

Hampton Care Ltd

# Hampton Care Limited

## Inspection report

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Date of inspection visit:  
18 August 2020  
19 August 2020

Date of publication:  
18 September 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

**Inspected but not rated**

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hampton Care Limited is a care home providing nursing and personal care to 51 older people at the time of our inspection. The service can support up to a maximum of 76 people. The premises is divided into three separate units, each of which has their own adapted facilities. Most people using the service are living with dementia.

### People's experience of using this service

People using the service, their relatives and staff spoke positively about the care home and the relatively new managers, who most felt had significantly improved Hampton Care Limited in recent months. Typical comments we received included, "It's been so frustrating having so many different managers in recent years, but the new managers seem very good and hopefully they'll stay", "The home is a lot more stable since the new managers took over and have done well to reduce the number of agency staff they use" and "All this place needs is a bit of continuity, which hopefully the latest managers will bring."

At our last two consecutive inspections we found staff did not have enough opportunities to reflect on their working practices and professional development because the formal support they received from their line managers was sporadic. The previous manager sent us an action plan setting out how they would address this ongoing staff support issue. At this inspection we found the provider had followed their action plan and made enough improvement to ensure the service was no longer in breach of the regulations.

At our last two inspections we found the provider had failed to ensure the service was consistently managed by a suitably fit person who had been registered with us. In addition, we found the way the provider operated their governance systems to assure the quality and safety of the service people received was not always effective. At this inspection we found the provider had followed the action plan they sent us and improved the way the care home was now led and how they operated their oversight and scrutiny arrangements. The provider had also appointed a new permanent manager who has now applied to be registered with us.

The new managers consulted people, their relatives and staff as part of their on-going programme of improving the service they provided. For example, when things had gone wrong, there were systems in place to learn lessons from this and prevent similar incidents from reoccurring. The provider continued to work in close partnership with other health and social care professionals and agencies to plan and deliver positive outcomes for people using the service.

We found people were still cared for by staff who knew how to protect them from avoidable harm and keep them safe. The care home was adequately staffed. Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. People received their medicines safely and as prescribed. The provider had effective systems in place to assess and respond to risks regarding infection prevention and control, including those associated with COVID-19.

Rating at last inspection and update.

The last rating for this service was requires improvement (published 4 March 2020) and there was a breach of regulation in relation to staff support. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations. This report only covers our findings in relation to the Key Questions; Is the service Safe, Effective and Well-led? The overall rating for the service has now improved to good.

#### Why we inspected

This inspection was prompted in part due to ongoing concerns received about the service's high turnover of managers and the safe management of medicines. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns.

We used the targeted inspection approach to look at a specific concern we had about staff support associated with the key question, Is the service effective? As we only looked at part of this key question, we cannot change the rating from the previous inspection. Therefore, the key question for is the service effective remains rated as requires improvement.

We undertook a focused inspection approach to review the key questions of Safe and Well-led where we had specific concerns about medicines management and how the service was managed.

As no concerns were identified in relation to the key questions is the service Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hampton Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Inspected but not rated

Inspected but not rated

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Hampton Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. As part of this inspection we looked at the infection control and prevention measures in place.

#### Inspection team

An inspector, a specialist advisor and an Expert by Experience carried out this inspection. The specialist advisor was a registered nurse who had experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had not had a manager registered with the CQC for two years. However, a peripatetic manager was appointed in October 2019 and has now applied to be registered with us. This means they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to make sure the care home's environment could be made as safe as possible for the people living there to speak with the visiting inspector and specialist advisor.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

#### During the inspection

We spoke in-person with six people who lived at the care home and two visiting relatives about their experiences of the care provided at Hampton Care Limited. We also spoke with various managers and staff who worked there, including the peripatetic manager, deputy manager and regional operations manager, three nurses, and four health care workers.

We also looked at a range of records that included three people's electronic care plans, three staff files in relation to their recruitment, training and supervision, and multiple medicines administration record sheets. A variety of other records relating to the management of the service, including policies and procedures were also read.

#### After the inspection

We spoke over the telephone with six people's relatives and received email feedback from a community health care professional. We requested additional evidence to be sent to us after our inspection including staff meetings and training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines systems were well-organised, and people told us they received their medicines as prescribed. One person remarked, "Staff are very good with giving my [family member] her medication on time."
- People's electronic care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff authorised to manage medicines followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going safe management of medicines training and had their competency to continue doing so routinely assessed by senior nurses.
- Managers and nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. We found no recording errors or omissions were found on completed medicines records we looked at.

### Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns if abuse occurred. People told us the care home was a safe place for them or their relative to stay. One person told us, "Yes, I feel very safe living here and I know my family all agree." Another person's relative said, "I feel my [relative] is very safe in the home."
- The provider had effective safeguarding policies and procedures in place.
- Staff had completed up to date safeguarding adults training and knew how to recognise abuse and respond to it. One member of staff told us, "My induction covered how to recognise and report abuse. Luckily I've never witnessed anything like that happening here, but I'm confident about telling the nurse in charge if I ever did see anything like that happen."
- At the time of our inspection no safeguarding incidents were under investigation.

### Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans we looked at included risk assessments associated with people's mobility, their environment, pain management, use of bed rails, eating and drinking, skin integrity, management of medicines and behaviours that might challenge the service.
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or manage incidents of behaviours considered challenging.

- There was clear guidance for staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises.

#### Staffing and recruitment

- People were kept safe by receiving care and support from adequate numbers of staff whose 'suitability' and 'fitness' to work with older people with nursing and/or personal care needs had been properly assessed.

- Staff were visibly present throughout the care home during our inspection. For example, we observed throughout our inspection staff respond quickly to people's requests for assistance or to answer their questions.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s, National Midwifery Council professional PIN registration numbers for qualified nurses, and a current Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

#### Preventing and controlling infection

- There were robust systems in place to assess and respond to risks regarding infection prevention and control, including those associated with COVID-19. We were assured that the provider was preventing visitors from catching and spreading infections; was meeting shielding and social distancing rules; was promoting safety through the layout and hygiene practices of the premises; was using Personal Protective Equipment (PPE) effectively and safely; and, was accessing testing for people using the service and staff.
- For example, during our inspection we saw signage informing visitors of the infection control measures in place during the pandemic, individual temperatures were taken on entering the service and hand-wash was available. Hand sanitation dispensers were available throughout the home and staff had access to ample supplies of PPE, which we saw staff wore consistently. A relative said, "When we visited social distancing rules were in place and staff were wearing full PPE."
- Staff confirmed that they had been well supported during the pandemic with adequate supplies of PPE and hand sanitisers.
- The peripatetic manager informed us the home had been COVID-19 free for nine weeks at the time of the inspection.

#### Learning lessons when things go wrong

- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, following a number of medicines errors in the last 12 months the provider had reduced the risk of similar incidents occurring by improving the way nurses recorded, ordered and monitored medicines.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection we found the support staff received from managers in relation to formal supervision and work performance appraisals was sporadic. The peripatetic manager sent us an action plan setting out how they would address this ongoing staff support issue.

Staff support: induction, training, skills and experience

At our last inspection we found persons employed by the service did not always receive appropriate supervision as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made by the provider to ensure they were no longer in breach of this part of regulation 18.

- Staff now had sufficient opportunities to reflect on their working practices and professional development. Most staff told us they felt supported by their managers and the number of individual and group supervision meetings they had with them had begun to increase in recent months. One member of staff, "Supervision meetings have definitely increased since [name of new manager] has been in charge, whose pretty supportive I must say."
- Records showed all staff had either received or a date had been arranged for them to have regular individual and group supervision meetings with their line manager and fellow peers, which included an overall work performance appraisal.
- The peripatetic manager told us they had time specific plans in place to ensure everyone who worked at the care home would have attended five formal supervision meetings, including an appraisal, by the end of the year in line with the providers staff support policy.
- Staff had the right mix of knowledge, skills and experience to effectively meet the needs of people they supported. Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last two consecutive inspections of this service we found the provider had failed to ensure the service was consistently managed by a suitably fit person who had been registered with us. We discussed this ongoing management issue with the provider at the time of our last inspection who acknowledged the service had been inconsistently led in recent years. They said at that time that they would appoint a suitably fit person to be registered with us.

At this inspection we found the service had followed the action plan we had asked them to send us and improved the way the home was now managed.

- The service had not had a registered manager for two years. The peripatetic manager told us, which our records confirmed, they had recently applied to be registered with us.
- We continued to receive mixed comments from people using the service, their relatives and staff about the high turnover of managers the service had experienced in recent years, although everyone we met spoke positively about the leadership approach of both the new peripatetic and deputy managers. Feedback we received from one relative summed up how most people felt about the way the service was now being managed - "I've lost count of the number of new managers we've had here in recent years, but I've been very impressed with [name of peripatetic manager] and [name of deputy manager]. They've brought much needed and well overdue stability and calmness to the care home. Let's hope they stay longer than the last lot."

At our last two inspections of this care home we found the provider had failed to ensure their quality and safety monitoring systems were effectively operated. We discussed this ongoing issue with the provider at the time of our last inspection who acknowledged there was a problem and agreed to improve how their governance systems were operated.

At this inspection we found the provider had followed the action plan we asked them to send us and had significantly improved the operation of their governance systems..

- We found the provider had increased the number and frequency of the audits and checks the new managers and senior nursing staff now carried out at the service. This included regular checks on medicines management, infection control, care plans and risk assessment, health and safety of the building, call bell response times and staff training and supervision. The new management team had also introduced checks on people's mealtime experiences and routinely undertook tours of the care home to observe staffs working

practices. A member of staff told us, "The new managers can often be seen on the units and they do tell us how we can do things better, which is a good thing."

- It was clear from comments we received from managers they recognised the importance of continued monitoring of the quality of the standard of care people living at the service received. The peripatetic manager told us they used these ongoing checks to identify issues, learn lessons and implement action plans to improve the service they provided. For example, the way medicines were ordered, stock checked and records audited had been reviewed and changed recently following a recent medicines error.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the service's last CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people of our judgments.
- The peripatetic manager had a clear vision and person-centred culture which they shared with his staff team. They told us they routinely used group and individual supervision meetings to remind staff about the provider's underlying core values and principles. One member of staff told us, "The new managers are both very clear how they want us to treat people living here, which is as individual and with the utmost respect and dignity."
- The managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider engaged and involved people using the service, their relatives and staff in the running of the service.
- People told us the new managers were both approachable and felt able to express their views about the service they received at the care home.
- Records showed people had regular opportunities to express their views to managers and staff during day-to-day contact and were able to complete satisfaction surveys.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during individual meetings with their line manager and group meetings with their fellow co-workers. One member of staff told us, "I think the new managers are more hands-on approachable than previous managers. They do listen and act upon what we have to say."

Working in partnership with others

- The provider worked in close partnership with various external agencies, including local authorities and clinical commissioning groups (CCG). A community health care professional told us, "I have dealt with the manager over the phone on numerous occasions and she has always come across as very professional and helpful."
- Managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. For example, the manager told us how they had worked closely with the local CCG in the last six months to improve the way they managed medicines on behalf of the people living at the care home.