

Hampton Grove Healthcare Limited

Hampton Grove Care Home

Inspection report

Chaffinch Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hampton Grove Care Home is a care home without nursing, which accommodates up to 86 older people, some of whom are living with dementia. At the time of the inspection there were 59 people living at the service.

People's experience of using this service and what we found

People felt safe living in the service. Risks had been identified and assessed to ensure that action had been taken to keep people safe.

Staff followed good practice guidance to prevent the spread of infection and gave people their medicines safely.

Staff were recruited safely to the service with all relevant pre-employment checks completed. Staffing levels were consistent at the service and reviewed regularly.

Accidents and incidents were reviewed, and action taken as needed.

The provider and registered manager had effective systems in place which helped ensure that staff delivered a service that met people's needs and kept them safe.

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

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

Rating at last inspection

The last rating for this service was good under the previous provider (published 7 January 2020).

Why we inspected

We received concerns in relation to the management of medicines, infection control and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

The overall rating for the service has remained the same based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Hampton Grove Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hampton Grove Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 14 people and two relatives. We spoke with eight staff including the registered manager, regional director, team leaders and care staff.

We reviewed a range of records. This included one person's care records and six people's medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, compliments, quality assurance processes and various policies and procedures.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. When we asked them if they felt safe, comments included, "I am happy living here." "Staff keep an eye on us."
- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. Staff had received training and had a good understanding of the provider's safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority.
- The registered manager was aware of their responsibilities for reporting concerns to the local safeguarding team and CQC.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. A person told us, "I cannot be at home because I kept falling. I mustn't get up without staff here." We noted they had a sensor mat in place to alert staff if they got up from their chair.
- Risk assessments were completed and reviewed when necessary. For example, if someone had a fall their risk assessment was reviewed to see if any further action needed to be taken to prevent a reoccurrence.
- The registered manager had a system in place to ensure monitoring charts were always completed as expected so that any necessary action could be taken quickly.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- DoLS had been applied for as required to ensure that people were kept safe.
- Staff ensured that people and/or their relatives were involved in decisions about their care.
- Where people were assessed as lacking capacity to make a certain decision, staff worked in their best

interest.

- Staff were able to tell us all about the MCA and the principles that had to be considered when assessing a person's capacity to make a decision. Staff also told us how they always tried to offer people choices even when they knew their usual choice. One person said, "They give me a choice of having my dinner in my room or in the dining room, the carers will always do what you want. One member of staff told us, "I always offer residents a choice, as they may choose something different, although usually not." One relative said, "[Family member] has a very small appetite, so they have noted down that that will have small meals at present but if they want more, they will increase it to normal portions."

Staffing and recruitment

- Staffing levels were determined according to peoples assessed needs. There were sufficient staff to ensure that people were safe. Some staff felt that an additional member of staff would help in meeting people needs in a timelier way. The registered manager has agreed to look at the staffing levels for those people.
- Safe recruitment practices had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- Medication was administered by staff who had completed training and competency checks.
- The records and levels of stock tallied to show that people received their medication as prescribed. One person told us, "Yes I always get my medication on time, I haven't got a fault to find here." A relative said, "The doctor is visiting weekly to try to sort out [family members] pain relief."
- The medicines room was clean and tidy; fridge temperatures were recorded daily and were up to date. Staff immediately ensured internal and external medicines were separated when this brought to the attention by the inspector.
- PRN (As required) protocols were in place so that staff knew when to give medication that was not prescribed to take on a regular basis.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us, "My [family member's] bedroom and shower room are always spotlessly clean."

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits to the service were being facilitated safely and no restrictions were in place.

Learning lessons when things go wrong

- There was a lesson learnt process in place. Following the analysis of incidents, accidents, complaints and compliments, the registered manager shared with staff improvements needed and best practice guidance in supporting people with a learning disability.

Is the service well-led?

Our findings

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

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

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

- Staff were positive and told us they enjoyed working at the service. One staff member said, "We have a good team and all work together."
- Staff told us the registered manager was approachable and their door was always open. One staff member said, "I am comfortable reporting concerns."

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

- The registered manager was aware of their responsibilities around duty of candour. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

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

- The provider and registered manager had effective systems in place that helped ensure staff delivered a service that met people's needs and kept them safe. For example, the registered manager carried out various audits. These included regularly analysis of incident reports for themes and trends.
- We received positive comments about the registered manager from people who live at the service, relatives and staff team. One relative told us, "Their office door is always open, they are approachable and has a good rapport with the staff." Another relative said "I have met the manager, they introduced themselves to me."
- Staff were clear about their roles and knew when and how to raise any concerns. The registered manager provided good leadership to the team. Staff were well supported and held to account for their performance when required. There was effective communication in place to ensure staff were kept up to date with any changes in people's needs.
- All the staff we asked said they would be happy with a family member receiving care at this service. One staff member said this was because of, "The nature of the staff. It's genuinely from the heart, I don't think you can get a better care staff than you can here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Information from analysis of incidents and accident accidents, feedback from people and their relatives

and complaints were used to continually improve the service being offered.

- Surveys were given out to people and/or their families asking them to rate the service. The registered manager stated that they would be meeting with people and staff to write an action plan in response to the results.
- A recent 'residents' meeting had been held and there was a feedback displayed on the wall outside the lounge where residents had asked if they could spend more time in the garden so plans had been made for them to plant up planters.
- The registered manager told us they had a good working relationship with social workers. It is important that they know the people and the service.