

The Brandon Trust

# Hampstead Road Care Home

## 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 undertook an unannounced inspection of Hampstead Road Care Home on 25 and 26 August 2016. When the home was last inspected in June 2014 no breaches of the legal requirements were identified.

Hampstead Road Care Home provides accommodation and nursing care for up to 12 people. People at the home had a learning disability. At the time of our inspection there were 12 people living at the home.

A registered manager was in post at the time of our inspection. 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.

The home was not consistently safe as the provider's policies in regards to recruitment had not been adhered to. This meant that staff had begun work without the full range of checks being completed or documented. Medicines were administered safely. However, systems in place to check and monitor the recording of medicines had not been consistently completed. This meant that errors would not always be identified. Guidance was in place so that medicines were given as people preferred.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The registered manager kept clear records of the steps taken in the DoLS process. Staff were aware how the Mental Capacity Act 2005 was relevant to their role and applied the guiding principles through choice and enablement. When a person lacked the capacity to make a particular decision, it was recorded clearly how this had been established. When a best interest decision was needed, this was fully documented with the involvement of family and health and social care professionals.

Staff received effective training and additional training specific to the needs of people. Staff were confident in supporting people as directed in their care records and were knowledgeable about people's needs. Staff were well supported by senior staff members through supervisions.

We observed positive relationships between people and staff. Staff were kind and caring. Staff spoke to people with respect and ensured people's privacy and dignity was maintained.

Care and support was person centred and care records reflected this. People were engaged in activities they enjoyed. The home was developing the provision of activities to be able to offer more choice. Staff supported people to maintain important relationships.

The home was well-led. Relatives and staff spoke of the improvements within the home. A positive staff culture had developed. Systems were in place to monitor the quality of care provided. However, audits did

not always identify documentation which had not been fully completed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The home was not always safe.

Safe recruitment procedures were not always followed.

Medicines were administered safely, however monitoring was not always completed consistently.

Staff were knowledgeable about how to identify and report safeguarding concerns.

Risk assessments were in place so staff could support people safely.

### Is the service effective?

**Good** ●

The home was effective.

Staff were supported through effective training and supervision.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. People's rights were being upheld in line with the Mental Capacity Act 2005.

The home worked with other health professionals to meet people's health needs effectively.

People's nutrition and hydration needs were met.□

### Is the service caring?

**Good** ●

The home was caring.

We observed positive relationships with people living at the home. Staff spoke to people with consideration and kindness.

Staff were knowledgeable about people's support needs and people's preferred methods of communication.

Staff supported people in a way that respected their privacy and dignity.

People's visitors were welcomed at the home.

### Is the service responsive?

Good ●

The home was responsive. People received personalised care.

Care records were person centred.

People were supported to be involved in activities and to maintain relationships.

Care and support was provided according to individual preferences.

Complaints and concerns were openly and thoroughly responded to.

### Is the service well-led?

Good ●

The home was well-led.

Systems were in place to monitor the quality of the home.

Relatives and staff spoke about the positive changes in how the home was led.

Regular meetings took place where information was communicated to staff.

# Hampstead Road Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and other information we had received about the home, including notifications. Notifications are information about specific important events the home is legally required to send to us.

The people at the home had a learning disability and were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home.

During the inspection we spoke with the registered manager and five staff members. After the inspection we spoke with three relatives of people that lived at the home. We looked at three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

People were not always kept safe as safe recruitment procedures were not always followed. We reviewed four staff files. We found three out of the four files had essential information missing and information that required further investigation had not been completed. Satisfactory references had not always been obtained. For example, one person had two character references as opposed to one being from a previous employer, school, university or college as stated in the provider's policy. One reference had been given by a friend, which goes against the provider's policy. Records indicated that a long gap in work history had also not been investigated or recorded. Again, the provider's policy states that gaps in employment must be satisfactorily explained. Another file we reviewed contained no Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. The file also did not have proof of the person's address or identity. Another file did not include a recent photograph of the person.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always able to tell us if they felt safe living at the home. We observed people being supported to move around the home safely. One relative said, "She is very safe and well looked after."

Medicines were received at the home every four weeks. These were checked and signed into the Medication Administration Records (MAR) by a senior member of staff. Records showed a photograph of people, GP details and any known allergies. Information was given about how people preferred to take their medicines and gave guidance to staff. For example, '[Name of person] takes all her medication from a spoon with a drink of water afterwards.' Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock numbers held. We did find that the temperature of the medicines fridge and storage trolley was not being monitored. This meant that medicines may not be always stored at the temperature as directed. A senior member of staff said this would be addressed.

We found two gaps on a person's MAR where the medicines had been given but not recorded. A system had been introduced to address these types of issues following identification that checks were needed. Two members of staff had to check and sign that all medicines had been given as directed and all records were completed. This was meant to be done twice a day. We found that one person's checklist from 1 August – 24 August 2016 had not been completed 47 times out of 96 and another person's had not been completed 34 times out of 96. This meant that potential omissions like we identified would not always be noticed as the monitoring of medicines was not always completed.

Staffing levels were safe. We reviewed the staffing rotas from the previous eight weeks and the number of staff was consistent with the planned staffing levels. The home currently had four vacancies and were recruiting for these positions. The home had worked to reduce the use of agency staff to provide more

consistent care. Staff told us that staffing levels were safe but could sometimes be difficult covering absences. One relative said, "Staff levels seem OK."

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received regularly training in safeguarding vulnerable adults. This was confirmed with the staff we spoke with. Staff were knowledgeable about different types of abuse and how to recognise potential signs of abuse. Staff said they would report any concerns to a senior member of staff or other agencies if required. We reviewed records that showed the registered manager reported concerns to the local authority safeguarding team when needed.

Staff reported and recorded any accidents or incidents. Records showed what had happened and the immediate action taken. Senior staff followed up the reports and showed the measures taken to minimise future risks. For example, one person had their medicines reviewed after an incident. The registered manager reviewed all incidents and accidents every six months. This was to monitor for any trends and patterns. It also ensured that measures taken had been effective in reducing the risk of reoccurrence.

Individual risk assessments identified potential risks to people and gave clear guidance to staff on how to support people safely. Assessments included risks such as people's finances, use of mobility equipment and specific medical conditions. For example, we reviewed an assessment detailing the risks around a person's medical condition and specific procedures for staff to follow. Staff we spoke with were knowledgeable about people's individual risks.

Environmental risk assessments were in place. We reviewed records which showed that checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of electrical items, mobility equipment and transfer aids. There were also certificates to show testing of fire safety equipment and gas servicing had been completed. A disaster plan was in place which gave procedures should the home experience emergencies such as a gas leak or flooding. This was located by the front door so it could be easily accessed in an emergency situation.

Staff had regular training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Regular practice fire drills took place to ensure staff were confident of the procedures to take. Risk assessments were in place to minimise the risk of a fire occurring. People had an individual emergency plan in place. This detailed the support and equipment they would require in order to stay safe during an evacuation.



# Is the service effective?

## Our findings

People received effective care and support. We observed people being supported as directed in their care records. Staff were well trained and knowledgeable about people's support needs. One relative told us, "They are marvellous. They know him well and pick up on small things."

People required careful support around their nutritional and hydration needs. There was clear individual guidance about how to support people safely and effectively with eating and drinking. This described the position they should be in, specific equipment needed and the consistency and texture of food. Guidance described what staff should do if people were not eating and drinking well and methods to positively encourage people. People's weights were regularly monitored. We saw that when concerns were identified around nutrition and hydration, support and guidance from other healthcare professionals was sought. We observed staff supporting people as directed in their care records. Staff we spoke with showed good knowledge around people's nutritional needs. However, we did note that there was inconsistency in the totalling of fluid charts. Also, some personalised fluid charts were used for several other people. This meant that the information on them was not always correct to the person the information was being recorded about. Whilst staff knew the correct fluid amounts, this could be misleading for new or less experienced staff. A senior staff member said this would be addressed. Information in regards to fluids was recorded on the handover sheet.

People had a health file which recorded appointments with health professionals such as the GP, dentist or the Community Learning Difficulties Team (CLDT). People had a 'hospital passport'. This was a document containing vital information about a person so it could immediately accompany them should a hospital visit be required. This was important as people were not always able to communicate necessary information to healthcare professionals. Relatives told us how staff were quick to respond to any concerns around people's health. Also, that staff stayed with people in unfamiliar environments such as a hospital to offer support and reassurance. One relative said, "When my son went to hospital, someone stayed with him and then staff swapped over. They didn't leave him by himself." Daily notes were kept in relation to people's health and any observations or changes recorded. Assessments were in place of how to support and manage people's specific medical conditions. This contained clear guidance for staff.

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.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within

the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications for 12 people and when authorisations had expired renewals had been applied for. One person had conditions attached with their DoLS. We found these were being met.

Care records showed clearly when people lacked the capacity to make a certain decision. It was documented how it had been established that the person lacked capacity to make a particular decision. Records showed how information had been presented in different ways and what people's responses were. When a best interest decision was needed, records showed who had been involved in making the decision and why that decision had been reached. For example, we saw a best interest decision regarding a person's medicines. Relatives we spoke with said they were always invited to attend these discussions. One relative said, "We are involved in meetings." We saw that capacity assessments and decisions made in a person's best interest were regularly reviewed.

Training records showed that staff had completed training in the Mental Capacity Act (MCA) 2005 and DoLS and staff we spoke with confirmed this. Staff understood the principles of the MCA and how this applied to their working practice. One member of staff said, "We always assume capacity. We know our service users and how they indicate choice. I hold up two tops and I know the noise for the one they would like."

New staff completed an induction programme when they joined the organisation that was aligned with the Care Certificate. All the staff we spoke with confirmed they had received an induction. The induction consisted of mandatory training, orientation to the home and getting to know people and their support. All new staff shadowed a more experienced member of staff as part of the programme. One staff member said, "I felt confident at the end of the process."

Staff received regular ongoing training in areas such as manual handling, nutrition and hydration and first aid. Training specific to the needs of the people living at the home was provided, for example in epilepsy and lone working. Staff commented that the training they received was good and the methods of presentation were interesting and informative. One staff member said, "Overall the training is good." We saw that senior staff members undertook practical observations of staff and tested their knowledge in areas such as medicines and moving and handling to ensure training had been effective.

Staff said they received regularly supervision and appraisals and this was confirmed in the records we reviewed. One staff member said, "Supervision is useful. We get feedback about where we are and can use the time to talk about our development or any concerns about the individuals." We saw that when issues were identified in relation to a staff member's performance, this was addressed appropriately within supervision. Where necessary we saw that probation periods had been extended and additional support provided.

# Is the service caring?

## Our findings

People were supported by staff who were kind, caring and positive. We observed that people had good relationships with staff members and they were happy and comfortable in their presence. One relative said, "I am very happy with the care at Hampstead Road. [Name of person] is very happy and content." Another relative said, "They really are caring people."

People were not always able to tell us about their experiences. We observed people being supported to access different areas of the home as they wished. We saw that staff listened and observed people's preferred method of communication as people showed where they wished to be in the home. We observed a member of staff spending time with a person in the sensory room. The member of staff was talking the person in a calm and friendly way. The staff member was engaging the person with the sensory objects and musical instruments in the room.

We observed two members of staff support people with their meal. The staff were talkative with people and positive. They spoke with people about what they were preparing and what they were doing, keeping people informed. The staff members showed people the meal and supported people to eat as needed. Staff asked people before doing things and respected people's choices. For example, one staff member offered a clothing protector to a person. The person declined and the staff member respected the decision. When a person showed they did not want their meal, the staff member said, "That's OK, you can have some later if you want." The staff member offered them a nutritional drink instead.

The home had received six compliments in the last 12 months. One compliment read, 'Atmosphere was really homely. Rooms decorated nicely to individuals personalities.' Another compliment said, 'To thank the team for going above and beyond.' A healthcare professional had commented on the 'High level of support being provided' to one person.

Staff told us that they ensured people's privacy and dignity were maintained. Staff described how they conducted personal care in a private and discreet manner. Staff told us that they knew how people communicated if they wished for a change of environment. Staff were respectful when people wished to have time away from others.

Staff and relatives told us that family and friends could visit whenever they wished. Relatives said they were always welcomed. One relative said, "We are always made to feel welcome when we visit." Relatives told us that the home was supportive in maintaining people's important relationships. Relatives said that the home would always facilitate visits to family and friends.

For example, the home had arranged a holiday near where a person's parents lived so they could visit them.

Staff were knowledgeable about maintaining confidentiality within their role. One staff member said, "We keep information private. We don't discuss with people that are not involved. We keep information safe and secure."

# Is the service responsive?

## Our findings

People were not always able to tell us about their care and support experiences. We observed that staff were knowledgeable and responsive to people's support needs. Staff we spoke we showed they adapted their approach as people's support needs changed. One relative commented, "The staff are proactive. My daughter's care needs are met."

Care records were person centred and contained a photograph of people, essential information and their life history. This described people's background and interests. For example music or particular books people liked. Important dates were shown for people. For example, family members birthdays and how people wished to mark these events. Care records explained people's personal preferences and gave step by step guidance for staff on how to support people in their preferred way. We saw that observations were made so that it could be established how people liked support given. For example, if people had a preference towards a male or female carer.

People had a 'communication passport.' This described how people preferred to communicate. It explained what different gestures, signs or body language may mean so staff could understand and communicate with people effectively. For example, it recorded how people showed they wanted a change in environment or if they were enjoying an activity. This document gave guidance on things to try when people expressed themselves. For example, a particular sound a person made showed they were not happy with their present situation and things staff could do in response.

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan as being needed were being facilitated. For example, access to new activities or purchasing new clothes. Regular reviews of people's care and support were held. Relatives were invited to attend. One relative said, "I am involved in meetings." Another relative said, "I am invited to reviews." Relatives commented that keyworkers ensured new ideas and experiences were tried. For example, one person who did not wish to go out regularly tried an overnight stay away in a hotel and really enjoyed it. Therefore, as this had been a successful experience this had been arranged again for another occasion. Another person was trying new sensory experiences and different equipment had been purchased to support with this.

People engaged in different activities within the home. Staff told us people enjoyed going to local places of interest and participating in one to one activities with staff. Some people had an individualised timetable of activities they participated in during the week within the home and in the local community. This was being developed for everyone as the home had identified having regular activities on offer could be beneficial. One relative said, "[Name of person] gets taken out regularly, to the pub and disco's as she loves music." Staff told us about a recent BBQ the home had arranged to welcome a new person and their family to the home. Relatives told us they were also invited to the event and they enjoy seeing the people and staff. One relative said, "We went to the BBQ. It is good to be involved." Relatives also commented positively about the holidays people went on and how the home facilitated access to these.

We saw that people's rooms were personalised and decorated to individual's taste. Rooms contained items that were important to people and reflected their personality. We saw that one person's room was having a bespoke mural painted on their wall to reflect their interest in animals. Keyworkers told us that people were involved in choosing the décor and items for their room to make it personal. For example, people were supported to choose their duvet covers and lampshades. One relative said, "[Name of person's] room is very nice. Her room has been redecorated on occasion."

The home had received four complaints in the last 12 months. Complaints records documented the investigation into the complaint and the steps taken to resolve the complaint. Action taken from the outcome of the complaint was also recorded. Relatives told us they had a copy of the complaints procedure. One relative said, "I would raise anything if needed."

## Is the service well-led?

### Our findings

People were not always able to tell us if they thought the home was well-led. Relatives told us they were happy with how the home was run and said they were kept informed of any changes. One relative said, "I am very satisfied with the home."

The registered manager had systems in place to regularly monitor the quality of the home. This included audits of health and safety, care records, staff training and supervisions. We saw that audits of care records were effective and had identified sections that were due for review such as the 'financial passport.' However, we did find that some documentation was not always fully completed, for example keyworker summaries and sections of the handover sheet that the audit system did not currently monitor. The registered manager had addressed record keeping at a staff meeting held in July 2016 highlighting the need for complete and accurate records. The registered manager said the incomplete documentation we identified would be reviewed to ensure sections no longer needed were removed or modified and that audits were expanded to include the monitoring of documentation.

The registered manager was currently in the process of changing to another manager. People, staff and relatives had all been informed of the changes taking place within the management structure of the home. One relative said, "I have been informed of the changes." The registered manager was supported within the home by senior staff members who undertook many of the day to day management tasks.

We received positive comments about the current registered manager. Relatives and staff said the home had gone through some positive changes under their leadership. One relative said, "It is very good, the home has improved." Another relative said, "Things are now better managed." Staff said senior staff members were very supportive and approachable. Staff were apprehensive about the changes in management but felt the home was stable and that a positive working culture had developed. One staff member said, "We have a good core staff team. Our work makes a difference."

Senior staff organised regular team meetings. We reviewed the minutes of recent meetings and saw that information was communicated to staff about the organisation, training and areas which required consistency by staff. Clear actions with timeframes for completion were recorded on the minutes. We saw that a staff meeting had recently taken place in July 2016 so that changes could be openly discussed and any concerns or issues raised. Staff said it was good to be all together to constructively discuss things.

Relatives said communication from the home was good. We were told senior staff members and keyworkers regularly spoke with family members about important matters or just gave them an overview of how people were and how they had spent their time. One relative said, "I speak with the team leaders and managers. They always phone and they always keep me updated."

Systems were in place to communicate information to the staff team. Staff had daily written and verbal handovers. This conveyed information about what people had done during their day, how they were feeling, significant information and appointments. Staff also had a 'communication book' where messages were left

for the staff team.

Relatives and professionals had completed a survey about the home in February 2016. The survey gathered opinions about the home, the care and provided and gave an opportunity to make suggestions. Overall the results and comments were positive. Where information had been given that required further action, this was investigated and recorded. Staff also received feedback questionnaires from the provider.

The registered manager undertook a regular review of the home in line with the key questions that the Commission asks at inspections; is the home safe, effective, caring, responsive and well-led. The document detailed what the home was currently doing, barriers to improvements and how changes could be made. For example, the need for further observational supervision was identified. Registered managers from other homes within the organisation regularly undertook monitoring at the home. This was so that a different perspective could be given and ideas and best practice shared.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19 (3) (a)  The provider had not ensured that effective recruitment procedures were maintained.