

Curtis Homes Limited

Hampton House

Inspection report

Hampton House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 30 August and 5 September 2017. This was an unannounced inspection. The service was last inspected in November 2014. At that inspection, the service received an overall 'Good' rating and at this inspection the service remained 'Good' overall.

Hampton House is owned by Curtis Homes Limited. It is situated in the town of Cheltenham and offers accommodation for up to 32 older people. Some of the people living at Hampton House may suffer from dementia. There were 24 people living at Hampton House at the time of the inspection.

There was a registered manager in post at Hampton House who had been working at the home since 1999. 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 received care which ensured their safety. Staff supported people in a manner which minimised risk to people. Where people had suffered an accident or injury, the service had worked with relevant health professionals to ensure they received appropriate care and treatment. There were sufficient staffing levels to ensure safe care and treatment to support people. People were kept safe by staff who had a good awareness of safeguarding policies and procedures and felt confident to raise any issues or concerns with the management team. The registered manager had carried out the relevant checks to ensure they employed suitable people at Hampton House. There were regular health and safety checks of the property to ensure it was safe for the people living at Hampton House.

People were receiving effective care and support. Staff had received appropriate training for their role. The registered manager had implemented a system to allow them to track staff training and ensure it was up to date. Staff received regular supervisions and appraisals with the registered manager or deputy manager. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). People had sufficient to eat and drink. Care staff and kitchen staff were aware of people's dietary requirements and worked hard to meet individual needs. The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained people's dignity. People had end of life care plans which reflected their needs and preferences.

The service was responsive to people's needs. People received care which was person centred and were supported by staff who provided care which was personalised for each person. Staff on all shifts made recordings of the care provided to people. People were supported to engage in a range of activities based

on their preferences and interests . There was a complaints procedure in place and where a complaint had been made, there was evidence this had been dealt with appropriately.

The service was well-led. The registered manger carried out regular quality assurance checks and audits to monitor the quality of the service provided to people. Appropriate action had been taken to address concerns identified in the audits. Staff, people and their relatives spoke positively about the registered manager. The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risk assessments were present in people's care files and people were supported by staff in a manner where risks had been minimised.

Where people had suffered an accident or injury, the service had worked with relevant health professionals to ensure they received appropriate care and treatment.
There were sufficient staffing levels to ensure safe care and treatment to support people.

People were kept safe by staff who had a good awareness of safeguarding policies and procedures and felt confident to raise any issues or concerns with the management team.

The registered manager had carried out the relevant checks to ensure they employed suitable people at Hampton House.

There were regular health and safety checks of the property to ensure it was safe for the people living at Hampton House.

Is the service effective?

Good ●

People were receiving effective care and support.

Staff had received appropriate training for their role. The registered manager had implemented a system to allow them to track staff training and ensure it was up to date.

Staff received regular supervisions and appraisals with the registered manager or deputy manager.

Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

People had sufficient to eat and drink. Care staff and kitchen staff were aware of people's dietary requirements and worked hard to meet individual needs.

The environment had been adapted to meet the needs of people living at the home.

People were supported to personalise their living spaces.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity and provided care which maintained people's dignity.

People had end of life care plans which reflected their needs and preferences.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received care which was person centred and were supported by staff who provided care which was personalised for each person.

Staff on all shifts made recordings of the care provided to people.

People were supported to engage in a range of activities based on their preferences and interests.

There was a complaints procedure in place and where a complaint had been made, there was evidence this had been dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

The registered manager carried out regular quality assurance checks and audits to monitor the quality of the service provided to people. Appropriate action had been taken to address concerns identified in the audits.

Staff, people and their relatives spoke positively about the registered manager.

The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which

was person centred for each individual.

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.

This was an unannounced inspection which was completed on 30 August and 5 September 2017. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone using services. During this inspection, the ExE spent time speaking with and observing the people living at Hampton House. The ExE also spoke with visitors to the service.

The last full inspection of the service was in November 2014. There were no breaches of regulation at that time.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from mental health services, local authority and the GP practice. We also observed staff and people interacting throughout our inspection.

During the inspection we looked at 8 people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with 15 people living at Hampton House. We also spoke with six members of staff, deputy manager and the registered manager of the service.

Prior to the inspection a relative raised their concerns with us to how they felt their complaint had been handled. During the inspection, we looked at the complaints policy and records at Hampton House. Following the inspection, we contacted nine relatives by telephone about their experience of the care and support people received at Hampton House.

Is the service safe?

Our findings

People told us they felt safe living at Hampton House. One person told us "I feel very safe here. The manager tries very hard to make things perfect." Another person said "I feel safe here. The staff are very good. They take good care of me." We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff. One family member said, "My mother is very happy here. We definitely made the right choice." Other relatives commented on how they felt their loved one was safe at Hampton House.

Risk assessments were present in people's care files and people were supported by staff in a manner where risks had been minimised. People's risk assessments contained information around risks associated with supporting people with personal care, assisting them when they were in the community, moving and handling and risks associated with specific medical conditions. For example, where people had developed skin concerns staff had contacted the community district nursing team and their GP to ensure appropriate treatment was provided.

Where people had been involved in an accident or had suffered an injury, they had received appropriate care to support them with their recovery. The service had liaised with relevant health care professionals to ensure they received appropriate treatment. For example, when we discussed specific injuries, the registered manager and staff explained what support had been provided to the person following the injury.

Medicines policies and procedures were available to ensure medicines were managed safely. The deputy manager told us all of the staff working at Hampton House had received training in the safe handling, administration and disposal of medicine. The deputy manager told us staff had their competencies checked annually or earlier if there were concerns relating to their competency. For example, if a member of staff had made a medicine error, they would be re-trained and have their competencies re-checked. When looking at staff records, it was evident the annual medicine competency checks were taking place. Clear records of medicines entering and leaving the home were maintained.

Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as when pain relief or remedies were required. This included what staff should monitor in respect of when and how these medicines were to be given. These plans had been developed with the involvement of relevant healthcare professionals. When we looked at the Medicine Administration Records (MAR) we found these had been signed by staff when they had administered medicines to people and people had received their medicines as prescribed.

In addition to an internal medicine audit, there was also an annual external audit carried out by the pharmacy. The last external audit had taken place two months prior to the inspection and the pharmacy had not found any concerns with the management of medicines at the service.

There were sufficient staff supporting people living in the home. This was confirmed in conversations with staff and the daily rotas that we viewed. The registered manager told us they continually reviewed staffing levels. Where adjustments were required these were made. For example, the registered manager told us how they previously used to have sleep in nights. However, as the overnight needs of a number of residents had increased, the registered manager had reviewed this and the night time staffing arrangements had been changed to wake in nights to provide more support for people. The people living at Hampton House told us they felt there were enough staff working at the home. One person said "I never have to wait long for anything. The staff are always quick." Another person said "There are always enough staff." Relatives and professionals we spoke with told us they felt there were enough staff working at Hampton House.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place. This showed the service had the relevant procedures in place to manage performance and conduct issues with staff to ensure people who used the service were kept safe.

The provider had implemented a safeguarding procedure in the home. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the registered manager. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. Safeguarding issues had been managed appropriately.

Health and safety checks were carried out regularly. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were recorded. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

Staff told us there was a quick response to maintenance and repairs. The home maintained regular premises checks to identify any issues which were then reported to the head office. Records were kept of all issues requiring work and these evidenced that where work had been identified, there had been a quick response and the work was completed in a timely manner.

The premises were clean and tidy and free from odour. The registered manager told us cleaning tasks were completed by all of the staff. We observed good infection control practices. Staff wore gloves and aprons when supporting people with their personal care and were seen washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The relatives we spoke with told us they felt the home was clean. The home had been awarded the maximum five star food hygiene rating from the local council.

Is the service effective?

Our findings

The service provided at Hampton House was effective in meeting the needs of the people living there.

Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. The registered manager told us all of the training provided to staff was classroom based and was delivered through an external training provider based in Cheltenham. The registered manager told us staff training would be continually reviewed to ensure staff had the right skills to meet the needs of the people living at Hampton House. For example, the registered manager told us they had arranged for further dementia and end of life care training for the staff due to the increasing needs of the people living at the home in these areas. In order to ensure staff training was up to date the registered manager used a matrix to track staff training. When we looked at this, we found the majority of staff training was up to date and where training was required, the staff had been booked to attend the relevant courses. The staff we spoke with told us they felt the training provided was good and met their learning needs. One member of staff said, "The training is very good and has helped me a lot with my job".

Staff had completed an induction when they first started working in the home. This was a mixture of completing mandatory training courses and completing shadow shifts. These shifts allow a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager told us all staff were required to complete a minimum of a week of shadow shifts. The registered manager told us all new staff who did not have a level 2 NVQ in care were required to complete the care certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

Each new member of staff would be given an induction pack which detailed the training they were required to complete as well as a list of the key policies they were required to read. The registered manager told us a member of staff would not be considered to have passed their induction until all of the required actions had been completed and signed off by the registered manager. The registered manager also told us each new member of staff would have a direct observation of their practice to ensure they were competent to work alone. This observation would be completed by a senior member of staff. We saw evidence of further shadow shifts and learning opportunities being provided to staff who were deemed to have not passed their direct observation. The registered manager told us this gave them the confidence that the staff who were working within the home had the appropriate skills and experience to work with the people living at Hampton House.

The staff we spoke with told us they felt they had received a good and thorough induction which had been effective in meeting their learning needs and building their confidence to complete their role.

Staff had received regular supervision with the registered, deputy manager or a senior carer. These were recorded and kept in staff files. Supervisions occurred every 3 months. One element of each supervision

would be a direct observation of the staff member working within the home. The registered manager told us this was done to ensure the staff maintained their competency and continually provided good quality care to people. The staff we spoke with confirmed they had received supervision from the registered manager, deputy manager or senior carers. Staff who provided supervision had received the appropriate training around this. There was evidence staff received annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw evidence people had received assessments of their capacity if required and if staff had any concerns, they had sought support from the relevant health and social care professionals. The registered manager and staff in the home demonstrated a clear understanding of MCA and DoLS procedures. The registered manager was able to outline their responsibilities in relation to making DoLS applications if they were required. At the time of the inspection, nobody living at Hampton House had required a DoLS application to be made on their behalf.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. The people living at Hampton House confirmed this during conversations. For example, one person said "The staff always ask me what I want to wear or do during the day." Another person said "I am able to live my life as I choose and the staff respect my wishes."

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. Staff told us menus were planned on a four weekly basis and people were consulted regarding the menus during resident meetings. The chef told us people had a choice of three different meals. The menus we looked at showed people had a varied choice in regards to their meals. People living at Hampton House told us they could always request something different if they did not like what was on the menu.

During our lunchtime observations, we found it to be a positive experience and observed staff spending time with people and engaging in conversations. Where people required support with their meals, this was provided by the staff.

We received positive feedback regarding the quality of the food at Hampton House. One person we spoke with described the food as 'excellent'. Another person said "It is very good." Relatives we spoke with told us they felt the food was of good quality. One relative said "The food is very good. There is always enough to eat."

In order to ensure the meals being served were always to the liking of the people living at the service, the chef would serve dessert themselves. They told us how this provided them with the opportunity to discuss the menu with people and allow people to feedback directly regarding the quality of the meals. In addition to this, the chef told us they would periodically carry out surveys of people's dietary requirements and preferences to ensure meals were meeting individual preferences.

Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food or food needed to be at a certain consistency, these were clearly detailed in the care plans and were shared with the kitchen staff.

We saw that individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required. Relatives told us they felt there was enough food provided for people at the home.

People had access to a GP, dentist and other health professionals. The records from these appointments were recorded and were also reflected within the reviews in people's care files.

Hampton House is situated close to the centre of Cheltenham. The home was suitable for the people that were accommodated and where adaptations were required these were made. At the time of the inspection, the home was undergoing building work to increase the number of people who could be accommodated at Hampton House. The registered manager told us the building work would also enable them to add a resident's lounge on the first floor.

Each person had their own en-suite bedroom with a toilet and basin. Each bedroom was decorated to individual preferences and the registered manager told us that the people had choice as to how they wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted and they were also involved in this process.

There was parking available to visitors and staff. There was a secure garden available which had been adapted to ensure it was accessible for all of the people living at the home.

Is the service caring?

Our findings

People were cared for with compassion and kindness and the actions of staff showed that people really mattered. Staff wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us the staff were caring and dedicated. One person said, "I really like the staff. They are very friendly". Another person said, "The staff are kind and caring". Another person said "From the time I first arrived, I felt I belonged. It's home. The staff feel like family." Relatives also said staff were caring. One told us, "My mother is very happy here and it is because the staff are so kind and caring".

Staff were positive about the people they supported. One staff member said, "I really like coming to work. The people living here are fantastic." All of the health professionals we spoke with told us they felt there was a strong and caring relationship between the staff and people living at Hampton House. A GP who visited the service on the day told us how they held the service and staff in the highest regard.

Staff treated people with understanding, kindness, respect and dignity. We observed staff providing personal care behind closed bedroom and bathroom doors, and seeking consent from people before entering their rooms. We observed staff being discreet when asking people if they wanted to use the toilet. People told us staff always sought consent and provided personal care in a manner which ensured their dignity was maintained.

We observed positive interactions between people and staff. There was a genuine sense of fondness and respect between the staff and people. People were given the information and explanations they needed, at the time they needed them. For example, we observed one person being supported with their medicines. The member of staff clearly explained to them what the medicine was for and what they were doing. From our observations, it was evident this approach helped put the person at ease. People appeared happy and relaxed in the company of staff. Relatives we spoke with told us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate", "Caring", and "Kind" to describe the staff.

It was evident from speaking with staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviours which may challenge as a result of their condition. Relatives told us they felt the staff had the skills and knowledge to manage these behaviours. People's care plans clearly detailed their communication needs. Throughout the inspection we saw that staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. For example arrangements had been made for representatives of different religious groups to come into the home and spend time with people based on their preferences for this. There was an up to date equality and diversity policy in place which clearly detailed how the home would treat people and staff equally regardless of personal beliefs or backgrounds.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences likes and dislikes, what made them happy and things that were important to them.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. The relatives we spoke with confirmed there were no restrictions on visiting and they could visit their loved one at any time.

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. People and their relatives told us they had been involved in developing these plans.

Is the service responsive?

Our findings

People received care which was person centred and were supported by staff who provided care which was personalised for each person. Each person living at Hampton House had a care plan and a structure to record information about their needs and preferences. Each care file also had a page detailing people's likes and dislikes at the front of the file so it was easy for staff to identify individual preferences.

In order to ensure people received care which was meeting their changing needs, the registered manager told us how each member of staff would have a written working plan for each shift. These working plans identify particular care needs that have been identified and the actions required for each individual at the commencement of the shift.

It was evident from our conversations with the people living at Hampton House that they were satisfied with the personalised level of care they received from the staff who supported them. The staff we spoke with during the inspection were aware of people's individual needs and preferences and were able to discuss how they would meet these needs. We observed staff providing safe care to people which met their individual needs.

People were supported on a regular basis to participate in meaningful activities. Activities included entertainers visiting the home and arts and crafts. The people living at Hampton House told us they had lots to do and enjoyed the activities that were on offer. A number of people told us about the recent flower arranging activity and commented on how much they enjoyed this. Relatives we spoke with told us activities were suitable for people and there were sufficient activities taking place.

People and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with told us they were consulted in relation to the care planning of people using the service. The registered manager told us they used evidence from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, care plans contained guidance from people's GP's and other health professionals who had been involved in their care. The registered manager told us any person planning on moving to Hampton House was given the opportunity to have a 'taster day' at the service. This was done so people could experience a typical day at the home and have a chance to meet other people living at Hampton House and the staff. The registered manager told us this also gave the staff an opportunity to carry out a more thorough assessment of people's needs.

There was a complaints policy in place which detailed a procedure for managing complaints. There had been one complaint which had been investigated in accordance with the provider's complaints policy and although the complaints procedure had been followed, there had not been a satisfactory outcome. The complaint was forwarded onto the Government Ombudsmen and following their investigation, we saw evidence the service had followed their recommendation to issue a formal apology.

Relatives of people living at Hampton House confirmed they knew how to complain but did not have any

concerns. They told us they had confidence in the registered manager to respond promptly to any concerns or suggestions that were made.

Where improvements had been identified following a complaint, action had been taken to address the concerns. For example the provider had identified through their complaints investigation that improvements were needed in the recording of people's care. The provider had taken appropriate action to ensure records made by staff were sufficiently detailed.

People and relatives were provided with opportunities to give feedback regarding their experience of the service provided at Hampton House. The service had received a high number of positive comments from relatives of people who used the service. For example, one person had written, "I am writing on behalf of all our family to thank you for the wonderful care that you and your staff gave to mum and dad in the last months of their lives." The service had also received a high level of positive feedback through the carehome.co.uk website. One person who had a short stay at the home had written "I stayed at Hampton House for 10 days for respite following hip replacement surgery. The care I received was exceptional. I would recommend this home to anyone. The owner and staff were amazing to myself and my family and nothing was too much trouble."

Is the service well-led?

Our findings

There was a registered manager working at Hampton House. The registered manager was also the co-owner and had been in post since 1999. They were supported by a deputy manager. Staff spoke positively about the management in the service. Staff told us they felt they could discuss any concerns they had with any of the managers who were always available to answer questions. Staff told us there was an open culture within the home and the management listened to them. Staff told us management encouraged them to ask questions, challenge and make suggestions in order to improve the service. Staff told us they used team meetings to raise issues and make suggestions relating to the day to day practice within the home. In addition to a monthly staff meetings, the registered manager told us they had a daily meeting with all of the staff working during the day to discuss individual needs of people and other pertinent issues within the service.

The provider had implemented systems to assess and monitor the safety and quality of the service. These consisted of a schedule of monthly audits completed by the registered manager. The audits looked at; health and safety, infection control, care plans, medicines, complaints and compliments. These audits were carried out as scheduled and it was evident from our observations, corrective action had been taken when concerns had been identified through these audits. For example, where a complaint had been made, the audits had recognised that improvements were required in how staff recorded the care provided to people. Staff were aware of their role in reporting and recording accidents and incidents to support the manager to monitor risks in the service. This included for example, the reporting of people's falls and injuries. The registered manager told us staff would tell them if they identified any concerns with people's skin. Records provided showed that a review of incidents had taken place and staff had noted people's injuries and the action taken so that the registered manager could monitor whether appropriate action was taken. Incidents and accidents were also analysed quarterly to identify possible trends in risks across the service. The registered manager could benefit from also including all skin concerns that had not been acquired following an incident or accident in the monthly review to ensure all possible risks would be reviewed and care plans checked to ensure people's records reflected people's changing risks.'

It was evident through our conversations with the registered manager that they were motivated to continually improve the service and were keen to take action ensure good care was provided to people. For example, on the second day of our inspection, the registered manager showed us new care planning and daily recording documents which would enable staff to record people's needs and provide a clearer description of the support they received. The registered manager told us they would review all of the care plans following the inspection. The registered manager also told us they would use team meetings to support staff to improve their daily recordings. We will check on the progress of this at our next comprehensive inspection.

The people living at the service spoke positively about the management in the service. One person speaking about the registered manager told us, "The manager is great. She is always available day or night. Nothing is too much for her. She really seems to care." Another person said, "The manager is wonderful." One person commented "The lady who manages the home expects a very high standard (from the carers) and she gets

it."

Relatives spoke positively about the registered manager and felt they offered good leadership and were a positive role model for the staff. The relatives we spoke with told us they felt the registered manager was approachable, committed to providing person centred care and willing to listen to feedback about the home.

The staff described the management team as being 'hands on'. We observed this during the inspection when the registered manager and deputy manager were regularly attending to matters of care throughout the day. Staff we spoke with told us they felt morale amongst staff was good and this was down to the registered manager's good leadership.

The service also used questionnaires to gauge feedback from people living at the home and their relatives. An annual and catering survey was sent out to people living at the home relating to the care provided. In addition to this, surveys were sent to relatives every two years to obtain their feedback regarding the survey. The registered manager told us they also monitored the feedback left on the carehome.co.uk to identify areas for improvement. We looked at a sample of the surveys completed by people and also a sample of the feedback left on the carehome.co.uk website. We found all of the feedback was positive praising the care provided, and the staff and management at Hampton House. We also saw a suggestions box available for people to leave anonymous feedback regarding their experience of the service provided at Hampton House.

We discussed the value base of the home with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. There was a strong emphasis on building a homely atmosphere within the service. A number of the staff we spoke with told us they felt Hampton House was the home of the people living there. One member of staff said "It is their (the people living at Hampton House) home."

The registered manager had a clear contingency plan to manage the home in their absence. This included the deputy manager who would cover if needed. This plan was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences. The provider also had business continuity plans which provided clear guidance around the running of the service during emergencies.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.