Hampton Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection that took place on 12 and 13 November 2018. The service was previously inspected in April 2016, where it was rated 'Good' overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

We found that some improvements could be made with regard to the service being well-led and have made a recommendation in this area. However, no breaches in regulations were found.

We found that much emphasis was being given to senior manager oversight and forward planning. This in turn sometimes had the negative effect of missing the pressure that staff sometimes worked under and was heavily reliant on agency staff.

The senior managers of the home acknowledged this and confirmed they had plans in place to address it. We have made a recommendation about the need for the provider to develop a specific plan for reducing the dependency on agency staff.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Hampton Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 76 people across three separate units, each of which have separate facilities. There were 69 people living at Hampton Care Home at the time of inspection. People living in the service may have complex physical or health needs or are living with dementia and they need the support of trained nurses.

The home was in the process of recruiting a suitably qualified and experienced registered manager who had both a nursing and social care background. The previous registered manager had left the organisation. 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.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and spoke to us about how they would identify any issues and report them appropriately. Risk assessments and risk management plans supported people well.

Good arrangements were in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults.

The acting manager and her senior team kept staffing rosters under review as people's needs changed. We judged that the service employed enough nurses and care staff by day and night. There were suitable numbers of ancillary staff employed in the home.

Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles. Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. Any issues were dealt with promptly and appropriately.

People in the home saw their GP and health specialists whenever necessary. Where necessary nurses in the home would liaise with external specialist nurses and consultants. The staff team had good working relationships with the local health and social care teams in the area.

People had their needs assessed and the staff team reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure that assessment and review of support needed was suitable and up to date.

People told us they were satisfied with the food provided and we saw suitably prepared meals being served. Nutritional planning was in place and special diets catered for appropriately.

Hampton Care Home had suitable adaptations to ensure people were safe and had enough personal and shared space. The home was warm, clean and comfortable on the day we visited. Suitable equipment was available.

The service managed the control and prevention of infection well. Staff followed correct policies and procedures and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene.

People at risk of poor nutrition and dehydration were sufficiently monitored and encouraged to eat and drink. The quality of the food was good, with people getting the support they needed and the choice that they liked.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who lived in the home told us that the staff were caring. We also observed kind and compassionate support being provided. Staff supported people in a respectful way. They made sure that confidentiality, privacy and dignity were maintained.

Risk assessments, nursing plans and care plans provided detailed guidance for staff in the home. People and relatives were aware of their care plans and were involved in their development. Staff took people out locally and encouraged people to follow their own interests and hobbies. We saw evidence of regular activities for people and visitors were made welcome.

The service had a comprehensive quality monitoring system in place and people were asked their views in a

number of different ways, from direct conversations to questionnaires. Quality assurance was used to support future planning. The home had a large presence of support from the wider organisation who were supporting the home to improve on its leadership and quality assurance. This had resulted from a variety of factors relating to incidents and accidents which had occurred over the previous 12 months. The management were working with the local authority in improving the way it monitored and managed these areas.

The acting manager and the operations manager responded to concerns or complaints appropriately and records were well organised, easy to access and stored securely.

Further information is in the detailed findings below.

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

The service remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Requires Improvement

The service was not as well-led as it could be.

The Provider and senior staff had developed a culture which promoted openness and transparency for staff and a person-centred and inclusive environment for people who lived in the home.

The provider made use of quality audits, both internal and external, and through seeking regular feedback from people and relatives, and from eternal professionals.

However, the focus on having quality systems and embedding the management structure within the home sometimes had the negative effect of not recognising pressure points for staff at busy times and an over-reliance on agency staff which was not conducive to staff morale or consistent team working.

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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 2018. The first day was unannounced and the second day was announced. The inspection team consisted of one lead inspector, two supporting inspectors, a specialist advisor who was a registered nurse 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, which included people living with dementia and people with nursing needs due to chronic ill health.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner and in good detail. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also received feedback from social workers, and commissioners of care.

We spoke with 27 people and six relatives on the day. We also spoke with three registered nurses and the clinical lead for the home, four care staff, the premises maintenance manager, and members of the senior management team, including operations managers, acting manager and finance director. We spent time in shared areas and observed the life of the home.

We looked at ten care plans and looked at daily notes related to these care plans. We also looked at records of medicines and checked on the stored medicines kept in the home. We saw risk assessments and risk management plans, moving and handling plans and other health related tasks that were carried out by nurses and staff.

We looked at ten staff files which included recruitment, induction, training and development records. We saw rosters and records relating to maintenance and to health and safety and we looked at some of the

registered provider's policies and procedures. We saw records related to quality monitoring.

We received information related to staffing issues and quality audits during and after the inspection.

Good

Is the service safe?

Our findings

People continued to feel safe in the home. One person said, "Oh I feel safe. I've never felt unsafe here." Another told us, "I don't worry about that, we are safe and all our things that are here are secure and looked after."

Some people who used the service were not always able to explain how safe they felt but we saw that they were relaxed in the home and with the staff. We met visiting relatives who confirmed that people living with dementia were kept as safe as possible. One relative said, "I don't doubt the safety here at all." Another told us, "So far I have no doubts and [my relative] hasn't mentioned anything. I'm very reassured by that."

Staff were suitably trained in understanding harm and abuse. One care worker told us, "The safety of the resident and their wellbeing is my main job. My job is to keep them happy and safe."

The provider had safeguarding adult's policy and procedures and staff were aware of this. Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. Staff confirmed they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe and they were aware of guidelines and contact details of the local authority safeguarding team. This information was also displayed around the home.

We looked at recruitment files and spoke to staff who confirmed that background checks were made prior to new staff having any contact with vulnerable people. Records contained appropriate pre-employment checks such as references and Disclosure and Barring Service (DBS) checks as well as copies of people's proof of identity and proof of eligibility to work in the UK.

There continued to be sufficient numbers of staff on duty to provide safe care. On each floor there were a registered nurse who took charge of ta shift, with 4 care staff on average, depending on the occupancy and need. At night there were, on each floor, a registered nurse with an average of two care staff per floor.

There were a variety of care plans and risk assessments in place to support people who required further support to keep them safe. These included assessments for skin integrity, end-of-life plans, the use of bed rails, pain management, continence assessment, eating and drinking and falls.

People's medicines were managed safely and consistently in line with national guidance. People told us they had confidence in the staff that supported them with their medication. One person said, "I trust the staff to give me my tablets."

Medicines were kept securely in locked trolleys and rooms, and administered by trained staff. Controlled Drugs were kept separately in a secure cupboard and a separate register was held for these. Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and stocks we checked tallied with the balances recorded. There were checks of medicines and audits to identify any

concerns and address any shortfalls. One person self-administered their medicine and appropriate self-administration checks and forms were kept.

Accidents or incidents had been reported to the Care Quality Commission and, where required, to the local authority social services.

Staff had suitable training in infection control and access to protective clothing and equipment. The premises were well maintained and free from hazards.

Good

Is the service effective?

Our findings

People continued to be cared for by staff who were supported to develop their knowledge and skills. One person said, "They are confident when they are looking after me." Another person told us, "They make me feel safe and they know what they're doing." One relative said, "I've been reassured by their knowledge and ability to stay calm with everyone."

A range of training was completed by staff including data protection, safeguarding, recording and reporting, moving and handling, the Mental Capacity Act 2005 (MCA), dementia and infection control. One care worker told us, "Training has been very good." They described learning from dementia training and application to working with individuals as an example. They said, "You have to do what suits that person, dementia is different for everyone."

Staff were supported through a supervision and appraisal process. At times we saw that this had become sporadic, due to the resignation of the previous manager and the number of agency staff used in the home. We raised this with senior management and discussed it further in the context of the overall management of the home.

Other forms of supervision took place with management walk-abouts, team meetings, handovers and an open-door policy for anyone if they wished to discuss something.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that authorisations were in place, where necessary, and that staff supported those people in the least restrictive way possible to comply with the authorisations.

People were supported to keep a healthy and balanced lifestyle with a nutritional diet. People spoke positively about the meals in the home. One person said, ""It's quite good. I choose in the morning and then they remind me before lunch and you can change your mind. There is reasonable choice. I don't get fed because I don't need it but they ask if I would like help with things like cutting meat." Another person told us, "I like to eat in my room and that is okay with them. It's okay and always hot which is good. I choose from a few things and you get dessert. You have tea and biscuits, fruit during the day. They keep an eye on what I'm eating. I have my own snacks in my room."

People were offered a variety of diets for any specific needs, for example, chopped, pureed, diabetic, low fat, low salt. We saw that people with complex needs were protected from risks. For example, people who had difficulties swallowing food were appropriately supported, with the home arranging for the speech and language team (SALT) to assess them.

Where input and support was required from other healthcare professionals, people were supported to access them. This included GPs, physiotherapist, palliative care services and mental health specialists.

Hampton Care Home was designed as a modern, specially designed nursing home and everyone had a single room with en-suite facilities. Shared areas included comfortable lounge and dining areas. The home had a range of specialist equipment to help people with restricted mobility or other needs. There were suitable adapted bathrooms and shower rooms.

Good

Is the service caring?

Our findings

People continued to be well cared for at the service. People's comments included "They help me with things I find hard like getting in the bath and they have a chat", "They are very nice and make time to listen to me go on", "I think they are lovely and know what they are doing." Relatives also commented positively, saying, "They are very nice. They really reassure them if they are worried or feeling unwell", "I've heard them be very reassuring to [my relative] and encourage them."
People felt confident that staff knew what their needs were and staff knew the people they were supporting very well and were able to give us a detailed overview of people's preferences and how to care for them with compassion. Staff were able to talk with us in detail about people's behaviours, their family relationships and presenting needs.

People were supported to be involved in decisions around their support. Records that we looked at reflected consultation with people in relation to their needs and preferences.

Staff treated people with dignity and respect. People confirmed that they had their privacy and dignity respected, particularly with regard to locking their doors, respectful care when carrying out personal care tasks and supporting the choices and decisions they made.

We also observed how staff interacted with those people who found verbal communication more problematic or where people did not wish to engage with members of the inspection team. We observed people responding warmly to staff. People made good eye contact with the staff and were relaxed with any interventions we witnessed. People responded well to staff guiding and supporting.

Staff displayed appropriate values when talking about people in the home. They told us how they would support people with differing cultural, social and sexual preferences. People and relatives we spoke with confirmed this. One person said, "I am definitely respected and I like being here with people like me who feel the same about respect." Another person told us, "I am comfortable here because they listen to me and write down my wishes for my life. I pray and sometimes they see me and apologise for disturbing me."

Staff understood the need for confidentiality and privacy. Staff gave examples of how they encouraged people to maintain their dignity during personal care support. People were given their own space and privacy. Staff knocked on doors and introduced themselves and then explained the intervention and options.

Good

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs, and records showed that people and their families were involved in their care planning. One person said, "They talk to me and chat about different things like what I think I need help with or what I like." Another told us, "We have chats all together at lunch sometimes and you can make suggestions and they have boards with things on like the activities."

Care plans covered areas such as likes and dislikes and activity planning. People's care plans were kept up to date and reviewed regularly or when people's needs changed. Where a change in someone's health or behaviour had been observed in one person the care plan was updated if necessary as a result of the daily records that were kept.

The quality of detail in people's risk assessments and care plans varied from person to person, with some records containing explicit detail about and step by step guidance for staff to follow to support people, for example with how often to turn whilst in bed. Others were more general if the person was more independent and would include such detail as whether there was any monitoring to be carried out whilst the person was alone in their bedroom.

Information about people was clear in their records and easily accessible by staff. When we asked staff about people they were able to tell us about them and what their main needs were.

A range of activities were on offer and people were supported to exercise their choices. There were dedicated activity coordinators about whom people, their relatives and other staff spoke positively and who felt they were working hard to ensure a variety of choice existed across all three floors of the home. During the inspection we observed that care staff made a lot of use of recorded music in variety of styles which had a positive response by people as well as providing staff with a ready means of engagement. People were actively encouraged to make choices and staff referred to music playing as a way of engaging in reminiscence, for example by asking questions about where people lived during that time, what else was happening on that date, etc.

Daily records were kept of events that occurred during people's days and were communicated as part of the shift handover.

The provider had a complaints policy in place and people were clear on the action they would take if they had a complaint. People told us they felt confident that staff would help them with concerns or complaints. Comments included "I would tell the girls who work here, my carer and then the managers. They do listen to you, I've never had to complain", "I would ask for the manager to come up", "I would tell the nurse or my visitors" and "I've never had to complain but I'm confident in the new management and feel I would be able to do so discreetly and effectively with their support".

The Accessible Information Standard makes sure that people with a disability or sensory loss are given

information in a way they can understand. NHS and adult social care services are legally required to comply with this standard.

We found that people's care records included details about their preferred methods of communication, although some records were vague as to what plans would be in place to enable them to have access to their records in a form that was accessible to them. The operations manager demonstrated a good awareness of the Accessible Information Standard and explained that records were in the process of being updated in line with requirements. Elsewhere, notices and other information were clearly displayed in plain English.

This nursing and staff team experienced in end of life care as they cared for people with chronic and enduring illnesses that were often life limiting. Care staff had received suitable training in this and we spoke with staff who told us how they supported people. We saw thank you cards and letters from families praising the staff for their care.

The home used technology, both to support staff in their work via electronic and cloud-based care planning systems and e-learning, and in enabling people to communicate with friends and family via tablets and the internet.

The managers of the home responded to people's ideas and concerns through regular resident and relative meetings. We saw records of these meetings which were open and candid and allowed for a good exchange of views.

Requires Improvement

Is the service well-led?

Our findings

In the past 12 months the provider had spent a considerable amount of time in improving the quality systems at the home, utilising staff from some of its other homes to carry out audits, and looking at ways to improve systems which minimised the risk of accidents and safeguarding concerns. This was partly in response to a large number of accidents and incidents in the home, such as falls and missing property and the home had been working with the local social services department in seeking ways to minimise these.

Whilst this work was valuable, we found that it had had a negative impact on some areas of the leadership of the day to day life of the home. These centred round staff supervision and development and the dependency on agency staff which sat at around 30%.

We found that staff personal supervision and appraisal had been sporadic, due to a mix of the registered manager post being vacant and the use of agency staff which took up a lot of supervisory time.

In addition, we found that staff felt that managers were not aware of the pressure points in their day, such as early mornings, lunch and evening. They also told us that senior management did not appreciate that, at busy times when people relied on a sound knowledge of people's needs in order to support them appropriately, having to induct an agency worker just to carry out basic tasks was not ideal.

This led to staff having mixed views about the quality of management and leadership of the service. One staff member told us, "The manager is very supportive in her new role. She sees what life is like on the unit and is happy to help out." Another said, "We have good tools for the job, like the care planning tool. We are given good conditions, like breaks, meals, training." However, another staff member told us, "This used to be a luxury home but not since Canford took over. It doesn't have the atmosphere any more. It's more about budget control".

We discussed this with the operations director and finance director. They were open in their acknowledgement that there was a high use of agency staff which was unacceptable. They presented plans which indicated that the recruitment of permanent staff was a priority and that once a new registered manager was in place, attention would once more be given to the leadership and support of staff.

We recommend that the provider develop a specific plan to reduce the dependency on agency staff with a view to ensuring a cohesive and permanent staff team that will support and learn from each other with leadership from a registered manager.

People spoke positively about the way the home was managed and about the culture of the home. Comments included "They are a happy lot and they look after us well", "The food is good, the chef is a fantastic chap and makes me laugh and asks what I would like next time to eat", "They make time for everyone even though they are busy", "They seem very kind and patient".

Other people told us that the acting manager was approachable. Comments included, "I don't know her

name but that is only because she is new I think. I like her though", "I know her and she came to say hello and how I am", "She is always busy but still sits and says hello at coffee time occasionally", "She is new, a lovely person and seems very approachable. I'm not sure of her name".

All staff we spoke with told us that they felt confident that senior management were concerned about ensuring safe care and would respond appropriately to any safeguarding concern or whistleblowing incident. Staff also told us that they felt they would like there to be more staff so that they had time to spend with people. One staff member told us, "It feels very tight sometimes."

The previous registered manager had resigned and there was an active recruitment procedure in place to appoint a manager who would then apply for registration. 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.

The acting manager was aware of their responsibilities to the CQC in notifying us of any important incidents. In addition, the acting manager held an active presence in the service and records showed that they reviewed the shift handovers and other information to ensure full oversight of any issues and to identify and take action on any concerns.

There was evidence of audits of the service as well as audits and questionnaires about people's experience of living in Hampton Care Home. The provider demonstrated openness with the results by sharing these with people in a publicly visible part of the home, in the form of "You said…We Did".

The acting manager ensured that any notifiable incidents were reported to the Care Quality commission in a timely and appropriate fashion.