ability to choose where to live had been assessed and appropriate steps would be taken if they could not make this decision. Staff understood people's legal rights under the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

People were supported with their medical needs. One person explained a designated GP now visited the home regularly and they said this "change is much better". These visits helped to ensure people's routine health needs were addressed. Relatives were similarly pleased with this improvement. Referrals to other health and social care professionals were arranged as needed. One person became unwell during the lunchtime meal. They were supported by the registered manager who communicated with them gently, monitored their condition and then called for a GP to visit.

Mealtimes were relaxed and sociable occasions. The refurbished dining room was clean and fresh with table decorations and name cards. The day's menu was available on a noticeboard and people had the opportunity to select their chosen meal. The food was home cooked and people were complimentary about mealtimes and the choice available. Some of the comments people made included, "I enjoy every meal", "Everything is fresh and homemade; I especially like the afternoon tea cakes" and "The food is lovely and fresh". Food was served in an appetising manner and at a suitable temperature.

People who needed assistance to eat, for example with cutting up their food, were supported discretely to maintain their dignity. Although drinks were not readily available, they were offered frequently and staff provided

drinks on request. Staff working in the kitchen had detailed information on people's allergies, dietary needs and preferences to help them ensure everyone's individual requirements were met.

People were supported by staff who had received training specific to their needs. Staff training needs were monitored and plans put in place to meet future training requirements. For example, dementia training had been provided as more people living at the home were developing memory problems. End of life training was provided for staff as people were wanting to stay at Hampton House when they were dying. Staff told us they had received training which was of good quality, informative and rewarding. They made comments such as, "It's great here. We get everything we need" and "The training is so good. We learn so much". The registered manager encouraged and promoted good practice by developing the skills and knowledge of the staff to enable them to provide consistent care. One member of staff was in their probationary period and understood their role and responsibilities as a care worker and felt part of the team.

Staff met with their line manager to discuss their performance and training needs and had annual appraisal meetings. Line managers set objectives for staff to help them develop through training and by offering additional responsibility. This was to ensure people received a high standard of care from staff who were well trained and supported. One member of staff told us, "This is the nicest place I have worked. I feel supported and the care is excellent". One person said, "Senior staff are confident in their role and I feel they have the knowledge to support residents".

The home had been laid out and decorated to meet people's needs and preferences. Rooms and corridors were spacious and well-lit. This helped people with limited mobility and people who used equipment to help them move about to do so as independently and safely as possible. People enjoyed using the garden and one person said, "I can walk around the garden as part of my exercise and it is like a green safe circuit". The garden had been designed to be a pleasant place to spend time in that also helped people with limited mobility move around safely.

Some bedrooms were double occupancy to cater for the needs of couples. The rooms were pleasantly decorated and furnished. People were supported to remain in contact with others as each person had their own phone line fitted.



## Is the service effective?

The registered manager showed us a portable telephone that could be used by people who stayed for respite care. The lounge was arranged to encourage people to talk with each other if they wanted to and contained books and

photographs to stimulate people to reminisce. People were encouraged to bring items to personalise their room. Where necessary, equipment such as hospital beds was provided.

# Is the service caring?

## Our findings

People spoke very positively about the individualised care provided by Hampton House. One person said, “I have nothing but praise for all of the staff. All of the staff are exceptional”. People described how staff showed an interest in their lives and made comments such as, “They always check that I am alright” and “[Staff member] always comes to ask me about my day.” They were confident staff could meet their needs and told us, “They are all lovely and can’t do enough for me” and “I know I can ask [staff name] for anything. She’s a lovely girl.”

Family and friends were similarly positive. They told us they were made to feel welcome at the home at all times. They felt well-informed and involved in their loved one’s care. One relative said, “the manager always keeps me informed and will contact me by email which is great.” and another relative said, “The manager always makes time to answer questions, even though she must be busy.” Relatives described the attitude of staff in a positive way saying, “I have always seen kindness and caring” and “Mum thrived in the homely atmosphere”.

There was a friendly and warm atmosphere in the home and staff constantly behaved in a caring and professional manner. Staff wore coloured uniforms that helped people identify their role. Staff spoke with people with affection and respect. Each person was treated as an individual by staff who knew them well and people looked comfortable with the staff supporting them. A member of staff said, “I take pride in how well I know our residents, and I take time to chat whenever I can”.

Staff knew people’s preferences and respected these. One person told us, “I feel she knows how to look after me”. People were involved in making decisions about their care and were supported to be as independent as possible. One person told us, “Staff help me as little or as much as I wish” and a relative explained, “Mum is involved in every aspect of her care. It couldn’t be any other way”. Staff explained how they supported people to decide what to wear each day. They offered manageable choices to people and offered guidance when needed. People’s choices about how they spent their time were respected by staff.

The registered manager explained that each member of staff had responsibility for working closely with two people using the service. This allowed them to identify people’s

personal aims and help them achieve them. This could be independently walking in the garden or taking a trip away from the home. Staff had recently arranged a trip to the coast for two people and further trips were planned for small groups. Where possible, people were encouraged to book their own appointments with the hairdresser to help them feel independent. Tools such as calendars and clocks in people’s rooms helped them remain in control of what they planned to do each day. Staff used this to help people plan activities and to remind them of what they had achieved.

People were communicated with effectively by staff who used age appropriate language. Staff asked open questions to encourage people to speak and waited patiently for an answer. They stimulated conversation and encouraged the person to lead the conversation. Some people found communication difficult, due, for example, to hearing loss. Staff understood how to help each person communicate as effectively as possible. Staff told us people’s families sometimes gave them hints on supporting them to communicate and said, “we can find out in their care plan if there are any issues with communication”. A member of staff also said, “I ask how they wish to communicate.”

Many of the activities within the home used music to help people communicate and express themselves. The registered manager told us people’s mood was noticeably lifted after these sessions. Some people used hearing aids. Staff had a cleaning and maintenance schedule to make sure the aids were in good working order so everyone was supported to communicate as effectively as possible.

People were responded to quickly by staff if they showed signs of distress. Staff were attentive and regularly checked people were content. People’s care plans explained how their needs should be met in a respectful and dignified manner.

Hampton House had started providing support for people at the end of their life with support from community health professionals. This included providing appropriate equipment to meet people’s growing care needs. Staff were sensitive to people’s concerns and sought to maintain their dignity at all times. For example, asking relatives to leave the room during personal care. They made sure the person’s environment was as they wanted it. One person’s family was supported to remain with them constantly over the two days before they died. The home received

## Is the service caring?

expressions of gratitude from the person's family for the dignified care provided. A GP described the environment provided for one person as "serene and dignified". Similar positive feedback as received from the palliative care team.

People's spiritual and cultural needs were taken into account when planning their care. This included seeking to give people an opportunity to speak their native language or to spend time with others familiar with their culture. One person described being supported to remain actively involved in their local church. Technology, such as the phone, email and video messaging, was used to help people maintain contact with those important to them. The registered manager told us that if a person had no family support, cards, personal toiletries and gifts would be purchased for them so they did not feel left out.

The risk of people experiencing poor care was reduced as staff and the registered manager were prepared to address problems as they arose, either through staff development or disciplinary action. The provider information return (PIR) explained the probationary period for all new staff was used to check staff met the provider's expectations on the quality of care provided. Staff received feedback to help them improve the way they worked with people. If necessary, disciplinary action was taken when performance dropped below the expected standards. This decisive approach prevented people being exposed to poor care once it was identified.

# Is the service responsive?

## Our findings

Before people made a decision about moving into the home, they were provided with information about the home and their needs were assessed to make sure they could be effectively supported. People also had the opportunity to visit the home and live there for a trial period. Once they had moved in, an individual care plan was developed for them. This was focussed on their preferences and choices.

Each person's care plan contained information staff would need to support them in a safe and personalised manner. This included information about their past, their interests and hobbies, their health and their support needs. The provider information return (PIR) explained that each care plan was developed with as much involvement from the person as possible. It was reviewed every four weeks with the person and their family to make sure the information remained accurate. This review meeting was also used to discuss people's changing goals and aspirations. Each person had a named member of staff to make sure their needs were being met.

A meeting took place between each shift change during which staff shared information about people's changing needs. This helped to ensure people's needs were consistently met and they received support in the manner they preferred. One person had a sensory deficiency and the registered manager maintained contact with a local support organisation to obtain additional support for them. They also had a named member of staff able to meet their needs.

People were encouraged to take part in activities both within the home and in the community. The programme of activities was varied and was well received by people using

the service. People told us they joined in with the organised activities and particularly liked the musical entertainment. Celebrations within the home, such as birthday parties and regular themed days took place frequently.

Some activities, such as armchair movement to music, were designed to encourage people to remain active. Other activities focussed on crafts, such as decorating photograph frames. During the craft session, people were keen to take part and were guided by a member of staff who supported them with patience and treated them with dignity. People told us how much they enjoyed making things.

People were supported to remain involved in hobbies and maintain their interests. One person had recently moved into the home and was pleased to hear they could be supported to continue a long-term hobby. Staff were able to support them to attend local bowling clubs and tournaments. People were also able to take advantage of the facilities in the local area. One person said, "My friends and relatives take me out". People were supported to have appointments with visiting hairdressers, barbers and manicurists.

The home had a complaints procedure that people using the service and staff understood. No complaints had been received since our last inspection. One person said, "We have nothing to complain about". People told us they could discuss any problems with a member of staff in the first instance and could escalate their concerns to the registered manager if the problem was not addressed. One person said, "The manager is always available" and another person said "If I wasn't happy I would most certainly say". Relatives told us they would be happy to tell staff if there was a problem and knew it would be acted on.

# Is the service well-led?

## Our findings

People said Hampton House was well-led and appropriately managed. They were confident the management team had their best interests at heart and spoke highly of them. One person said, “The manager is very nice and has made this a lovely home” whilst another person said, “The managers walk around every day and ask how we are, I like that a lot”. During the inspection, the registered manager frequently asked people how they were and explained the home was being inspected by the Care Quality Commission.

Staff were committed to listening to people’s views and the views of the people important to them in order to improve the service. One person said, “The managers are very nice and I feel that they listen to me”. Another person commented, “I like to think that our views are important. I do hope so, as it is our home for however long it may be”. People and their relatives said the management team was accessible and open at all times. One relative said, “I am asked my opinion and so is mum. I have trust in the managers that they will care for her”.

Questionnaires were given out on a yearly basis. The responses showed that people felt consulted in decisions about their health, they felt encouraged to be as independent as possible and they valued the respect shown to them by staff. One person raised a concern about the temperature of their room. Staff acted immediately to address the concern. People who used the service for short term respite were also provided with the opportunity to express their views.

The provider’s expectations of how people should be supported by staff were laid out in their mission statement; “To provide a distinctive individual care experience, which exceeds each resident’s expectations and makes us feel proud and unique.” This mission statement was developed with staff and was displayed within the home. The registered manager told us staff knew where to find the mission statement and that an internal training course focused on the meaning of the mission statement. This helped to ensure all staff understood the priorities of the provider.

The management team and staff team were very stable with few changes. This helped to ensure people were provided with a consistent service by staff who knew them

well. There was a clear organisational structure so everyone knew what fell within their responsibility. Each morning all staff on duty met, including maintenance and kitchen staff, to ensure everyone was able to work effectively together. The registered manager was supported by an experienced deputy manager and her business partner. Both of these people were prepared to challenge the registered manager. She ensured her own training and knowledge remained current by attending training.

The registered manager told us she constantly sought out guidance on best practice, including reports from the Care Quality Commission and care journals. When she or other staff became aware of good practice in another setting they looked at ways this could be implemented at Hampton House. Similarly, new staff were encouraged to share ideas that had worked well in places they had worked in previously. The registered manager also networked with other local care providers to share ideas around best practice.

The PIR explained that staff were encouraged to share their views and ideas. The registered manager explained prompt decisions were made as the management team was visible and accessible to people using the service and staff. Staff felt listened to and appreciated and made comments such as, “The managers listen to their staff” and “I feel we are appreciated for what we do”. Staff told us the registered manager was supportive of them developing their skills and knowledge. They spoke favourably about working at Hampton House with one member of staff saying, “It’s a good place to work”.

Regular audits took place to monitor the quality of the service being provided. These included medicines audits to check stock and expiry dates and audits of care plans to make sure the information was accurate and up to date. The home’s policies and procedures were updated with review dates seen. Recent improvements to the home included providing larger television screens, making the garden more accessible and providing more activities within the home as people became more frail and less able to visit the community. The home had moved to a new pharmacy as all their requirements were not being met.

Important information is shared with the Care Quality Commission (CQC) using notifications. The service had submitted notifications to CQC and this helped us to monitor the safety and effectiveness of the service.