Marsden Rock Care

Hampshire Court

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 12 and 13 November 2014. This was an unannounced inspection. At the last inspection carried out on 3, 4, and 15 July 2014 we found that the provider was not meeting two of the regulations inspected.

At the previous inspection we found the home was failing to take proper steps to protect people from the risks associated with unsafe premises and failing to take appropriate steps to provide adequate maintenance for the proper operation of the premises. We found in relation to cleanliness and infection control that the provider was failing to take proper steps to maintain appropriate standards of cleanliness and infection control because people were not protected from the risk of infection and were not cared for in a clean, hygienic environment.

Following our inspection on the 3, 4 and 15 July 2014, the provider sent us an action plan telling us about the improvements they were going to make. During this inspection we found the provider had taken action to

Summary of findings

address these issues, although unforeseen additional damage to a shower room had prolonged work in this area. We took that into account when preparing this report.

Hampshire Court provided residential care for up to 52 people, some of whom were living with dementia. At the time of our inspection there were 19 people living at the home, all of them located on the ground floor. The upper floor of the home was not in use due to on-going maintenance work. The provider was in the process of making a decision to reduce the total number of registered beds available at the home, to coincide with the number useable on the ground floor. While the provider was making the decision, they had agreed with us not to take in any more people.

The home had a manager appointed in July 2014 and who was in the process of applying to be the registered manager of the home. 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 2008 and associated Regulations about how the service is run.

People's risk assessments were not always completed accurately, which meant people were not kept as safe as they could have been. Care records were not always reviewed regularly and clear which meant people were at risk of receiving inappropriate care and treatment.

These matters were in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

People were respected and cared for individually. People told us they felt safe. One person told us, "I have no worries here about safety."

People received their medicine correctly and staff had received training to administer medicine in the correct way. Any new staff were not allowed to complete this task until assessed as competent.

We found the home to be clean, tidy and odour free and new cleaning rotas had been put into place to monitor this.

Staff understood safeguarding procedures and told us about what they would do if an incident of concern happened. From what we were told, we felt staff would have no hesitation in reporting any safeguarding issues that may arise at the home.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decision. The manager had also made three DoLS applications to the local authority when that had been required.

Staff knew the people who lived at the home. We asked staff about behaviours that challenged the service. They were able to explain how they managed those behaviours with different strategies they had put in place.

People told us they felt there was enough staff to look after them. The manager monitored staffing levels to ensure enough trained staff were available to meet people's needs. The manager had procedures in place to ensure any staff recruited were suitable to work within the home.

There was a training programme in place. Staff development was monitored by the manager to ensure they had up to date knowledge and any training needs were met.

The home had recently employed a new maintenance person. Part of their role was to complete regular checks on the building and maintain a suitable environment for people. We saw the manager had emergency procedures in place so that if there was any incident, staff would know what to do to protect people.

People were offered a selection of food types and told us they enjoyed what was offered. We saw homemade food being prepared. People told us they had a choice and we saw evidence of that on the day we inspected. One person told us, "It's lovely food, just right." The kitchen staff were dedicated to making sure people were happy with the food they made for them.

We saw people being offered support if it was required and carers did this in a way which retained the dignity of the people they were caring for. Care staff were seen to be kind, warm and considerate. They also respected the views of the people they cared for. One person told us,

Summary of findings

"Staff are very nice, very caring and can't do enough for you." A relative told us, "You just need to ask, they [staff] will do anything for you." We found a positive attitude to caring from all the staff we had contact with during our inspection.

People told us they had choice. People had chosen to decorate their bedrooms with their own personal items and staff had helped them to do this. We saw people choosing what meals and drinks they would like. One person told us, "Staff ask me how I want things done, if that is what you mean."

People were able to participate in activities, although the manager told us this was being reviewed with the two new activity coordinators recently employed.

People, who told us they had complained, said the staff dealt with the matter effectively and to their satisfaction. People and their relatives were able to meet with the manager and staff, at various times and be able to give feedback about the home. People and relatives thought the staff in the home listened to them and helped bring about positive change.

The manager had put in place a number of systems to monitor the quality of the service provided. When issues were identified, we saw actions had been taken.

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?

Requires Improvement

The service was not always safe. Risk assessments were not always completed correctly which put people at risk of inappropriate care and treatment.

The home was clean and tidy and improvements had been made by the manager to monitor this.

Improvements to the premises had been made with further on-going work to the first floor of the building.

Medicines were stored, administered and disposed of safely.

Staff knew how to identify any safeguarding concerns and the necessary actions to take in response. Emergency procedures were in place to protect people.

Is the service effective?

Good

The service was effective. The manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act. The manager had applied for DoLS for three people living at the home and this had been granted in the people's best interests.

People enjoyed the food served at the home. Nutritional needs were met and people who needed further support were referred to specialist healthcare professionals. The home had been adapted to suit the needs of the people living there.

Staff had received a programme of induction and training and were well supported by the manager.

Is the service caring?

Good

The service was caring. People were treated with warmth, kindness, dignity and respect throughout the whole of our inspection.

Relatives praised the staff working at the home. They told us 'staff go the extra mile.'

There was various types of information made available to support relatives and people living at the home and the manager had secured a private room for families to use should they wish to.

People and relatives felt involved with the service provided.

Is the service responsive?

Requires Improvement

The service was not always responsive to the needs of people in their care.

People's needs were assessed and care plans were developed, however records were not always clear and reviews had not always been completed.

Summary of findings

People's family history was gathered to ensure staff were better able to support the people they cared for.

Activities were available and people had a choice in what they chose to do.

People and their relatives told us when they had cause to complain in the past, staff had been positive to remedy their concerns.

Is the service well-led?

Good

The service was well-led. The home had a manager and they were in the process of applying to be registered with the Care Quality Commission.

The manager had put systems in place to monitor the quality of the service and give staff the opportunity to speak openly.

People and staff told us there was good communication throughout the home.

We saw the staff team worked well with others to ensure people had specialist treatment should it be required.

Hampshire Court

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.

This inspection took place on 12 and 13 November 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors and one 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. The expert-by-experience at this inspection had expertise in the area of older people in residential care and people living with dementia.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales. We contacted the local authority commissioners for the service, the local Healthwatch, the clinical commissioning group (CCG) and the local safeguarding team. We also spoke to community nurse teams that visited the home regularly.

During this inspection we carried out observations using 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 spoke with every person who used the service (19) and four family members, although some people were living with dementia and found it difficult to communicate. We also spoke with the manager, three senior carers, six carers and five other members of staff. As we arrived before 7am on both days of the inspection, we were able to speak with staff from both day and night shifts. We observed how staff interacted with people and looked at a range of records which included the care records for six out of the 19 people who used the service, medicines records for the same people and recruitment and training records for five staff. We also looked at four weeks of duty rotas, maintenance records, health and safety records, menus and all quality assurance records. We also looked at a range of the provider's policy documents.

Requires Improvement

Is the service safe?

Our findings

At our inspections in February and July 2014, we found the provider had failed to make sure the accommodation was safe and well maintained for the people who lived at the home. We took enforcement action about this. During this inspection we found the provider had made improvements to the maintenance and decoration of the home. Many bedrooms and corridors had been redecorated. Several bedrooms had been fitted with new carpets and new bedroom furniture had been provided. Wardrobes had been fastened to walls, pipes had been boxed in, and water temperatures had been adjusted, to make sure they were no longer a hazard for people who lived at the home. Most of the unoccupied accommodation on the first floor had been redecorated and furnished. Some areas of the first floor were still not ready for use, for example because windows were not operable or the rooms were not yet furnished. However the provider confirmed this area of the home would not be used until it was fully ready for people to move into.

At our inspections in February and July 2014, we were concerned about the cleanliness and hygiene of the home. This was because some areas of the home were not clean, and the provider did not have systems in place to manage and monitor the prevention and control of infection. We took enforcement action about this. During this inspection we found the provider had made improvements to the cleanliness of the home. The manager had introduced new cleaning schedules that made sure all areas of the home were regularly cleaned. Housekeeping staff now completed daily cleaning programmes for each bedroom and bathroom. People's equipment, such as wheelchairs, were cleaned every night and hoist slings every week or more often if required. There were also cleaning schedules for communal areas such as lounges and service areas. All the areas of the home and equipment we looked at were clean. The two housekeeping staff members we spoke with told us they had been provided with better cleaning products and equipment, such as a Vax machine, to make sure they could 'deep clean' the home. The manager had introduced detailed infection control procedures and all staff had signed the procedures to show they understood their responsibilities in this area. All staff had completed updated infection control training and records confirmed this. The manager had carried out monthly audits of the prevention and control of infection. These include checks of hand hygiene practices, cleanliness of mattresses, use of personal protective equipment and the management of clinical waste. A senior care worker had been designated as the new 'infection control lead' who would take responsibility for checking that staff continued to carry out good hygiene practices. This meant the provider was now taking suitable steps to maintain appropriate standards of cleanliness and infection control.

People were not always kept safe. When we examined people's care records, we found risk assessments that had not been completed correctly. For example, one person had three risk assessments in place for falls, all of them at different levels of risk. One assessment placed the person at low risk of falls, another at medium and another at high risk. We saw from an accident report this same person had recently had a fall which would have placed them at higher risk although their documentation made it unclear. We also noted the level of risk had been calculated incorrectly on some people's documentation. This calculation was worked out by multiplying the level of hazard by the likelihood of it happening (these were numbered for severity). People may have been at higher risk than was calculated on their risk assessments. This meant people were placed at risk of not having adequate control measures in place to support their needs. The manager told us new paperwork had been introduced but not completed for everyone living at the home and there had been some confusion in the changeover. They told us it would be addressed immediately. When we asked staff about the risk assessment with three various levels of risk, they told us what measures should have been in place which corresponded to the high level risk assessment. This meant that staff were aware of people's needs and associated risks but that the records were not appropriate.

This matter was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The people we spoke with all said they felt safe at Hampshire Court and felt there were enough staff on duty. One person said, "The staff are canny and always willing to help." Another person said, "If you need something they're [staff] always there." One relative told us they were very positive about the staff but were concerned about the level of staffing and support and felt the service had deteriorated over the past 4 years. The same relative went on to say their family member's condition had significantly improved since

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Is the service safe?

they came to Hampshire Court as a result of the care provided by staff. They said their family member was safe and well cared for and they were experiencing better health which gave them peace of mind. The home had employed new staff and had reviewed the staffing ratio to ensure people were provided with adequate levels of care and support. We saw during our inspection call bells were answered quickly and people were attended to promptly. We also examined four weeks of staffing rota's and saw there were enough staff on duty to meet the needs of the people living at the home. Where there were shortages, the manager had arranged staff to cover these gaps. We were satisfied the home had enough staff and had made significant improvements to staffing levels.

Six people told us staff responded quickly when they pressed the call bell. One person who was at risk of falls had a sensor mat placed near their bed and if they needed attention they would call for staff. They said staff were always passing by the door. We asked the person if they would use a call bell if they had one. They said, "I just call and the girls [staff] come." We discussed this with senior care staff and were told they had an adapter to allow both the call bell and the sensor mat to be used and would reintroduce this to the person.

Staff knew what to do if they suspected any type of abuse. We saw from training records staff had received safeguarding training and there were policies and procedures in place to support this. One carer told us, "If I thought something funny was going on, I would report it, these people are like our family." When we asked four people what they would do if they saw or experienced anything they thought was not right, they all told us they would tell a member of staff.

People who lived at the home received their medicines safely. We asked four people how they managed their medicines. They all told us that staff looked after it for them as they could not manage to do it themselves. They all told us they received their medicine on time and had never ran out. One person told us, "They are a good lot, I don't know what I would do if they [staff] did not help me." We saw the manager and senior care staff had introduced new procedures, which included the way controlled drugs (CD) were recorded and an updated procedure for checking medicines. Controlled drugs (CD) are prescribed medicines that are liable to misuse and have additional measures placed on them, for example separate secure storage.

We checked the medication administration records (MARs) for six people. We observed staff administering medicines appropriately and saw they had signed for all medicines administered, by using people's MARs. We saw from a selection of MAR's they were completed fully with no gaps. Where two signatures were required, for example the administering of CD's, these were seen. Medicines were stored and disposed of safely and securely and the manager was in the process of obtaining a new anti-tamper container for disposed drugs to replace the old one. All staff who administered medicines had received training and regular checks had been undertaken to ensure they were competent.

We checked five staff files and found the provider had procedures in place to check they employed suitable staff to provide care and support to people living at the home. References had been obtained, a full working history was available and the provider had checked the identity of staff and also carried out enhanced disclosure and barring service (DBS) checks. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). When we asked three staff about the recruitment process that was followed before they started working at the home, they all confirmed the provider had asked them to follow procedures which we later confirmed was in their recruitment policy. This ensured people were being cared for by suitably recruited staff. Three staff members told us they did not have contracts of employment, however when we checked their staff files we found signed copies of contracts for all three staff. This meant the provider had followed their recruitment policy.

When we asked two people if the provider carried out fire drills, they confirmed they did. We saw records of regular fire drills, checks on all fire equipment and also an up to date fire risk assessment which had been completed by an outside organisation specialising in these types of assessments. In the reception area of the home, there was a fire bag which contained, for example, torch, bright jacket to be seen in the dark and other items which could be used in case of emergency. There was also a list of people who would need support to be evacuated in the event of a fire or other emergency. The list contained detailed information about each person living at the home, for example, if the person used a wheelchair or had mobility

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Is the service safe?

issues. This list would be used by any emergency service called to help evacuate the building. We also saw the provider had an emergency response and business contingency file, which contained details of what to do in the event of various types of emergency, including for example, flooding or staff shortages. We also saw the provider had agreed arrangements for people to be evacuated to a nearby care home in the event of an emergency. All of this information was available to staff and when asked, staff knew how to access it.

We checked incidents and accidents records and saw where incidents or accidents had occurred the provider had investigated these. We asked the manager how they used data from these records to look for any trends. We were shown weekly and monthly analysis reports which recorded, times, location, type of accident and any treatment given. We saw were accidents had occurred, that improvements had been made to try and stop the same accident from happening again.

Good

Is the service effective?

Our findings

People were offered a varied choice of food and everyone we spoke with told us the food was good. During lunch, people looked as though they were enjoying the food they had chosen. One person said, "Its lovely food, just right." Another person told us, "The foods not bad." One relative said their family member had gained weight since arriving at Hampshire Court. Menus were available for people on each dining table and when we asked the kitchen staff about the menu's they told us they were rotated regularly with a variety of foods. Kitchen staff showed us records to confirm they were aware of people's dietary needs, including special diets for people who were diabetic or who required soft food to help them swallow. One person told us they bought their own soup as they preferred a particular brand and the kitchen staff confirmed they prepared one person's soup separate from others as that was their preference. We saw when people came to live at Hampshire Court a nutritional assessment was completed and regularly reviewed to ensure people's dietary needs were continually met. We saw when people were identified as being at risk of poor nutrition, suitable referrals were made to external agencies and their weights were closely monitored by care staff and the manager.

We saw homemade cakes and pastries being cooked on the day of our inspection and all of the food was freshly prepared for lunch time. The kitchen staff were observed outside of the kitchen area, talking with people and checking they were happy with their meals. One person told us they preferred not to have a large tea in the afternoon as they usually had enough at lunch. We found the atmosphere was relaxed and comfortable. We saw staff gently assisting and encouraging two people with their lunch and noticed staff accepted when people indicated they had eaten enough. We observed staff worked as a team, particularly during the lunch period and they were encouraged by the manager to eat their lunch with people living at the home. Refreshments were available throughout the day, although we saw one person had an empty glass and jug in their bedroom. When we asked staff about this, they told us the person had just finished a cup of tea and that they were about to fill the jug. We later saw the jug was full and when we asked the person if they always had enough to drink, they told us, "Yes, I am well looked after."

Staff followed the requirements of the The Mental Capacity Act 2005 (MCA). The MCA is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision making within a legal framework. We saw where decisions were made on behalf of a person who lacked capacity that it was done in their 'best interests' and other people were involved with those decisions. For example, relatives or social workers. There were three people in the home subject to an authorisation made under the Deprivation of Liberty Safeguards (DoLS) at the time of inspection, with a further application pending. DoLS were introduced in 2009. They are part of the MCA. They are used to protect the rights of people who lack the ability to make certain decisions for themselves. We saw from viewing people's care records DoLS applications had been made to the local authority where required. When we questioned staff about the MCA they had a good understanding and confirmed they had received training.

We observed staff knocking on closed bedroom doors and asking permission from people before they entered. When we asked two people if staff always knocked on their door before entering, they told us they usually do. One person said, "They [staff] shout through to check its ok to come in, I usually have my door open anyway."

We asked three carers and one other member of staff what training they had received. One person on night shift said they held a NVQ (national vocational qualification) level two in health and social care and were going to do level three soon. We were able to confirm this information in their staff records. We looked at the qualifications of kitchen staff, domestics and three carers, including those at a senior level. We found all staff had received training in a range of skills. For example, moving and handling, handling of medicines, end of life care and fire safety. We also saw on the training summary, 92% of staff held an NVQ at level 2 or higher in health and social care. We spoke with four people who lived at the home about the skills of the staff looking after them. They all told us the staff were good at their jobs. One person said, "Its hard work looking after us old B*, but they [staff] do." Another person said, "They [staff] seem to know what they are talking about." Another person told us, "There are some characters in here, but the staff know what to do." When we asked what the person meant, they explained some people living at the home had behaviour which challenged the service and the staff knew how to deal with, and help those people. Another person told us

Good

Is the service effective?

when a new carer came to use the hoist with them for the first time they had someone with them to shadow their work. The person said they were told what to do and they followed the instructions. The person then said, "They [staff] were great." This meant the home employed staff who were suitably trained and able to deal with behaviours that challenged the service.

The manager showed us a summary of all supervisions and appraisals that had taken place. We saw appraisals were scheduled over the next two months and supervisions were regularly taking place since the manager had come into post in July. Staff told us they felt supported and received regular supervision from the manager. We saw minutes from staff meetings where staff had discussed a range of issues, including training, support and items in relation to the people who lived at the home. The manager confirmed they had been involved with a number of staffing issues since they came into post and we found they had dealt with these matters appropriately from staff records we viewed.

We saw one person at the home being responded to quickly after a call bell was pulled. Staff attended to their immediate needs and after agreement with the person, staff went off to call for a GP to provide further assistance. This meant staff met the health needs of people by referring to other healthcare professionals when required.

We saw from people's records, when staff were concerned about their health and wellbeing, the staff contacted other healthcare professionals. We saw referrals to GP's, podiatrists, and we also saw the manager had liaised with opticians to provide a more tailored service for people living at the home.

Good

Is the service caring?

Our findings

All of the people, relatives and health professionals we spoke with told us staff were caring, helpful and kind. One person said, "Staff are very nice, very caring and can't do enough for you." Another person said, "Staff are good." The same person told us they had undergone major surgery and staff had been quick to seek medical intervention with their approval when they needed it. We were able to confirm what people had told us, as throughout our two days of inspection, we found staff to be compassionate.

During our observations we saw all staff, including the manager, housekeeping and catering staff, responded to people's needs in a way which upheld their dignity. For example one person who was disorientated frequently entered the manager's office. The manager responded with compassion and warmth, and each time patiently assisted the person to get a drink and find companionship with other people and staff. The staff we observed demonstrated an understanding of the needs and wishes of people and adopted a kind, caring and professional approach. We saw carers responding quickly and discreetly when people may have been in need of additional support. For example, one carer saw a person in the lounge area who required help to the bathroom. The carer quietly approached and asked permission to help which was accepted.

The manager told us they had appointed a member of staff as the 'dignity' champion. A dignity champion is someone who ensures good practice is shared across the staff team to protect people's dignity while living in a caring environment. We saw the manager had corresponded with the Dignity in Care Network to receive further information. This organisation can help staff promote people's dignity. The manager told us they had recently started to set up a file containing information around dignity, but that 'it was early days.' They told us their intention was to pass good practice around the staffing team and make people in the home aware of the dignity champion and how preserving people's dignity was important to her.

Four people and one relative told us if any personal items were required, the staff would support people to obtain them. We watched a carer asking people if they wanted anything from the local shop which they were going to visit during their own lunch break. One person told us that one of the carers was getting some tissues for her. A relative told us, "You just need to ask, they [staff] will do anything for you." We were told by people and relative's staff go that extra mile.

When we asked care staff to tell us about people living at the home, they were able to with ease. Information they gave included, people's needs and some of their background and family life history. Staff explained how important it was for them to enable people to view the service as their home and give them support to achieve that. Staff supported people to remain as independent as possible. We observed one person watching television, then going to their bedroom for a rest. Later in the day the same person was reading a newspaper after chatting with staff in the reception area. This showed people were seen as individuals by the care staff looking after them.

The home had a separate room near the main staff office which had been set up as a quiet room for relatives to use when visiting if they needed somewhere confidential or private to sit, other than people's bedrooms. The room had been tastefully decorated with comfortable chairs to accommodate a number of people. During our inspection, the room was not used but we saw the door was left open so visitors could see it was available for use.

Four care staff at Hampshire Court had recently completed end of life training. The manager told us it was important to them and the staff team to ensure people's final days were as comfortable as they could be. One staff member told us they would hold hands with people who were at the end of their life. They said, "That means they don't feel alone if their family are resting or unable to come for whatever reason."

The reception area had various leaflets to advise on dementia, advocacy, and discreet funeral advice. No one we spoke with at the home had an advocate, but one relative told us they had seen information displayed in reception about how to obtain one. An advocate is someone who represents a person's best interests and ensures procedures are followed correctly. We saw on the notice board there was a notice called 'tip of the week'. The tip we saw was advice in connection with falls prevention. When we asked a carer about the 'tip', they told us it was just another way of reminding people and their relatives to be careful.

Good

Is the service caring?

Three people and two relatives told us they had attended meetings at the home, and all of the relatives we spoke with were aware that meetings had taken place. They told us they were asked for feedback and the staff encouraged them to be part of what happens in the home. One person told us they felt they were listened to and suggestions were acknowledged and acted on. Another person told us, “Staff remind me about the meeting.” They also said, “I like to be involved.” Minutes of the meeting were displayed on the communal notice board.

Requires Improvement

Is the service responsive?

Our findings

When we asked people and their relatives if they had been involved with their care, they were not all able to tell us they had as a number of them lived with dementia. One person told us before they moved in to the home, staff had been to see them to make sure they had all the relevant information about them they needed. They said, "They wanted to know everything about me, so asked lots of questions." The person told us they felt staff wanted to make sure they were happy with the care that would be provided before they decided to move in. Relatives told us staff were often asking them questions about their family member in order to update their care records. When we asked what type of questions, they told us, "One staff member wanted to know what my relative did for a living and about hobbies they used to have." The relative told us, "I know staff include us as much as possible, they let us know what's going on." Another relative told us staff had recently contacted them at home as their family member could not sleep. They decided to go along to the home and sit with their family member until they fell asleep and during this time staff brought them sandwiches and tea. We asked three people and one relative if they had seen their care records and only one person thought they had.

We examined care records and found the manager was in the process of updating documentation but it had not been completed and on two people's records we found various formats of the same information. For example, on one person's records we saw they had two care plans for sleeping on different paperwork which we found confusing as the information varied. We also found reviews had not always taken place. For example, one person's personal care plan had not been reviewed since July 2014. This meant staff may not have been able to respond effectively to the needs of people within their care. The manager admitted they needed to complete this work as soon as possible. We spoke to the person who's personal care plan had not been updated to ensure their needs were being met and found they were.

This matter was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were given choice. One person said, "Staff ask me how I want things done, if that is what you mean." They also said, "I like living here, the staff do really care about me."

People had the choice of eating in their room, lounge or in the dining room. One person who was in the lounge did not want to join others in the dining room so staff brought them their lunch, which they ate and appeared to enjoy. Another person had their lunch in another lounge area as they liked to be on their own. A smoking room was available for people who wished to smoke. One person said they often go out to smoke but in bad weather they used the smoking room. We saw people had a TV in their bedrooms and all the people we spoke with had chosen memorabilia to decorate their surroundings. For example; photographs of family members or trinkets and ornaments.

One person told us their family were able to visit at any time and their own hairdresser came in weekly to do their hair. Seven people told us various members of their family visit regularly and there was never a problem with visiting times. The relatives we spoke with all said they could visit when it was convenient to them. After lunch one person was enjoying folding serviettes while chatting to staff in the dining room. The person told us they enjoyed doing this as it made them feel "useful" and they liked to help staff. The person told us they made their own choices and staff respected their own preferred routines. For example, going back to the privacy of their own room to watch "the soaps".

People told us they could go out if they wanted to. One person told us they often go out with their relatives and another told us they enjoyed visiting their family. One person commented, "There are things to do. We've got two activity staff. We've been on some trips out, although I couldn't always go because of my special chair, but I get out in the garden when it's nice." We spoke to the manager about how this person could be supported by hiring an adapted vehicle so they were not restricted from joining others on trips out. One relative said, "There used to be trips out using a mini bus but this is very rare."

We found two rooms at the home which had been adapted. One had computer equipment and one had lots of games, puzzles, a piano, memorabilia and craft equipment held within it. However, we found both of these rooms were locked and not easily accessible to people living within the home. We saw a local newspaper article on display from 2011 stating people had internet, email addresses and were using the equipment regularly. We saw a list of email addresses but over the two days of our inspection we saw no one using either of these rooms. The manager told us they had recently employed two new activity coordinators

Requires Improvement

Is the service responsive?

and were looking to expand the activities available and make the home more dementia friendly by using some of the memorabilia from one of the rooms. A variety of activities were publicised for people living at the home on different days, however, the layout of the posters were confusing and it was not clear on which days activities would take place. We discussed this with the manager and they said it would be updated.

All the people we spoke with said if they felt unhappy, they would talk to staff or the manager. We asked three people if they reported any concerns to the staff would they be confident it would be dealt with. All three people told us the staff would sort any problems out for them. One person said, "I have complained before and it was sorted straight away." All of the people we spoke with said they knew the manager and she talked and listened to them. Another person said they had a concern which they had raised with the manager and had been offered an acceptable solution. One relative told us they had problems in receiving invoices for the payment of fees. They told us that invoices were not sent out regularly and it had caused them concern. We brought this to the attention of the provider and they told us they had changed the system for sending invoices out, which had caused problems. The provider told us they would look into the matter and resolve the issue for people.

Hampshire Court had a new manager who came into post in July 2014 and had held resident and relative meetings to discuss any concerns people may have had. The manager had also introduced a regular night time drop in session for relatives that work or prefer that time of day, which gave them an opportunity to discuss any areas of concern they may have had.

We questioned staff about the procedures if a person had to be admitted to hospital and what the staff at the home would do. Staff told us they would ensure the person either had a relative to go with or a member of staff would attend so the person was not alone. Staff told us they would share information with the hospital to support the person being admitted. When we asked people if they had ever been taken in to hospital, one person told us they had. We asked if staff had accompanied them and they told us, "I am sure they [staff] were not meant to be working, but they came with me anyway." This meant staff made the transition between services as easy of possible for the person in their care.

Good

Is the service well-led?

Our findings

Hampshire Court had a manager who had been recruited to their post in July 2014 and who had submitted an application to register with The Care Quality Commission (CQC). The home had a number of senior carers who were responsible for the home when the manager was not at work. Staff knew who was in charge when we asked.

We spoke with a number of health care professionals before, during and after the inspection and they told us the manager was approachable and seemed to be working hard to make improvements in the home. They said there had been too many different managers at the home over the last few years and it would be nice to see someone settled.

We had conversations with staff about being honest and open and they told us it had not always been a home where you could be like that. The staff we spoke with recognised changes had been implemented by the new manager. They were confident in the manager's ability to succeed in their role and said they were able to bring issues to the manager's attention with the knowledge they would take notice and help them. Staff told us they were pleased to have the new manager. One carer told us, "We have had so many changes, we just need to make sure she stays. She seems to know what she is doing."

People and their relatives told us the manager had held a meeting for them to discuss the quality of the service, when they first started to work at the home. One relative told us, "She wanted to know what we thought of the place and what was wrong. We certainly let her have it. We may have been a bit hard on her, but she has tried to do her best."

Another relative told us they attend regular meetings where the quality of the home was talked about and staff listen to any suggestions made. We saw copies of minutes which confirmed this placed on the notice board in the reception area for all visitors to the service to see. This meant people and relatives were offered the opportunity to question practice and help improve the quality of the service provided and this information was openly available.

The manager carried out monthly infection control audits and any areas for improvement were set out in an action plan. The actions were reviewed every month and signed off when complete. In this way the manager made sure any necessary improvements were identified, actioned and completed so it provided people with a clean environment. The manager completed a number of other quality checks or audits within the home. We saw regular health and safety and medicine audits for example. These audits checked to ensure people lived safely in a suitable environment. We saw where actions had been identified, the work had been completed and marked as such. Where issues had been identified, we saw actions had been taken to improve the area of work. For example, the manager now completed a daily work about the service to help identify any issues arising. This meant the manager was proactive in addressing issues with the aim of improving the quality of service at the home for people living there.

The manager of the home had informed the CQC of any significant incidents or events within suitable timescales. This meant we could confirm suitable actions had been taken. Services providing health and social care to people are required to inform the Care Quality Commission (CQC), of significant incidents or events that happen in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person had not ensured people were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of keeping accurate records for each person 20 (1) (a)