

Horizon Healthcare Homes Limited

Hampton House

Inspection report

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Date of inspection visit:
14 December 2023
21 December 2023
04 January 2024

Date of publication:
14 February 2024

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hampton House is registered to provide accommodation and personal care for up to 12 people with learning disabilities and other complex health needs. The service is a 2-storey purpose-built building with a secure garden. There are private bedrooms with ensuite facilities, a sensory room, 2 communal lounges and communal kitchens/dining rooms. There were 12 people living at the service at the time of this inspection.

People's experience of the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were comfortable with staff who they knew well. They felt safe and settled and spoke highly of the support they received. Staff were consistent and knew how to meet people's needs based on their knowledge and experience. They were supported with effective and open supervision, training and development opportunities.

Risks were well managed and focused on individual assessments. People's nutritional needs were well met. Medication was administered safely and in line with good practise. The service was clean and free from odours. It was a homely environment and designed with people living there in mind.

Right Care

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests, the policies and systems in the service supported this practice.

Staff were kind, considerate and very understanding towards people. There was an easy friendly atmosphere which was encouraged with high levels of interaction and attentiveness. People helped shape their care plans and told us they were treated with dignity and respect. Care documentation was comprehensive and easy for staff to follow.

Right Culture

Robust quality assurance processes ensured all aspects of care delivery were reviewed regularly. The registered manager and organisation worked in partnerships with other organisations promoting effective communication and good practice wherever possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 14 September 2017).

Why we inspected.

We inspected due to the length of time since the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Hampton House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was responsive.</p> <p>Details are in our responsive findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Hampton House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors 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.

Service and service type

Hampton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hampton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We carried out 3 visits to the service on 14 December 2023, 21 December 2023 and 4 January 2024. The first day of inspection was unannounced. One of these visits took place outside of normal working hours.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from partner agencies and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who use the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including registered manager, deputy manager, team leader and 5 members of the care staff.

We reviewed a range of records. This included 2 peoples care records and multiple medication records. We also reviewed the records for all people in relation to consent. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the Inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The service had a robust safeguarding process in place.
- Staff were confident in recognising possible signs of abuse and told us they would not hesitate to report poor practices to the management team. They were also confident action would be taken.
- People and relatives said they felt safe. One person said, "I feel safe and get on with everybody." Another person said, "I am happy here and feel safe."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and appropriate risk assessments were in place for staff to follow.
- We observed safe moving and handling of people using equipment.
- Environmental risks were appropriately managed. The safety of the service had been maintained. Up to date health and safety certificates were in place.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs.
- Recruitment checks were robust. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff we spoke with felt staffing levels were adequate. One staff member told us, "We have enough staff to look after people."

Using medicines safely

- Medicines were administered safely and in line with prescribing guidelines.
- Medication administration records were fully completed.
- Staff had received appropriate training and competencies for administering medication.

Preventing and controlling infection

- The service was clean and odour free. The service had appropriate cleaning schedules in place.
- The service had an up-to-date IPC policy in place which was been followed.

Visiting in care homes

- Relatives were free to visit the service without restrictions.

Learning lessons when things go wrong

- The service has robust system in place to log incidents. Accidents and incidents were regularly reviewed. This ensured lessons were learnt from events which occurred to minimise the risk of future harm.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were holistically assessed and met in line with their preferences.
- The registered manager and deputy manager demonstrated a clear understanding of best practice guidelines and standards to deliver person centred care.
- People told us they received support as they wanted. One person told us, "I go to the shop on my own for magazines, I talk to the staff. I am making a music CD with the music therapist which I enjoy."

Staff support: induction, training, skills and experience

- Staff were appropriately supported to carry out their roles safely.
- Staff were supported to develop in their roles, undertake mandatory training and told us they were able to request additional training if required.
- Supervisions were undertaken on a regular basis which encouraged open and honest conversation. Key changes to policies and procedures were discussed alongside training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain their dietary intake. Specialist diets were available for people who needed them.
- People told us they could access the kitchen when they wanted. One person said, "I go food shopping with the staff and have regular house meetings to discuss menus." Another person told us, "I like the food."
- People's weight was regularly monitored. Concerns about people's weight would flag on the electronic care records to alert staff of any issues.
- People were supported to prepare and cook meals of their choice.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated well with each other, and with other professionals involved in the service. Handovers was sufficiently detailed to provide key information.
- Professionals including nurses, GPs, pharmacists were involved with people living in the service. Staff followed their advice to support people to receive appropriate care.
- People said staff responded to any health concerns they had. One person told us, "I tell the staff if I am not well, and I get to see the doctor."

Adapting service, design, decoration to meet people's needs.

- The environment was very homely; the communal areas and bedrooms were personalised according to

people's taste. Pictures of people living within the service were displayed in communal lounges.

- The service was adapted in line with good practice to meet people's sensory needs.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported holistically to live healthier lives, and this included support to attend healthcare services and medical appointments.
- Staff felt confident in liaising with GPs and other professionals if needed.
- We saw evidence of staff supporting people to healthcare appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- Staff worked in-line with the principles of MCA. They had received training. Staff understood the importance of the presumption of capacity and how to distract people to divert their attention if becoming upset or experienced distress.
- MCA and best interest decisions were in place for people, however we noted these were not reviewed regularly. On feeding this information back to the manager reviews of all capacity and best interests were completed.
- DoLS authorisations were in place where appropriate. During our inspection we found not all DOLs conditions was being met. The registered manager took prompt action to address this and implemented a plan to ensure all conditions would be met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received person centred care. Records in place supported staff to meet people's needs, wishes and preferences.
- Each aspect of care was considered with the level of need and the required actions by staff specified. This generated tasks for care staff to complete and demonstrated care was being offered in line with the persons care plan.
- People felt they were as independent as they could be at the service. One person told us, "I like to be independent. "I am responsible for the infection control which means that I fill the paper towels and hand sanitizer. I clean my own room. I don't want to move anywhere else."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were met, including people who did not communicate verbally.
- Staff used verbal, visual and basic signs (Makaton) to communicate with people. Staff had received training around the requirements of the AIS and explained how they would encourage interaction where verbal communication was more difficult.
- Weekly menus were completed with involvement from people using communication tools. One staff member said, "We have pictures of food to involve people who cannot verbally tell us so they can show us what they want on the menu."
- Basic signs were displayed in communal areas in the building. This assisted visitors and relatives to interact with those living at the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People took part in meaningful activities.
- There was inconsistency with people's activity plans. Following feedback, the registered manager updated all activity plans, and a process is now in place to ensure they are followed.
- People were supported to maintain family relationships both in person and with the use of technology.

Improving care quality in response to complaints or concerns

- There was a clear process for complaints in place and at the time of inspection no complaints were open.
- One family member we spoke to said, "I don't have any concerns or worries. I am happy with everything."
- We saw evidence the management team took prompt action when complaints and concerns had been raised.

End of life care and support

- Effective systems were in place to support people at the end of their lives. People had information and discussions around end of life wishes recorded within their care plan.
- Nobody was receiving end of life care at the service at time of inspection. The registered manager was aware of the support available if needed. The registered manager was keen to promote discussion around end-of-life care with their experience and knowledge with the staff team.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The service promoted a positive culture.
- People felt empowered at the service. One person said, "There is nothing bad about living here. It is all very good. I like my bedroom and I would not change anything."
- Relatives spoke positively about the service. One relative said, "I am happy, and I wouldn't want my relative to leave. I have no concerns at all. They [staff] are brilliant. The [registered] manager is good and keeps me up to date with all my relatives' medical needs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their responsibilities and demonstrated this through being open and honest throughout the inspection.

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

- The provider had robust quality assurance processes in place which reviewed all aspects of the running of the service. This included the review of accidents, complaints, and staff competencies. If concerns arose these were addressed and actioned quickly.
- Staff spoke positively of their colleagues. All staff told us they offered support to their peers if needed and everyone had a "can do attitude."
- Staff said the registered manager and fellow directors were always available and would always respond to any query quickly. Regular meetings were held which shared key information and demonstrated ideas raised by staff were listened and responded to.

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

The registered manager had strong, person-focused values and strived to provide the best care. They strongly advocated for a "home from home" experience and this was received positively by people and their relatives.

- Regular meetings and reviews were held with people who used the service and relatives. This ensured people were engaged and consulted when reviewing all aspects of life at Hampton House.
- The provider encouraged surveys to be completed by people and relatives to seek their views on care

provision. The feedback was good.

Continuous learning and improving care.

- Good systems were in place to support staff at all levels to drive improvement at the service. An electronic record system had supported staff to effectively monitor and improve the quality of care for people. This ensured plans were in place to extend this to other aspects of the service, such as medicines.
- Information from accidents, incidents and complaints were used to drive improvement. Improvements were monitored to ensure changes were embedded.

Working in partnership with others

- Hampton House had established good links in local community, residents used local shops and facilities with support.

The service worked well with other agencies and professionals. A few people attended external day services., There was good communication and sharing of information between the services people were involved in.