

Herefordshire Old People's Housing Society Limited

Hampton House Residential Care Home

Inspection report

Hampton House
Church Lane
Hampton Bishop
Herefordshire
HR1 4JZ

Tel: 01432870287

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 27 April 2016 and was unannounced.

Hampton House provides accommodation and personal care for up to 33 people. At the time of our inspection there were 31 people living at 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 kept safe by staff that knew how to recognise and report any concerns about people's safety. Staff understood people's needs and about risks and how to keep people safe. There were enough staff on duty to make sure that people got the right support at the right time. The provider completed checks to ensure staff were suitable and safe to work at the home.

People were positive about the support and care that they received. People were treated with dignity and respect and staff were kind and caring in their approach with people. People's care and support was centred on their individual needs.

People had their health needs responded to effectively. People were supported to access doctors and other health professionals when required. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People enjoyed a varied diet of food and drink. People were supported to have their food and drink safely. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon by staff.

People were asked and gave staff permission before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the skills and knowledge to understand and meet their health needs. Staff had access to on-going training and support to meet people's specific health and wellbeing needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People and their relatives found the staff and management approachable, willing to listen to their views and opinions. People knew how to complain and who to complain to. Feedback from people and their relatives was gathered on a regular basis and any areas identified for action were acted upon. Audits and checks were

completed regularly to ensure that good standards were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

People were kept safe because there were sufficient staff to meet people's assessed and keep people safe.

Staff knew what to do if they suspected that any type of abuse had taken place.

People were involved in managing the risks around their care and treatment.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good ●

The service was effective.

People had support from staff that had the knowledge, skills and support to meet their health needs effectively. People had support and access to different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring and treated them with dignity and respect.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time with the staff, the registered manager or the

provider.

People were involved in planning and reviewing their care and support. They were supported to have choice and to be involved in all aspects of their care.

Is the service responsive?

Good ●

People had care that was centred on and responded to on their own individual needs. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

Is the service well-led?

Good ●

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements.

Hampton House Residential Care Home

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 unannounced inspection took place on 27 April 2016 and was conducted by one inspector.

Before the inspection we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also asked the local authority for any information relating to Hampton House. We did not receive any information of concern.

During the visit we spoke with eight people who lived at the home, four relatives, six members of staff who consisted of three care assistants, one domestic member of staff, one kitchen assistant and the registered manager. We also spoke with a community nurse who was present for some of our inspection. We observed staff supporting people throughout the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a care plan for medicines and one for a person's mobility.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "It's fantastic here." A relative said, "It's a lovely safe environment for people to live in." People felt they could raise any concerns about their own or other people's safety and staff would listen and take action if it was needed. Staff had completed training on how to keep people safe and when we spoke with them they were able to tell us about their understanding of the different types of abuse and what action they would take if they became aware of or observed abuse taking place. They told us that they would make sure that the relevant authorities were informed and swift action taken to keep people safe.

People had individual risk assessments which included falls risk assessments, nutrition, and moving and handling. Where risks were identified plans were in place to identify how risks would be managed. For example, following changes to a person's condition their mobility had deteriorated. We found that risk assessments for the person's mobility had been reviewed and all staff were able to tell us how to support the person to move safely. The person told us, "I feel lovely and safe. Staff are good to me." We asked the person about the support they had with their mobility and they told us, "They [staff] give me support to feel safe and stop me falling." What staff told us about this person's risks and how they managed them matched what was written in the care plan and risk assessment. We found that risks to people's safety had been routinely assessed, managed and reviewed.

People told us that staff helped and supported them to keep safe. They told us that there were enough staff to be able to respond to their needs when needed. What we saw confirmed this; we saw that staff responded as soon as people asked for assistance. We saw that call bells were answered promptly and staff were quick to respond and offer support. Relatives told us that there were always staff around and they were quick to provide care and support when it was needed. The registered manager told us that staff worked as a team to cover unexpected staff absence to ensure consistent support for people and as a result they did not use any agency staff cover. Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People told us that they had the support they needed to take their medicines safely. For some people they needed prompting and observing to make sure they were taken safely, whilst other people needed more support in taking their medicines, for example the medicines needed to administered directly to them. We saw that staff knew what support to give to make sure people their medicines safely. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person. Only staff that had received training in the safe management of medicines were able to administer medicine. Medicines were stored safely and appropriate systems were in place for

the ordering and disposal of medicines.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs. One person said, "Staff know about my health and they know what they are doing." A relative said, "No question. Staff are well trained and know what they are doing." The community nurse told us, "Staff understand any instructions regarding people's health and know what to do." Staff told us that they had a good level of ongoing training that was relevant to their roles. For example staff told us that they had training around, the Mental Capacity Act, safeguarding people and medicines. Staff told us that when they started there was an induction period which provided them with training in their roles and also a period of working alongside more experienced staff until they and the registered manager were confident they had sufficient knowledge to carry out their roles safely and effectively.

People said that they enjoyed the food and that they were given choice over what they wanted to eat. There was a choice of hot and cold food and a varied nutritious menu. Where people needed extra support with their meals this was offered. For example some people needed staff to sit with them so that they could be prompted and supported to eat their food safely. We found that mealtimes were a social time with lots of chatter and laughter between staff and the people they supported. Staff were attentive to people and where requests for additional food or drinks were made staff were quick to respond. Where people needed the amount of food and drink that they had monitored this information was recorded in people's care records. We could see occasions where concerns about people's weight loss had been identified and the relevant health professionals had become involved. We spoke with the kitchen assistant who was preparing the food during the inspection, and they had knowledge of everyone's food preparation needs and understood about providing a fresh nutritious diet for people. Staff had knowledge of people's nutritional needs and who needed additional support, which we saw was provided when needed.

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 Act 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 said that they could make choices and what they chose was always respected by staff. One person said, "Staff always ask and make sure you get choice in everything." Relatives told us that people had choice and that staff promoted inclusion for people in what they did. All the relatives we spoke with told us that they felt that staff gave people time to make sure their wishes were respected. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. For example one person had chosen to do some knitting. Staff were quick to make sure that people had the materials and support to do this. This person told us that all they needed to do was ask and staff were quick to make sure it happened. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the

MCA and were confident in their knowledge of its principles and use.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented including the involvement of the person themselves in this process. At the time of inspection no DoL applications had been made.

People told us that they were supported to access other health professionals when needed and that they were involved in this. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example, a person told us their health condition had changed and staff had involved and supported them with doctor appointments. They told us that they had also had additional visits from the community nurse to see how they were. They told us that they felt better because of this. We saw other examples where other health professionals such as district nurses and physiotherapists had become involved following changes in people's health conditions. Relatives told us that they found that any deterioration or change in someone's needs was actioned straight away with the full involvement of the appropriate health professionals. A relative told us how following concerns about their relative's health staff had arranged for an urgent review by the doctor and also they had been seen by a district nurse urgently. They told us that since living at the home their relatives health had, "Improved immensely. Staff are quick to respond and this has made all the difference."

Is the service caring?

Our findings

People that we spoke with told us that the care and support they received was good. They said that staff were kind and caring and always treated them with dignity and respect. We saw that people's privacy and dignity was respected by staff. People were addressed by their preferred name and staff knocked on people's doors before entering their room. Care was provided in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. We also saw that staff made sure people were happy with their care and support by maintaining conversation through any care tasks. Staff told us that this involved the person and respected people's wishes throughout their care and support. Staff told us that they had training on dignity and respect and there was always an emphasis on dignity and respect through all of the care and support that staff provided. The registered manager told us that staff were always encouraged to think about treating people with dignity and respect.

People were given time by staff to express their wishes and choices that they made were respected by staff. We saw a person ask to go to a quieter area of the home. Staff were quick to support this person to the area of the house where they wanted to go. People told us that they could ask for anything and nothing was too much trouble, this was further reinforced by what relatives told us. One relative said, "Staff are very mindful of what people's wishes are and they respect what people want." The staff we spoke with told us that they would not carry out any care or support without the agreement of the person first.

People told us they felt able to give their views and were involved in shaping the care and support that they received. Each person had a key worker. A key worker is a named member of staff who has a central role in the care of a person. They took the lead in monitoring and reviewing the care and support with the person and became a point of contact for relatives and other professionals. People knew who their key workers were. People regularly met with their key workers and discussed their care and support. One person said, "My key worker checks to see I am happy." Relatives said that they found staff encouraged people to be involved in decisions about their care. For example one person was involved in moving rooms to aid their mobility; another person was involved in planning and purchasing items for their hobby with staff. The registered manager and staff all told us how important it was to have and encourage the involvement of people in their own care and support.

People told us that they maintained contact with their families and friends. They told us that they could have visitors at any time and that staff were always welcoming to people, and respected people's relationships and privacy. Staff told us that it was important for people to maintain contact and maintain relationships with people that are important to them.

Is the service responsive?

Our findings

People told us that staff understood their health and wellbeing needs. Staff we spoke with demonstrated this and were able to tell us about people's specific health needs and how these were responded to. For example staff told us about a person's Parkinson's disease, how this had changed and what new approaches to treatment and medicines were being tried. Staff told us about the additional monitoring that this involved. Staff could tell us about this and what they needed to monitor regarding the changes. Staff were able to discuss people's needs and demonstrated vast knowledge of the approaches used to support people with those needs.

People told us that staff knew what to look out for that may show that they were unwell. For example one person said, "When I am ill staff quickly get a doctor for me." Staff felt that if people's needs changed they were quick to involve other professionals. Staff know my signs and see that I see a doctor straight away." Staff were able to tell us about this person and what they looked out for that would indicate the person was unwell. People told us that if their needs changed staff were quick to respond and involve other professionals. We heard examples from people where the doctor had been called following them saying that they felt unwell. The nurse felt that staff were quick to identify and respond if people were unwell. We could see where additional reviews with other health professionals had happened as a result of changes in people's health. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

People told us that they knew how to complain. One person said, "I would tell the manager." Relatives told us that they knew about the complaints policy and were confident that the registered manager would listen to and deal with any concerns or complaints. There had not been any complaints but we could see that there was a system in place to investigate and respond to any concerns appropriately.

People told us that they felt that they were consulted with regarding their care and support and that staff made them feel valued and listened to. People's care and support was planned in partnership with them. People told us that there were regular meetings where they could put forward suggestions about menus, activities and any other topics that they wished to discuss. People told us about recent discussions with staff and the registered manager to look for volunteers to talk at a local school to share their life experiences with children. This was to support a project at a local school celebrating the queen's birthday. People also told us how plans for the home's own celebrations were discussed with everyone having the opportunity to have input into these activities. Staff said some people needed some extra time and support to have a voice in the meeting, but they always made sure that people had the time and support they needed to be able to have input into the meeting.

People were also supported to have their own hobbies and interests. People told us that they had a choice of what they would like to do, and where they would like to spend their time. We saw examples where some people were being supported with craft activities, some people were doing knitting, one person was planting some plants while other people were sat quietly reading. Staff told us that they supported people

fully with what they wanted to do, and any ideas or extra materials were always that they paid attention to what people wanted to do and any ideas from people were encouraged.

Is the service well-led?

Our findings

People told us that the registered manager was approachable and that the home was well run. This was a view shared by the relatives and staff that we spoke with. Staff told us that it was an open culture where they could approach the registered manager with any ideas or concerns and they would be listened to. Staff said that they did not know of any staff concerns at present but knew that if they did the registered manager would be supportive and listen.

The registered manager told us that the vision of the home was to be a home for life that provided excellence in its care and support. This was a view shared by the staff. Staff were motivated to do the best that they could and we found that staff had good morale and spoke positively about their experiences of working for the provider and the registered manager. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

We saw there were systems in place to check the quality of the care given by staff. This included regular checks and audits on areas such as medicines, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. For example we could see where changes to the medicines system had been made following an audit of the medicines. This had reduced the amount of medicines errors in the home. Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff. There were also regular staff meetings, which staff told us were positive and felt that the registered manager listened and responded to what staff had to say. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

People told us about the positive links that the home had with the local community. Examples that people gave us were involvement in local village fetes, attending regular local church coffee mornings and also about the links with a local school. The registered manager told us that the home was very much a part of the local village and people were encouraged to participate in local village events if they wanted to. People and the staff told us that the registered manager was visible in the home spending time through the day with the people that lived there and with staff. Staff told us that this gave them confidence that the registered manager knew what was going on.

All staff told us about the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "There is no excuse for poor treatment, any of us would report it straight away."

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.