Horizon Healthcare Homes Limited

Hampton House

Inspection report

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Tel: 01484539931

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 10 February 2016 and was unannounced. We previously inspected the service on 29 October 2013. The service was not in breach of health and social care regulations at that time.

Hampton House is registered to provide accommodation and personal care for up to 12 people with learning disabilities and other complex health needs. The home is a two storey, purpose-built building with a secure garden. There are private bedrooms with en suite facilities, a sensory/cinema room, two communal bathrooms, two communal lounges and 2 communal kitchen/dining rooms. The home has a lift and is accessible for people who use a wheelchair.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People indicated they felt safe living at Hampton House and the family members we spoke with felt their relatives were safe.

Staff demonstrated an understanding of different types of abuse. However, we found some incidents were not reported in line with safeguarding procedures. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were assessed to help keep people safe.

We found staff were recruited safely and trained appropriately. There were enough staff to safely meet people's needs.

Staff received a thorough induction and appropriate training and supervision to enable them to carry out their roles effectively.

People's nutritional needs were met effectively and people were enabled to maintain a healthy diet. The home had been recognised for good standards of food hygiene and for ensuring healthy food options.

The registered manager adhered to the principles of the Mental Capacity Act 2005, which helped to ensure people's human rights were respected.

Staff were caring in their approach and there was a pleasant atmosphere in the home. Staff knew people's likes and dislikes and people indicated they were at ease in the company of staff. However some staff had conversations with each other about people, in the presence of the people they were discussing, without including them. People's cultural and religious needs were considered.

People participated in meaningful activities and told us they had choice. People received care and support that was personalised to them.

Relatives and staff told us they felt the home was well led. Staff were clear about their roles and received direction and support. Regular quality assurance audits took place.

The registered manager had not ensured that safeguarding reporting procedures were followed because they had not reported some incidents relating to abuse or allegations of abuse to the Care Quality Commission. This demonstrated a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Incidents and allegations of abuse were not always reported in line with safeguarding reporting procedures.

Robust recruitment practices were followed to ensure staff were suitable to work in the home.

Medicines were well managed and administered by staff that had been trained to do so.

Is the service effective?

Good

The service was effective.

Staff knew the people who they were supporting well.

People were given support to ensure their nutritional needs were met.

Staff had received training and support to enable them to provide effective care and support to people.

Is the service caring?

Requires Improvement

The service was not always caring.

People and relatives told us staff were caring.

We observed positive interaction between staff, the registered manager and people who lived at the home.

People's cultural and religious needs were valued.

Staff sometimes shared information with each other about people, in their presence, but without including the people they were discussing.

Is the service responsive?

Good

The service was responsive.

Personalised care plans reflected individual choice and need.

People engaged in meaningful activities that were important to them.

Information was provided to people on how to complain and this was made available in an easy to read format.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had not always ensured the Care Quality Commission were notified of notifiable incidents.

Staff told us they felt supported by the registered manager and they thought the service was well led.

The home had been accredited the Investors in People award, recognising the investment in staff.

Regular audits took place to monitor and improve the quality of service.

Hampton House

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.

The inspection took place on 10 February 2016 and was unannounced.

The inspection was carried out by two adult social care inspectors. Before the inspection, we reviewed the information we held about the home and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us to understand the experiences of people who lived at the home. We communicated with three people who lived at the home, three relatives, the registered manager, three care staff and a social worker who had been involved in reviewing a person's placement at the home.

We looked at four people's care records and three staff files, as well as maintenance records and other records relating to the management of the service. We looked around the building and saw people's bedrooms, with their permission, communal areas and bathrooms. We also looked at the outside space and garden.

Requires Improvement

Is the service safe?

Our findings

When we asked a person who lived at Hampton House if they felt safe, they said, "Yes." This person knew who their keyworker was and told us they liked living at Hampton House.

A relative we spoke with told us they felt the home was a safe place for their family member to live. However, this person also shared with us that they had been able to walk into the home, unchallenged, on occasions and they were not asked to sign in. This information was shared with us following the inspection. This could put people living at Hampton House at risk if unknown people were able to enter the home. Additionally the relative visiting could be at risk because they would be unaccounted for in the event of an emergency situation. Following the inspection, the registered manager assured us that visitors to Hampton House were asked to sign in. Furthermore, the registered manager confirmed there was a number keypad and intercom system to prevent unauthorised access to the home.

Another relative told us they felt the home was very safe and said, "They seem very aware of safety. I've never had any problems."

The registered manager and staff had received training in relation to safeguarding people. The registered manager demonstrated a clear understanding of the signs they would look for, which might indicate someone was being abused or was at risk of harm, such as changes in behaviour, mood and demeanour as well as physical signs. This is particularly important when people with complex needs are being supported. Furthermore, the safeguarding policy was displayed in an easy to read format which demonstrated that steps had been taken to help people living at Hampton House to be aware of how to recognise and report any safeguarding issues.

However, we found three incidents had occurred that had not been reported in line with safeguarding procedures. One of these incidents related to a person grabbing hold of another person's wheelchair and refusing to release the wheelchair and then pulling at the person's apron around their neck, causing it to unfasten. A second incident which was unreported involved a person entering another person's bedroom and holding onto the person's wrist and the third incident related to one person grabbing another person's arm and 'tugging hard on it'. It is important to have robust safeguarding reporting procedures so that people are protected from abuse and improper treatment. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems and processes were not established and operated effectively in line with safeguarding reporting procedures.

A member of staff told us, "If I thought a carer was doing something not good for a service user I would report it to the manager." The staff member was aware of how to escalate a concern if they were not satisfied with the response or action taken. The member of staff was aware of the whistleblowing policy. We saw the whistleblowing policy was displayed so that staff were able to access the information if they so required.

The registered manager told us that risks were assessed in order that people could be empowered to

maintain their independence whilst minimising associated risks. We saw risk assessments were up to date and in place in relation to bathing and showering, kitchen safety, absconding, hydrotherapy and being in the community for example. Risks were identified and safety measures were considered and put into place to reduce the risks.

The home had procedures in place in the event of emergencies. For example, contingency plans were in place in the event of electrical failure, heating or boiler failure and flooding. Health and safety checks had been completed such as portable appliance testing. The fire risk assessment for the home was up to date and had been regularly reviewed. Fire alarms and smoke detectors were tested regularly. This meant steps had been taken to ensure the premises, and any equipment, were safe.

Personal emergency evacuation plans (PEEPs) were in place for each individual. These were detailed and provided important information regarding the support a person may require in the event of an emergency. This helped to ensure people's safety in the home, in the event of a fire or emergency evacuation.

We found that accidents and incidents were recorded and action was taken following incidents to prevent reoccurrence. However, we discussed the analysis of accidents and incidents with the registered manager, who advised that no analysis took place. Given that there did appear to be some trends, we highlighted the benefit of analysing this information as it may then be used to identify potential trends or trigger factors. The registered manager was receptive to this and agreed to consider this further. Following the inspection the registered manager confirmed that formal analysis had been introduced which would consider any trends such as days and times of incidents.

Staffing levels were considered according to people's needs and the activities they were pursuing. There were no dedicated activities or domestic staff. The home was staffed by support workers and the running of the home was akin to a family run home, where people were encouraged to participate as fully as possible. Agency staff were not used and this helped to maintain continuity of staff within the home. Furthermore, the registered manager told us that skills mix was given consideration when staffing levels were planned, for example in relation to cooking skills, medication training and experience. This helped to ensure people's needs were met by appropriately trained staff. We found the numbers of staff identified as being required were deployed. A member of staff told us staffing levels were, "Currently short." Another staff member told us they felt people's needs were met but that staff were not able to, "Go the extra mile" due to staff numbers. We observed people's needs being met and people engaging in varied activates. The relatives we spoke with told us they felt there were enough staff to safely meet people's needs.

We sampled three staff files and found safe recruitment practices had been followed. For example, the registered manager ensured that two references had been obtained, identification had been checked and Disclosure and Barring Service (DBS) checks had been carried out. It was difficult to determine, on the day of the inspection, whether one of the staff members had completed a DBS check. However, the registered manager contacted us following the inspection and was able to confirm the staff member had a valid DBS check. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked at whether medicines were administered safely. The registered manager told us that staff who administered medicine had received specific training to do so and we saw evidence of this.

We found medicines were stored and administered in a safe way. Storage temperature checks were recorded daily. The person responsible for administering medicines on the day of our inspection was able to demonstrate how they added a thickener to liquid medicines to reduce the risk of choking where this was

required. We observed staff administering medicines and saw that the records included a photograph of the person. This helped to reduce the risk of medicine being administered to the wrong person. Furthermore, detailed personalised information was included such as, 'Please ask me if I am ready to take my medications. I will take them myself with water.'

Records were up to date and signed once people had received their medicine and we saw that stocks were regularly checked and reconciled. This meant that, should any errors occur, these could be identified and acted upon in a timely manner.

At the most recent food hygiene inspection, the home had been awarded five stars which equates to, 'very good.' We saw that different coloured chopping boards were used for different food types. We observed that a member of staff, who was supporting a person to prepare some food, ensured the correct chopping board was used. We looked in the refrigerator and saw that food which had been opened had been labelled and covered. Personal protective equipment (PPE) was available and we observed staff wearing appropriate PPE. This helped to reduce the risk of infection.

Good

Is the service effective?

Our findings

Some people living at Hampton House were unable to verbally communicate with us. One person gave us a, 'thumbs up' sign when we asked if they lived living at Hampton House.

A relative we spoke with told us, in relation to staff, "Yes, they all seem to be trained and know what they're doing."

Staff induction included shadowing other, more experienced members of staff. In the three staff files we sampled, we saw evidence of a thorough induction. Staff had received training in areas such as moving and handing, safe administration of medicines, managing challenging behaviour with physical intervention, safeguarding adults, basic life support and fire safety. Additionally, some newer staff were working towards the care certificate and more established members of staff had completed the Skills for Care induction. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Skills for Care induction is designed to provide a structured start for new employees to help ensure they are safely able to provide support to people. Following training, knowledge was assessed and evidenced by staff. This meant the registered manager had taken steps to ensure staff had up to date skills to enable them to provide effective care and support to people.

The registered manager told us that staff received supervision every eight weeks. In the staff files we looked at we saw a supervision agreement which stated staff would receive supervision a minimum of six times per year. We saw evidence of these and saw that minutes of supervision included induction, work performance, skills competency, roles and responsibilities and personal and professional development. A staff member told us, "They are useful." This showed staff were receiving regular management supervision to monitor their performance and development needs.

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.

We saw that, where people lacked capacity to make specific decisions such as in relation to key holding or managing finances, their capacity was assessed for that specific decision. Where people were assessed as lacking capacity, a decision was made in their best interest in consultation with the person, their family or social worker if appropriate. This showed the registered manager was adhering to the principles of the Mental Capacity Act (2005) and therefore people's human rights were being protected.

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).

Staff and the registered manager had undertaken training in relation to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. The registered manager demonstrated an understanding of the principles of the Act and had identified that some people lacked capacity and we found those people were being reviewed appropriately under the deprivation of liberty safeguards procedures.

Consent was sought and documented, for example in relation to care and whether photographs could be taken. We saw one person's care plan stated, 'Spoken to [name]. Is unable to sign.' Another care plan had clear assessments to show that care was being provided in the person's best interest but the actual consent form in the file stated, 'New form sent out to [name of person's Auntie] to sign 9/10/14.' This was in need of updating.

The registered manager told us that people were not restrained in any way. There were occasions where some people were distracted and guided away from activities or from other people but the registered manager was clear that staff were not trained to restrain people and restraint would not be used. We asked staff about this and all of the staff we spoke with were clear they would not restrain people in any way.

The local authority and food initiative and nutrition education (FINE) project had jointly awarded the service a 'Gold Healthy Choice Award' in October 2015 for being committed to 'good standards of food hygiene and healthy food options'. In order to be successful in gaining this award, the home had demonstrated they developed menus in line with best practice. Consideration was given to providing healthy, balanced meals. A relative we spoke with told us the home had assisted their family member to maintain a healthy diet. This relative told us their family member had been overweight before moving into the home and said, "They make sure [name] eats the right things and has a balanced diet. [Name]'s lost a lot of weight and is so much better for it." This showed the home was recognised for best practice and people had a better quality of life as a result.

The registered manager told us menu choices and food were discussed at regular service user meetings and we saw evidence of this. People's individual needs and choices were taken into account such as any allergies or religious needs when planning food and each person was able to choose a meal of their choice to be placed on the menu.

We observed during our inspection that one person did not eat the food that had been prepared at lunchtime. The person did not communicate verbally with staff and did not ask for an alternative. However, staff identified the person had eaten very little food and therefore alternative choices were offered to the person. When the person still refused, staff waited for an hour and then returned to ask again if the person would now like to choose something to eat or drink. This showed that staff were flexible and that steps were taken to ensure people received support to have their nutrition and hydration needs met.

A person living at Hampton House had been identified as requiring a pureed diet. The registered manager had obtained some individual moulds which meant the food could be prepared and presented in a way that maintained its visual appeal. This further showed that steps had been taken to ensure people's individual nutrition needs were met.

We saw people had access to food and drinks throughout the day and fresh fruit was available. The menu showed two options were available each day for meals. However, people could choose to have something different if they wished and we observed this to be the case. The menu was displayed in a pictorial format which made it easier for people to understand the meals that were being prepared.

People had access to health care and we saw that referrals were made to other agencies or professionals.

For example, we saw in people's records they had been referred to physiotherapists, chiropodists, opticians, dentists and psychologists. This showed people living at the home received additional support when required to meet their care and treatment needs.

There were homely quotes and photographs on the walls around the home. Fresh flowers were displayed in the reception area. The home was clean, bright and airy and was pleasant smelling. A family member we spoke with told us, "The home is always clean and pleasant when I visit." In bathrooms there were flags and pictures of boats and beaches. This helped to create a homely feel and atmosphere.

The design and adaptation of the home was appropriate to meet people's needs. Areas within the home were accessible to people who used wheelchairs. The sensory room provided a space for people to have their senses stimulated by use of light, music, smell and sound for example. On the day of our inspection, the sensory room had been installed with a screen which would enable 'cinema nights' to be held. The gardens and outside space were well maintained and people living at Hampton House had been involved in planting some flowers.

Requires Improvement

Is the service caring?

Our findings

A person we spoke with told us, "I lock my door if I want." This showed that people were able to have their own privacy if they wished.

A family member we spoke with told us staff were, "Always helpful," and told us, "I'm more than happy with the care," and said, "I'm pleased with all the staff."

Speaking about people who lived at Hampton House, a member of staff said, "You always want to give them the best."

The registered manager told us that staff were caring and that staff knew everyone who lived at Hampton House. Staff had access to information which provided them with details regarding people's likes and dislikes and people's life history. This meant that staff were able to engage appropriately with people and we observed this.

The registered manager told us that people's privacy and dignity was respected, for example, by staff knocking on doors to respect people's privacy. We observed this to be the case. We saw staff and the registered manager asked for people's permission before entering their rooms, including when the person was not actually in their room.

Staff told us they respected people's privacy and dignity for example by ensuring doors were closed when supporting people with personal care and by helping the person to maintain their dignity by using towels to cover their body. A staff member told us, "We treat people how we would want to be treated."

People's cultural and religious needs were respected and people were given support to practice their chosen faith. This included, for example, people being supported to pray or to read their holy book.

A person who ate a specific diet because of their religious belief was supported and enabled to do so. For example, their food was stored in a separate compartment to other foods and they were supported when preparing meals. We observed that, although the food type was specific to their faith, the person continued to eat with others and their meal retained the same visual appeal. This showed the person's faith and religion were respected.

We saw that some people had benefitted from the appointment of an advocate, when an application was made to deprive them of their liberty. An advocate is a person who is able to speak on someone else's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

During our inspection, we observed, when people living at Hampton House wanted to engage with staff, staff would cease talking with the inspector and engage with the person. This showed that staff viewed people who lived at Hampton House with importance and they were given priority.

Some people were unable to verbally communicate and staff told us how they offered people choice. For example, a member of staff told us, "We put cereals out and [name] will choose. Another person will push away what they don't want."

We observed people appeared relaxed in the presence of staff and we saw appropriate laughing and sociable conversations and interactions. Staff displayed a genuine interest in how people were, how their day was and what their interests were for example. We witnessed some genuine, warm interactions.

When one of the inspectors was speaking with a person who lived at Hampton House, a member of staff identified that the person may be able to better hear the inspector if their hearing aid was adjusted. The staff member asked the person if it was okay to adjust their hearing aid before turning the volume up. The person was then better able to converse with the inspector. This showed staff identified the person's need and were respectful in asking the person's permission before adjusting the aid.

We observed, on more than one occasion, some staff spoke about people who lived at Hampton House to other members of staff, in the presence of the person. For example, a staff member said to another staff member, "You should have heard her last night. She really enjoyed the music." The person being referred to sat between the two members of staff but was not included in the conversation. On another occasion two different members of staff had a conversation about a person's needs in the presence of the person. On this occasion, one staff member said, "She needs to be walked," and the other staff member said, "Yeah, look, she seemed unsteady this morning." The person sat next to staff as they held this conversation. Although the comments were not intended to be uncaring or offensive, we found this practice needed addressing. We therefore shared our observations with the registered manager, who agreed to address this with all staff.

At lunchtime in one of the communal dining areas, we observed staff interact well with a person who was able to communicate verbally. However, this person was dominating the conversation, which resulted in another person, who did not communicate verbally and who was being supported to eat, being socially excluded. Although the person was receiving the required support to eat their meal, staff made little attempt to socially engage the person who was not verbally communicating. We shared this observation with the registered manager.

Staff told us they knew people well and were aware of people's individual preferences. We observed this in practice. Staff struck up conversation with some people with a clear understanding of the person's family or interests or what the person liked to talk about. We saw, through people's body language, they felt comfortable in the presence of staff.

Good

Is the service responsive?

Our findings

One person told us, "They ask me what I want to do," and, "They ask me what I like to eat." This person told us they had been to the cinema with a member of staff the day before our visit. They had clearly enjoyed this and talked enthusiastically about their experience.

A family member told us, "It's really good. [Name] goes to college. They seem to go on regular outings and they go horse-riding."

We looked at four people's care and support files. The files we sampled contained a photograph of the person and included information such as what the person liked, what was important to the person and how best to support the person. We saw support plans included information on what support the person required in different areas, for example, night time care needs, moving and handling needs, nutritional needs and leisure and activities. Detailed support plans were in place in relation to people's communication needs and individual tasks such as eating and drinking, dressing and having a shower.

The plans we looked at were personalised and detailed. For example, one plan stated, 'I need you to assist me to brush my teeth. Encourage me to brush them first. I use [brand name] toothpaste, prescribed by my dentist,' and, 'When you have finished please leave the room until I get dressed. Come back to my room ten minutes later.' This helped to ensure people received care and treatment that was personalised and specifically for them.

We observed care and support to be given in line with care plans. For example, one care plan stated the precise way that staff should communicate with a person, by using associated words. We observed staff did this in practice and the person was very engaging with staff. Another care plan identified a person's need to use a straw when drinking and we saw this in practice. This demonstrated that people received personalised care and support in line with their care plan.

The registered manager told us care plans were reviewed every six months, or sooner if any changes to need were identified. We saw in the care plans we sampled that people met monthly with their key workers and plans were updated accordingly. However, a relative we spoke with told us, "There doesn't seem to have been a review for a long time. They don't seem to be as often as they used to be." This information was shared with us following the inspection and was therefore not corroborated. Following the inspection the registered manager told us that all paperwork would be appropriately dated and signed in relation to reviews. It is important for care plans to be reviewed regularly to ensure they reflect people's current needs and wishes.

There was an activities board which displayed the activities taking place during that particular week. On the day of our inspection, some people had attended a local day centre to undertake activities, some people went bowling and another person was attending hydrotherapy. In the evening, some people were supported by staff to go to a local pub for a drink and evening meal. Other activities included baking, aromatherapy and music therapy.

We saw choices being offered to people throughout the day. People chose whether they wanted to participate in activities and, in terms of food and drink for example, we observed staff took time to assist one person to choose whether they wanted to drink tea or coffee.

We looked in five people's bedrooms with their permission. We saw that people's rooms were personalised to their own tastes and they were clean and tidy. One person told us they had chosen the colour for their own room. We saw that achievement awards were displayed, for example one person had their Duke of Edinburgh Award on display in their room. We saw another person had a photograph album with pictures of the person participating in various activities they enjoyed.

One person told us they had a friend from another home who visited regularly and this friend sometimes had tea at Hampton House. This demonstrated that people were supported to maintain relationships and friendships with people who were important to them.

Pictures of staff that were on duty were displayed in a communal area. The registered manager told us that a person living at Hampton House enjoyed the task of selecting the correct photos and putting them on display each day. The photos identified which member of staff was the designated fire officer and which was a designated health and safety champion. This helped people to identify staff and to understand their roles.

Information was displayed, detailing how to make a complaint. We looked at complaints received. We found the registered manager kept a log of complaints and, if any complaints were received verbally, these were also logged. We saw the registered manager had taken action where necessary and kept the complainant involved and informed.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in post, who was registered with the Care Quality Commission and had been managing the home since 2012.

A relative we spoke with told us they felt the home was well led. They also said, "The manager is easy to get hold of and always willing to discuss things." Another relative said, "They're always helpful. I have no concerns."

A member of staff told us, "We all work as a team but there is a designated person in charge."

Another member of staff told us they felt the culture at the home was, "Open," and added, "I don't feel I need to cover up mistakes. I think most of the staff feel that way." This member of staff told us they felt the registered manager and area manager also had this attitude.

Staff working within the provider group were given the opportunity to progress. For example, there was a vacant post of deputy manager at Hampton House. This post had been temporarily offered to a staff member from a different home within the provider group, in order that they could gain experience. The registered manager told us they felt the home had some, "Excellent staff," and the registered manager wanted to see them progress.

The registered manager told us they felt supported in their role. They had regular contact with the area manager and told us they felt supported by the provider. The staff we spoke with also told us they felt supported. One staff member said, "It's nice to be supported. The manager has always been fine with me. Very approachable."

Another member of staff told us, "People are well looked after here. It's a good place to work. I'm happy here. The people here make me want to come back and to work."

We observed a certificate was displayed, identifying an employee as, 'employee of the month.' The registered manager told us that any member of staff could be nominated for this award by other staff members or by people who lived at Hampton House. This practice contributed towards staff feeling valued and supported and a staff member told us, "It can boost your morale."

The home had been awarded investors in people (IIP) status. This accreditation had been awarded in 2014 and was valid until 2017 and this demonstrated that staff were being invested in. The IIP is a quality standard that focuses on delivering continuous improvement in service delivery, through the development of employees within an organisation.

We observed that information such as service user guides, the complaints policy and safeguarding adults information was made available in communal areas so that people could access these. The most recent inspection report was also displayed. This showed the registered manager had regard for their duty of

candour.

We saw evidence of partnership working and of community links. For example, the registered manager had engaged with different professionals and organisations such as psychiatrists and social workers. The home maintained links with the local community, for example by using public transport and visiting local public houses, shops, supermarket and other local facilities.

The registered manager and staff told us regular staff meetings were held. We saw minutes of these meetings. Issues discussed included cleanliness, activities, accurate recording and reminding staff to read care plans for example. Staff meetings are an important part of the registered manager's responsibility in monitoring the service and coming to an informed view regarding the standard of care and treatment for people living at the home.

The registered manager told us that manager meetings were held approximately every three months. This gave the registered manager the opportunity to meet with other managers within the organisation and the registered provider. This provided the opportunity to share good practice and information relating to wider issues within the organisation.

People who lived at Hampton House were asked for their views. Six questionnaires had been completed during April 2015. Questions were asked such as, 'Are staff friendly and helpful?' and 'Do you feel you can talk to the staff about any problems or worries you may have?' All of the six questionnaires received stated, 'Yes,' in response.

Surveys were also sent to staff. We saw, in response to the question, 'What do you like about your job and why?' a member of staff had stated, 'I like being able to help people live independently.'

An external professional had also completed a questionnaire. They were asked, 'How did you find the management response and their reliability when dealing with you?' The response was, 'I always know I can rely on [Name of registered manager.] I feel they listen and act when I raise concerns.'

We saw that regular quality assurance audits took place by the area manager. We sampled audits for the month of the inspection and saw that checks and audits had been completed in relation to infection prevention, medication, fire safety and care plans for example. It is important that registered providers have systems in place for regular audits so they can monitor and improve the safety and quality of service.

Despite regular audits and checks, the registered manager and area manager had not identified that some safeguarding incidents had not been reported. Following our inspection we were forwarded minutes from a local authority safeguarding meeting, which highlighted the registered manager felt some safeguarding incidents were 'near misses' and these were therefore not reported. However, the minutes documented the registered manger had accepted that, in hindsight, the incidents should have been reported in line with safeguarding procedures. This demonstrated a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because the registered manager had failed to notify the Care Quality Commission of incidents relating to abuse or allegations of abuse.

Regular tasks, such as checking fridge temperatures and cleaning for example were undertaken frequently. These tasks were included in the staff handover as a daily checklist. This ensured staff were clear about their roles and duties and that appropriate checks were completed. In addition to this, senior staff completed monthly checks in relation to cleanliness, toiletries and medicines for example.

There was a comments book in the reception area. We saw a recent comment stated, 'What a beautiful place. Really impressed by the high standard, the tasteful decoration and wonderful staff. Thank you.'

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager did not notify the Commission of some incidents of abuse or allegations of abuse to a service user. Regulation 18(2)(e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not established and operated effectively to prevent abuse of service users. Regulation 13(2).