

Elizabeth Finn Homes Limited

Hampden House

Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected Hampden House on 9 and 12 October 2017. The inspection was unannounced on the first day and we told the provider we would be visiting on the second day.

At the last inspection in August 2016 we found the provider had breached three regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe delivery of care and treatment, staffing levels and governance of the service. An action plan was submitted following the inspection which detailed measures the provider intended to take to improve. At this inspection we found improvements had been made and the provider was no longer in breach of any regulations.

Hampden house is a purpose built property. The service provides care for up to 66 older people and is accommodation for people who require personal care and/ or nursing care. There are three nursing units and three residential units within the service. On the first day of our inspection 50 people were living at Hampden house.

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

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and recorded in people's care plans. This enabled staff to have the guidance they needed to help people to remain safe. Further development of the tools used to assess risk in areas such as falls and behaviours that challenged the service were being implemented. There was a system to ensure that where accidents had occurred lessons were learnt and care plans or risk assessments were reviewed. We found this system was not always completed. Following the inspection the registered manager advised us the process was now being implemented.

Staff told us they felt supported by the management team and we saw evidence they had received one to one supervision meetings, appraisals and group meetings in the past year. The level of training staff had received had improved since the last inspection and the registered manager was ensuring staff completed refresher training.

We found there was enough staff to meet people's needs. Permanent staff had been recruited following safe recruitment procedures and the registered manager was working with the agency who supplied agency workers to provide robust information about those workers who attended. The management team

monitored staff response times when people pressed their call bells for assistance and investigated any response times which were not acceptable.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were working within the law to support people who may lack capacity to make their own decisions. Where staff had made decisions in people's 'Best Interests' they had not formally recorded these. A new format of paperwork was introduced following the inspection to ensure this was completed.

Appropriate systems were in place for the management of medicines so people received their medicines safely.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff showed they knew people very well and could anticipate their needs. People told us they were happy and felt very well cared for. Care plans contained information about people's likes, dislikes and preferences to ensure people received support how they wanted.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

People accessed a wide variety of meaningful activities which they chose and influenced. People enjoyed spending time with each other and alone. Staff encouraged people to maintain links with their relatives and friends. People were aware of how to raise concerns if they felt they wanted to complain. Complaints which had been received had been dealt with appropriately.

There were effective systems in place to monitor and improve the quality of the service provided. We also saw the views of the people who used the service were regularly sought and used to make changes. A culture of continuous improvement was evident.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Where accidents had occurred a full review of the control measures to prevent reoccurrence did not always happen. The registered manager implemented changes to improve this immediately.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who used the service. Records relating to agency workers needed to be more robust.

There were arrangements in place to ensure people received medication in a safe way.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received supervision and support from the registered manager. Staff had received more training since our last inspection. A plan was in place to ensure all training was up to date.

Staff worked within the principles of the Mental Capacity Act (2005) by ensuring people had their choices respected. Where they made decisions in people's 'Best Interests' better recording was needed to evidence those decisions. A new document for this was introduced following the inspection.

People were supported to make choices in relation to their food and drink. Food looked appetising and fresh. People were supported to maintain good health and had access to healthcare professionals and services.

Good ●

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Where people required support at the end of their life this was delivered with dignity and compassion.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People and their families knew how to raise concerns if they wished to make a complaint. We saw complaints which had been received had been dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who understood the responsibilities of their role. People, their relatives and staff all told us the registered manager was approachable and had worked hard to implement changes since the last inspection.

People were regularly asked for their views and their suggestions were acted upon.

Quality assurance systems were in place to ensure the quality of care was maintained.

Hampden 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 checked 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.

We inspected the service on 9 and 12 October 2017. This was an unannounced inspection on day one and we told the provider we would be visiting on day two. On day one the inspection team consisted of one adult social care inspector, a specialist advisor in nursing and an assistant inspector. On day two the team consisted of one adult social care inspector and two experts 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.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

At the time of our inspection there were 50 people who used the service. We spoke with eight people and six of their family members. We spent time in the communal areas and observed how staff interacted with people. Some people showed us their bedrooms.

During the visit and following the visit we spoke with the registered manager and the chief executive, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 12 members of staff in roles such as chef, maintenance, housekeeping, activities manager, deputy manager, unit managers, nurse, training manager, senior care workers and care workers. We spoke with two visiting professionals following the inspection.

During the inspection we reviewed a range of records. This included eight people's care records, care planning documentation and medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We found at our last inspection in August 2016 the provider had not ensured medicines management and risk management was robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 12.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines.

Since the last inspection the registered manager explained they had focussed on the improvements needed such as better administration process and recording to ensure medicines support was safe. They told us they had seen a reduction in medicines errors as a result. Records we saw confirmed this.

We saw the storage of medicines was safe. We observed members of staff administering medicines and how they followed safe administration practice.

We saw improvements had been made to the information staff received to help them make decisions about when to administer medicines which were only needed on an 'as and when required' basis. This included the use of topical administration medicines records (TMARs). We saw records were completed appropriately and that audits were effective.

One person was supported to administer their medicines independently. They said, "I am self-medicating. I had a problem with the chemist so I changed to a different one and everything is fine now." Other people told us, "Staff are absolutely red hot with medicines. I take mine four times per day and they are always on time" and "The staff are very good at this (medicines)."

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that whilst appropriate action was taken in response to incidents, documentation was not always completed in full. We saw that on one occasion staff had not recorded an incident where a person sustained a minor injury. This was an exception and the registered manager and unit manager explained to us in detail what had occurred and actions they had taken, which were appropriate. The registered manager has told us since the inspection visit that they now review each accident form completed to ensure actions are taken to minimise a reoccurrence. They provided examples of this following the inspection for us to review.

We found at our inspection in August 2016 the provider had not ensured adequate numbers of staff were available to make sure people could receive prompt, timely assistance when needed. This was a breach of Regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 18.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota and the tool used to map the dependency of people who used the service. This tool was used to indicate the number of staff required to support people safely.

During our visit we observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. We saw when people pressed their call bell for assistance it was responded to in a timely way. The management team monitored each day how long it took staff to respond to people who pressed their call bell. Where it had taken longer than ten minutes the reason was investigated and lessons learnt where appropriate.

People felt their needs were met but explained they felt staff were busy and that they had to wait for the staff to respond to their calls at times. People told us they were safe but that there were not enough regular staff because agency workers were used. Relatives told us, "My family member has never had to wait; staff are always there for him as far as I can see" and "You have got to get the balance right. The staff are very responsive and positive. Some agency are very good and some are not." People told us, "Generally there is enough staff but sickness can't be helped, staff are very hard working." A visiting professional told us when people they visited pressed their call bell they had never seen them have to wait long for a response.

We discussed this feedback with the registered manager and nominated individual who explained the challenge they had to recruit sufficient staff in the local area. This had led to the provider restricting the number of admissions to keep the service safe until recruitment had been successful. They were mindful of the impact of agency use and monitored the outcomes closely each day.

We looked at four staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults. Where nurses were recruited we saw the provider had checked their registration was appropriate with the Nursing and Midwifery Council (NMC).

We looked at the profiles the registered manager received before using agency workers. The registered manager agreed that the information provided could be more robust to evidence safe recruitment. They worked with the agency following the inspection to ensure better profiles were produced. We saw updated examples of these.

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. They told us all incidences were recorded and the service investigated concerns. Records we saw confirmed this. All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had been trained to recognise and understand all types of abuse.

People told us they felt safe living at Hampden house. Comments included, "I definitely feel safe here" and "The fact there is nothing to feel frightened about living here makes me feel safe." A relative told us, "I am here every day and my family member is safe here because of the support of staff."

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff. Risk assessments had been personalised to each individual and covered areas such as nutrition, pressure care and moving and handling. This gave staff the guidance they needed to help people to remain safe. We saw on one occasion that a risk assessment was not updated following a person's change in need to ensure it reflected the support required. The deputy manager and unit manager we spoke with explained staff would be made aware of changes via handover meetings, but agreed they must ensure records were also reviewed to ensure they are up to date.

The deputy manager had been proactive and identified tools they felt better supported the team to understand where more control measures could be used in areas such as falls and behaviours which challenge the service. They showed us the new tools and explained how this would impact positively on the systems already in place. This demonstrated a culture of continuous improvement.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We also saw personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. Tests of the fire alarm were undertaken to make sure it was in safe working order.

The service was clean, tidy and well-furnished throughout. People told us they felt the service was clean; one person said, "If I spill anything during the day or night staff clean it up straight away if I ring my bell."

Is the service effective?

Our findings

We found at our last inspection in August 2016 the provider had not ensured adequate training for members of staff. This was a breach of Regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 18.

People told us, "I do think staff have relevant training." A relative told us, "The staff seem well trained and they supported my family member well. I asked them if they could make them go to activities and they told me 'we are not allowed to make people do anything.' They (staff) do know their jobs."

The registered manager and provider had invested time since the last inspection to understand staff training needs and how they could provide staff with the best knowledge to ensure people received good quality support. This had led to the training manager implementing classroom based training in areas such as person centred care and dementia because it was felt staff benefited from this approach. Staff had received training around the long term conditions people may have, such as strokes and specialist nutritional support.

The PIR outlined that the service was starting to look at care workers developing their skills to become advanced practitioners. This meant they would be trained to deliver clinical support such as monitoring blood pressure, to support the nursing team. We were told two care workers had already been trained to use a percutaneous endoscopic gastrostomy (PEG). This is where a person receives nutrition and hydration directly into the stomach through a tube.

We looked at the training matrix which showed improvements in the number of staff who had received training since the last inspection. Staff were formally informed they must complete update training when this was due. The registered manager explained some staff had not completed updates when requested and they were working with those members of staff to ensure these were completed. The training manager was working with the registered manager to more clearly present compliance with training and report on progress each month.

We saw the nurses employed had received up to date training in the clinical tasks expected of them. The deputy manager was working with the provider and clinical commissioning group to implement a new competency framework to ensure their knowledge was put into practice.

The registered manager had focussed on providing staff with different methods of support which ranged from one to one time, appraisals, staff meetings, training and group work. We saw a matrix which outlined what each staff member had taken part in. Staff told us they felt supported. One member of staff said, "I can go down anytime to talk to the manager about any issues and they always find time to have a chat."

The registered manager was supporting one of the team to develop a new format for one to one meetings which they hoped would help better record staff views and ideas in the future.

At our inspection in August 2016 we made a recommendation that the provider use current best practice in relation to the Mental Capacity Act 2005 (MCA).

The 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate mental capacity assessment documentation was in place for people where staff considered a capacity assessment was required. The staff had recorded what they felt was in the person's best interests in their care plans. However they had involved relatives in these decisions but had not used a formal recording system to evidence how such decisions had been made. On day two the registered manager showed us the format they would use to implement a recording method.

Staff we spoke with had a good understanding of DoLS. The registered manager had a good system in place to identify any potential deprivations and to track when applications had been made or were due to expire.

We saw the mealtime experience for people who chose to eat in the dining room or their own room was a positive one. The food looked appetising and well presented. Where people required their food to be prepared in altered textures to support safe swallowing, we saw this was presented in a dignified way. The chef told us they ensured they tasted such food because the taste was altered by the way it had to be prepared. They tasted it so they could add flavours or seasoning to make sure people enjoyed it.

People told us, "We have very good food. I asked for smaller portions and they have done this "and, "The food is lovely. I really enjoy it and there is a good choice." A relative said, "My family member enjoys the food. They have three square meals a day and they are actually putting weight on which isn't bad for their age. They also have a glass of wine each evening. I could live here myself."

People were able to provide feedback on the food and menu via feedback cards in the dining room or the residents meetings. We saw one person wanted carrots which were not on the menu and staff explained, "If you are willing to wait a few minutes I will get you some". This demonstrated staff made an effort to ensure people got what they wanted. A staff member told us, "The kitchen team work hard to give the right quality for the residents. Sometimes people don't want the options and we ask for alternatives and they work well to offer these."

We saw records to confirm people had visited, or received visits from, healthcare professionals such as the dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had good links with the doctors and district nursing service. Every week a GP visited to conduct a 'ward round' where people they had identified to be seen were assessed. People felt confident with the healthcare support they received. One person told us, "The doctor's service is excellent. The doctor comes every Thursday. If I needed to see a doctor anytime the nurse would request this." A relative told us, "I can't fault the healthcare support. [Name of person] has medical support and all their needs are supported. It is a great relief for me

and my family to know they are safe and happy. I can always ring the service and speak to someone."

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and the staff were very caring. One person said, "They pull my leg. We have banter and I love it. The staff are always very nice, polite and respectful." A relative told us, "Staff speak to my family member like one of their own. They don't just look after them they care about people." This relative went on to say this approach extended to them as visitors too. They said, "Staff always ask how I am, they do what they can for me. The way they speak is not patronising, they watch my family member to make sure they are not in pain. They are amazing."

During the inspection we spent time observing how staff communicated with people and the support they delivered. We saw there was a calm and relaxed atmosphere and staff did not rush people but supported them at their own pace. This meant people looked relaxed and had time to engage with staff. Staff interacted with people in a very caring and friendly way. A relative told us, "[Name of staff member] is just so good with my family member who calms just on hearing their voice." Their caring approach was seen when a person became unwell in a communal area. We saw all staff in the vicinity responded to reassure the person and support them to a more comfortable and private area. We saw staff talking calmly and in a reassuring manner and the persons' distress visibly subsided because of this.

Staff showed they knew people very well and could anticipate their needs. We saw one example where a person was walking down a corridor with their walking aid and staff saw they were struggling. The member of staff respectfully asked if the person wanted support and quickly brought their wheelchair. The person was appreciative of the staff support.

Members of staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. A member of staff told us, "We always provide dignity, in how we talk, knock on doors, ask people if they prefer male or female support. We make sure people's privacy is respected." A person told us, "The staff treat me with dignity and respect." A relative told us, "Staff treat my family member gently and kindly and lovingly. They are respectful and explain everything." This showed the staff team was committed to delivering a service which was compassionate and respectful.

All staff we spoke with showed concern for people's wellbeing. They knew people's personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One member of staff told us, "The best thing about Hampden House is that everyone is treated as individuals and nothing is set in stone." Another staff member told us, "We put ourselves in the position of the residents and try to make them happy. We have respect for their age. They have worked all their lives and they deserve the best."

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. One person said, "They (staff) understand me and that I am independent. I have to have my own quality time and they let me do this."

Relatives told us they were made to feel welcome at any time of the day when they visited. People had worked with their families to make their rooms personalised with their own furniture if they chose this and keepsakes and photographs. People and their families told us they were involved in planning their care to meet their needs. One person said, "I have the chance to put my views forwards." Another person said, "I am very active and get involved. I always ask questions."

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. A member of staff told us, "All people's needs are different and we give people chance to choose what they want to wear for example." One person told us, "Staff help me to stay independent and if I need their help I will say so. If I can do things for myself I will do. I know a lot of the staff well and we can have a laugh and a joke about things."

At the time of the inspection nobody who used the service had an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed for anyone. We observed information about advocacy services on the notice board for people and their relatives to use if they chose this.

Nobody required palliative support when we inspected. We discussed the information staff gathered to understand people's preferences in this area and we saw this was recorded in their care plans. We spoke with a relative whose family member had been supported at the service to the end of their life. They told us, "The staff discussed every detail with me and I was impressed with the end of life care my family member received. The hospital had told us our family member had only a few days to live when they moved here. But they lived a further two months such was the quality of the care here."

The registered manager explained they were about to start the 'Gold Standards Framework' which is an accreditation scheme care homes can complete to evidence they provide best practice to people who require end of life support.

Is the service responsive?

Our findings

The team at Hampden House supported a diverse group of people in terms of their hobbies, interests and skills. The team who supported activities understood people's preferences and had listened to feedback on how they could improve the service or use ideas about activities. All but one person felt the activities on offer were varied and of good quality. One person told us, "They (staff) are always doing something here. Each Monday you get a paper telling you the week's activities. We have singers and a band in the lounge, we go to the coast, and there is bingo, baking, and flower arranging, and making things." One person felt that more activities were needed for the men who lived at the service and activities at weekends. The registered manager was aware of this and told us they worked hard to meet everyone's needs.

We saw there was a poetry group where people had written a poem on display in the hall. Everyone, including relatives, people and staff had worked hard to make the garden impressive enough to win a 'Harrogate in Bloom' prize. We saw one person was really pleased to have been able to do a piano recital in the lounge area for everyone whilst we were there.

A family member explained to us how staff had arranged for them to visit a well-known local tea room with their family member who was quite poorly. They told us this had given them extra memories with the person and they extended a personal thank you to the activities team for this.

Some people preferred to spend time alone in their room or the communal areas and occupy themselves with their own hobbies and interests. One person told us, "I am not really one for joining in or going out, I like to spend time on my own. They always ask me." Other people were cared for in bed and could not access the communal activities. Staff explained they tried to spend time one to one with these people to prevent them feeling isolated. Staff planned to review how they could improve this area when another activities worker joined the team. A new person to support the team had already been recruited.

We saw whenever a person joined the group activities or were supported one to one their care plan was updated to reflect this. For one person we saw they had been supported to access pickle and chutney tasting, art class, harvest festival and old time dancing in the weeks prior to our inspection.

We reviewed the care plans for eight people. They contained a detailed assessment of each person's needs and how they preferred their support to be delivered. The care plans included person centred details such as likes, dislikes and preferences. We found staff understood the details contained in each person's care plan and this enabled them to know how to support people in the way they chose. People told us they received support how they liked it. One person said, "Staff got to know me really well, they were great, no complaints."

We saw the whole staff team really put people first to make sure their experience was positive and that they had their needs met in the way they wanted. This included the management team. We saw one person needed a different coloured towel ordering as was their preference and this had happened. One person was not sure if moving to a care home was what they wanted so the team organised a trial which involved

spending time at home again to help them make a decision. A longer bed had been sourced for a person who was very tall. This demonstrated a person centred approach and a team who were responsive to people's needs.

The provider had a complaints policy which described how people could raise concerns and how the registered manager would deal with those concerns. We saw each complaint received in 2017 had been logged and the registered manager had ensured the individual complainant had received feedback informally via a discussion or email. We discussed with the registered manager and nominated individual how more formal responses may be needed at times and they agreed to ensure this happened in the future.

People and their relatives told us they knew how to make a complaint. One person we spoke with had raised concerns and they told us they had been dealt with well. People and their relatives said, "I can go to staff about complaints," "I would go to staff but there is nothing to worry about" and "I would go to the manager. I know where the complaints procedure is, it is in the booklet they gave us when I first came here."

We also saw that the service recorded compliments. One family had sent a compliment following their relative passing away. They wrote, 'My relative could not have received better care anywhere and the family would like to extend thanks for the excellent care they received'.

Is the service well-led?

Our findings

We found at our last inspection in August 2016 the provider had not ensured quality assurance processes were effective and records were not effectively maintained to ensure health, safety and wellbeing of people. This was a breach of Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 17.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. The registered manager was able to show us numerous checks which were carried out by the management team who worked on site to ensure the service was safe and provided quality. These included checks on health and safety, medicines, infection control, accidents, catering, and night care amongst other areas. The checks had highlighted areas to improve at times and we saw changes had been made to implement those improvements.

The provider had reviewed how they approached their auditing of the service since the last inspection and they had commissioned an external organisation to carry out a mock inspection which followed the same standards as the CQC. Alongside this the provider representatives had carried out frequent checks in areas such as operational management, health and safety, fire, human resources and finances and we saw these were recorded. A peer manager had also carried out audits; this provided the registered manager with feedback from a colleague operating at the same level.

The senior management team in the service met regularly and reviewed progress, patterns and trends and lessons learnt in all areas of service provision so they could make changes and continuously improve. A clear culture of each department taking responsibility for quality was observed. There had been challenges around recruitment, training, sickness and turnover but the registered manager told us each head of department understood how to support and maintain their own area of responsibility. This team work had supported the service to make the improvements needed since our last inspection and those improvements are described in each domain of this report.

The leadership of this change had been driven by the registered manager. The registered manager understood their responsibilities including those attributed to their registration, such as the need to complete statutory notifications. Staff we spoke with recognised this and one member of staff told us, "The manager is very organised and visits the units to speak to people. We are a good team, the best." Staff also recognised team work had helped them achieve improvements. They said, "We have a really good team. It is a good place to work, we really love the residents. It is not just a job" and "It is a nice place to work, everyone is friendly and you get satisfaction from the work you do."

Staff had opportunity to attend staff meetings and voice their ideas or discuss challenges they faced. We saw

records of these meetings. People who used the service also had opportunity to do the same via 'relative and resident' meetings. We saw where people had spoken up they were listened to and changes made where possible. For example, people wanted their post delivering and wanted involvement in the garden project. We saw this had happened.

People who used the service spoke positively of the registered manager. One person said, "I know the manager, she is a good friend. She is open and honest. She is very good when I ask for anything." A relative told us, "When we looked for a place for our family member we found the manager to be approachable. We felt confident this was the place and we felt much supported." Another relative told us, "The manager is very open and proactive in our family member's care. If you make a suggestion, they will act on it. They always listen and do their best along with the team to make our family member as comfortable as possible."

The service had experienced a very busy year since the last inspection and lots of changes had occurred. The registered manager told us they had worked hard to make improvements happen whilst managing the changes. Wherever people had access to the registered manager they complimented the support but some felt they would like more access to the registered manager. This included staff, relatives and people who used the service. Now the service had key senior staff in place the registered manager told us this was something they looked forward to doing.

A survey had been carried out in March 2017 and positive feedback was received about the service. People were regularly asked their opinion of the food and the chef told us they acted to implement suggestions made. A new type of survey carried out by an external specialist had just been launched when we visited. The results were to be measured against the performance across the care sector so that the provider could understand where Hampden House stood in this ratings system.

People were able to tell us what they felt the best things were about the service. They told us, "The staff are just so willing and caring," "It is just like a family, you can be by yourself and they respect this," "They (staff) are absolutely fabulous" and "They don't just look after my family member they care for them and there is a big, big difference."