

Hampton Care Ltd

Hampton Care Limited

Inspection report

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Date of inspection visit:
21 January 2020
23 January 2020

Date of publication:
04 March 2020

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service

Hampton Care Limited is a care home that at the time of our inspection was providing accommodation, nursing and/or personal care to 65 older people. The service can support up to a maximum of 76 older people. The care home is divided into three separate units, each of which has their own adapted facilities. The units tend to specialise in providing people with either nursing care needs, end of life care or supporting people living with dementia. Most people using the service are living with dementia.

People's experience of using this service

The last rating for this service was good with no breaches of regulation, although we rated them requires improvement for the key question well-led because the care home had been inconsistently managed and was over-reliant on temporary agency staff who might not be so familiar with people's needs, wishes and daily routines.

At this inspection we found the service had continued to experience high rates of manager turnover, although we saw the relatively new interim manager and new permanent manager had brought much needed stability and continuity to the care home in recent months. This was confirmed by people using the service, their relatives and community professionals who told us they felt the care home had begun to improve under the guidance and leadership of the new management team.

In addition, as recommended last time we saw the provider had now taken appropriate action to implement their improvement plan and reduce the number of temporary agency staff they used. The new management team had achieved this by filling almost half of the services staff vacancies within the last four months. This helped drive up the standard of care provided because most of the staff were now permanent and were therefore more familiar with the needs, wishes and daily routines of people living at the care home.

However, these positive comments described above notwithstanding; we found further improvements needed to be achieved over a sustained period of time. This was because at our last inspection we recommended the provider develop an action to improve the way they supported, supervised and appraised staff. At this inspection we found not enough had been done to address this ongoing staff support/development issue. This meant staff did not have sufficient opportunities to reflect on their working practices.

Furthermore, although we saw people continued to live in a suitably adapted and reasonably well-decorated care home, the environment was not particularly 'dementia friendly'. This was because most communal areas lacked any easy to understand pictorial signage, colour contrasting doors and walls or memory boxes near people's bedroom doors for people living with dementia.

We discussed this matter with the new permanent manager who confirmed they were in the process of developing an action plan to make the care home's communal areas more suitable for people living with

dementia. Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

These negative points notwithstanding, we found at this inspection people were still cared for by staff who knew how to protect them from avoidable harm. Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. The premises remained clean and staff followed relevant national guidelines regarding the prevention and control of infection.

People were still 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. People continued to be offered well-balanced meals that meet their dietary needs and wishes and were supported to stay healthy and well.

People continued to be treated equally and had their human rights, diversity and privacy respected. People were encouraged to make decisions about the care and support they received and were involved in the running of the care home. People were supported to be as independent as they could and wanted to be.

People had their own individualised care plan for staff to follow. People's communication needs and preferences continued to be respected and met. People were aware of the providers' complaints policy and how to raise any concerns or complaints they may have. When people were nearing the end of their life, they continued to receive compassionate and supportive palliative care.

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

Rating at the last inspection

The last rating for this service was good (published 27 June 2017).

Why we inspected

The inspection was prompted in part due to concerns we had received about this service in the last 12 months in relation to the way it was managed, overreliance on temporary agency staff, and the number of safeguarding incidents and complaints we received. We were also aware the local authority had decided to place a temporary embargo on people being admitted to the home following a serious provider concerns meetings held in the last quarter of 2019. A decision was therefore made for us to bring the services next inspection forward by approximately 18 months and examine those risks.

Enforcement

We have identified a breach of regulation that relates to ongoing issues regarding staff support, supervision and appraisals. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Hampton Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

An inspector, a specialist advisor and an Expert by Experience carried out this inspection. The specialist advisor was a registered nurse who had experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hampton Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had not had a manager registered with the CQC for the last 16 months. A temporary interim (peripatetic) manager who was appointed in October 2019 will remain in operational day-to-day charge of the service until the new permanent manager formally takes over in February 2020. The new permanent manager was appointed in December 2019 and has applied to be registered with us. This means they will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This two-day inspection was unannounced on the first day. Inspection activity started on 21 January 2020 and ended on 23 January 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who lived at the service, seven visiting relatives and three community health care professionals about their experiences of the care provided at Hampton Care Limited. We also talked with various managers and staff who worked there. This included the interim, regional operations, deputy and facilities managers, the clinical lead nurse, two other registered nurses, eight health care workers, the chef, two housekeepers and the nominated individual/chief operations officer. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI) during lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at a range of records that included six people's electronic care plans, five staff files in relation to their recruitment, training and supervision, and multiple medication administration record sheets. A variety of other records relating to the management of the service, including policies and procedures were also read.

After the inspection

We received email feedback from two community health and social care professionals about their experience of the care provided, including a palliative care nurse and a social worker. We requested additional evidence to be sent to us after our inspection. This included minutes of staff meetings and training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found the service was over reliant on temporary agency nursing and care staff who were not so familiar with people's needs, wishes and daily routines. We discussed this issue with the provider at the time who acknowledged there was a problem with staff retention and agreed to actively recruit more permanent staff.

At this inspection we found the provider had taken appropriate steps to begin addressing this issue.

- In the last six months the service managed to half the number of agency staff they regularly used by reducing the number of staff vacancies they had by almost half. This meant most of the staff now working in the care home were permanent and were familiar with the needs, wishes and daily routines of people living there.
- People told us the service was now suitably staffed with experienced staff who knew what they needed and wanted. A relative told us, "It's great the new (peripatetic) manager has been able to recruit so many new staff so quickly." A second relative also said, "Thank goodness they [the care home] don't have to keep using all those agency staff...Most of them [agency staff] were very nice, but they just didn't have a clue what my [family member] needed."
- Staff were visibly present throughout the care home during our two-day inspection. We observed staff on numerous occasions respond quickly to people's requests for assistance or to answer their questions. One person said, "When I do use my call bell, staff usually come fairly quickly."
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history, a health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- There was a flexible approach to planning the staff roster, which included routinely increasing staff numbers during the day if people needed to be supported to attend appointments in the community with health care professionals.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- The provider had clear safeguarding and staff whistle blowing policies and procedures in place. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "If I saw anything untoward happening here I would tell the nurse in charge straight away... No ifs or buts."
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect

occurred. One person told us, "I feel safe here...The staff are good at looking after us and keeping us safe."

- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection two safeguarding incidents were still under investigation, which related to medicines errors.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans we looked at included risk assessments associated with people's mobility, their environment, pain management, use of bed rails, eating and drinking, skin integrity, management of medicines and behaviours that might challenge the service. Throughout our inspection we observed staff work in pairs and use recognised best moving and handling practices to transfer people safely with mobile hoists. One person told us, "I feel very safe when the staff use the mobile hoist to get me up."
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or manage incidents of behaviours considered challenging. A community professional remarked, "I have been impressed by the way the manager and the staff team have worked with my client, who can display behaviours that challenge at times, to ensure they and other residents are kept safe."
- There was clear guidance for staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises.

Using medicines safely

- Medicines systems were well organised and people received their prescribed medicines when they should.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. A relative said, "My [family member] gets their medication on time."
- Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going safe management of medicines training and their competency to continue doing so safely was routinely assessed by senior nurses.
- Managers and nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. We found no recording errors or omissions were found on completed medicines records we looked at.

Preventing and controlling infection

- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe.
- Staff demonstrated a good understanding of these procedures and several confirmed they always wore appropriate protective gloves when they were providing people with any personal care. Records showed staff had completed up to date infection control and food hygiene training. The provider had been awarded the top rating of five stars by the Food Standards Agency for their food hygiene practices.
- The service looked and smelt clean. People told us the service was always kept clean and free of offensive odours. One person told us, "Its spotlessly clean here and staff make sure my room is cleaned every day", while a relative remarked, "There's never any unpleasant smells in the home and I'm always visiting...The place is always clean."

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, following a number of medicines errors in the last 12 months the provider had reduced the risk of similar incidents occurring by improving the way they monitored staff medicines handling practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we found the support staff received from managers in relation to formal supervision and work performance appraisals was sporadic. We recommended at the time the provider develop an action plan to improve the formal support staff received from their line managers.

At this inspection we found not enough improvement had been made to ensure staff had sufficient opportunities to reflect on their working practices and professional development.

- Records showed managers were still not routinely observing staffs' working practices or arranging individual or group supervision and appraisal meetings with them. This ran contrary to the provider's staff supervision and appraisal policy. For example, staff had not had their overall work performance appraised in the last 12 months and supervision meetings remained sporadic, despite a recommendation being made at their last inspection that the provider improve the way they support staff.
- This was confirmed by managers and staff we spoke with during this inspection. One member of staff said, "It was a little chaotic here last year [2019] as you know, what with the managers keep changing, so I guess it's not that surprising our supervision meetings with them were the first things to stop." A second member of staff remarked, "I genuinely can't remember the last time I had a proper sit down one-to-one supervision or work appraisal with my line manager."
- Mechanisms were clearly not in place or being effectively operated to enable staff to be continuously supported and appraised by their managers.

Although we found no evidence that people were harmed as a result of this ongoing issue, it did however put people at increased risk of receiving care from staff who were not adequately supported. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received care and support from staff who had received most of the training they needed to effectively perform their working roles and responsibilities. For example, all new staff had completed a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. In addition, staff had completed dementia awareness training, which most people using the service were living with, and demonstrated good awareness of their working roles and responsibilities. One person said, "I think the staff are very well-trained."

Adapting service, design, decoration to meet people's needs

- People lived in a suitably adapted and reasonably well decorated care home that met their needs.
- We saw the premises were kept free of obstacles and hazards which enabled people to move freely around the care home. Several people told us the care home was a "comfortable" place to live.
- However, we saw the environment was not particularly 'dementia friendly' and most communal areas lacked any easy to understand pictorial signage, colour contrasting doors and walls or memory boxes near people's bedroom doors for people living with dementia. A memory box is a container placed outside a person's bedroom that holds special objects that are important to a person, such as photographs or ornaments. The introduction of the visual clues described above would benefit people living with dementia in the care home as it would help them orientate themselves and identify rooms that were important to them.
- We discussed this matter with the new permanent manager who agreed the home's communal areas could be made far more suitable for people living with dementia. They have agreed to display easy to understand pictorial signage throughout the care home and install memory boxes near people's bedrooms for anyone who wished to have one. Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff working at the service.
- Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, several staff confirmed they always asked for people's consent before commencing any personal care tasks.
- Care plans detailed people's capacity to make their own decisions.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests in order to keep them safe. People's DoLS conditions were being met.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw pureed meals for people on soft diets were presented in an appetising way. For example, we saw at lunchtime on both days of our inspection the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs.
- People continued to be supported to access food and drink that met their dietary needs and requirements.
- People told us they were happy with the quality and choice of the meals they were offered at the service. One person said, "The food is very good...There's always enough and we have a choice", while a visiting

relative told us, "My [family member] loves the food here".

- Staff demonstrated a good understanding of people's dietary needs and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions, and how staff should manage them. For example, we saw people's oral health care was assessed on admission to the care home and delivered by staff as part of an individual's care plan.
- Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with their GP, occupational therapists, dentists, chiropodists and opticians. One person told us, "The doctor comes every Thursday morning and the chiropodist and optician also visit us here regularly here."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- This helped ensure people continued to receive care and support that was planned and delivered in line with their identified needs and wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff assisting people to eat and drink in a dignified and respectful manner. Staff achieved this by sitting next to people so they could be in the person's line of sight. Staff also frequently asked people if they were enjoying their meal.
- People looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth. People typically described the staff as "caring". One person said, "The staff are very kind, patient and caring...They are all lovely." A community health care professional also told us, "I have always found residents well cared for by staff at the care home. They are always polite, helpful and kind."
- Records showed staff had received equality and diversity training. Staff demonstrated good awareness of people's diverse cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices.
- People's care plans contained detailed information about their spiritual and cultural needs and wishes. On the first day of our inspection we saw a well-attended Christian service being held by a vicar from a local church in one of the main communal lounges.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. We observed several instances of staff knocking on people's bedroom doors and asking the occupants permission to enter before doing so. We also witnessed staff calling people by their preferred name. People told us staff always treated them with the utmost respect and dignity. One person said, "Staff always knock at my door, even if it is open."
- People were supported to be as independent as they could and wanted to be. For example, several staff told us they always encouraged people who were willing and capable of doing some of their own personal care to brush their own teeth or wash their face. One person told us, "I choose to self-medicate...Staff are very good at making sure I have enough supplies of my medicines to do this."
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about the care and support they received and had their decisions respected. For example, we observed staff on numerous occasions show people what the main lunchtime meal options on any given day actually looked like plated up so people could make an informed

choice about what they ate at mealtimes.

- People told us staff listened to them and acted upon what they had to say. We saw numerous examples of staff responding quickly to people's requests for assistance from people to stand up or have a drink.
- People had regular opportunities to express their views at their care plan review meetings. People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support according to their individual assessed needs and preferences.
- Staff were aware of people's individual support needs and preferences. Staff told us people's care plans and risk assessments gave them sufficiently detailed guidance about how to meet people's support needs and wishes. One person said, "The staff know I like to have a strip wash every morning; they [staff] are very good at making sure that happens." A second person remarked, "My pads are changed four times a day or more if I need it...The staff never fail to do this".
- People's care plans were personalised and contained detailed information about people's strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs. We also saw care plans included information about people's life histories. A community professional told us, "The Hampton nursing home is doing all they can to meet my client's needs and that of their other residents."
- People, and where appropriate their relatives and/or professional health and social care representatives, were encouraged to help staff develop and review care plans. People's care plans were routinely reviewed and updated. A relative told us, "I have been involved in helping my [family member] develop their care plan with staff, which is regularly reviewed and updated."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed activity coordinators who were responsible for organising social and leisure activities for people living in the care home. The service had also recently started using an external activities company who provides training and support to staff working in adult social care to help them deliver meaningful activities for people living with dementia.
- Throughout our inspection we observed staff initiate social activities and events for people in the main communal areas, which included a gentle exercise session. In addition, staff told us how the external company were helping them arrange regular outings for small groups of people to visit local garden centres, cafes and shops, for example. We also saw infants from a local nursery routinely visited the care home. People told us they had regular opportunities to engage in leisure activities that reflected their social interests. One person said, "I enjoy the activities here...We have people who give talks and occasionally I join in the gentle exercise, singing, dancing and music classes."
- Care plans reflected people's social interests and needs.
- The service took appropriate action to protect people from social isolation. For example, we saw staff spend quality one-to-one time socialising with people who were either confined to their bed or who chose to stay in their room. People told us their families and friends could visit them at the care home whenever they wished. One person said, "My visitors can come as often as they want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences had been assessed, were clearly recorded in their care plan and met by staff.
- Managers and staff understood and worked within the principles of the AIS. Useful information people might like to know about the care home, such as meal choices on the menus and the social activity timetable for example, were presented in various different formats to meet people's specific communication needs. For instance, this included easy to read large print and pictorial versions.
- People's communication needs were clearly identified in their care plan.
- Staff understood the AIS and communicated well with people. For example, we saw several instances of staff taking their time to speak slowly and clearly to enable people to make an informed choice about what they ate and drank at mealtimes.

Improving care quality in response to complaints or concerns

- The provider had a robust system in place to receive, record and respond to complaints. The complaints policy detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. One person told us, "I've never felt the need to make a formal complaint, but if I did I know I could talk to any of the managers or nurses about my concerns and feel confident they would look into it." A second person said, "Any worries I've had, staff have always taken their time to talk them through with me."
- The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
- Records showed in the last 12 months people had been satisfied with the way managers had dealt with their concerns or formal complaints they had raised.

End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- The provider had an end of life policy and procedures in place and people's care plans had a section where they could record their end of life care and support needs and wishes.
- It was clear from comments we received from staff they had honoured their last wishes of people who had recently passed away at the care home.
- Managers told us they regularly liaised with GP's and other health care professionals, including palliative care nurses from a local hospice, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes. A palliative care nurse told us, "I praised the home recently for the care they gave four people who were actively dying at the service. The nurses and carers were receptive to my palliative care guidance and worked very hard to deliver good end of life care."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership remained inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the service did not have a manager registered with us and we received mixed comments from people about the way the service was led. We discussed this issue with the providers senior management team at the time who acknowledged the service had been inconsistently led recently due to the high rates of management and senior staff turnover.

At this inspection, although we found the way the service was managed had improved recently, further improvement over a longer more sustained period of time will needed to be achieved.

- The service has been inconsistently led in recent years due to high rates of manager turnover. Although a new permanent manager was appointed in December 2019 and our records show they had applied to be registered with us, the service had still not had a manager registered with us for the past 16 months. Furthermore, in that relatively short period of time the care home has been inconsistently led by three different managers, which inevitably did not always support the delivery of high-quality care.
- People using the service, their relatives and staff told us the constantly changing management of the care home had adversely affected the staff's ability to deliver high-quality care, although most felt the new managers had begun to significantly improve Hampton care. One relative told us, "I think the new managers have done a fabulous job getting this home back on its feet after such a rotten year...before you didn't know who was going to be working here or managing the place from one day to the next." A second relative remarked, "It was hardly surprising staff morale collapsed and the standard of care went downhill as it did, with the home almost totally reliant on agency staff and managers constantly coming and going like they did...Well done the new managers for sorting things out so quickly."
- It was positively noted the temporary peripatetic manager, who had been appointed in October 2019 to bring some stability to service, had achieved their main objectives very quickly in relation to improving staff morale and significantly reducing the number of agency staff the service used. People spoke positively about the peripatetic leadership approach and their achievements in such a short period of time. In addition, the service along with the new permanent manager had also recruited a new permanent deputy manager and clinical lead nurse.
- We discussed the management issues described above with the provider who acknowledged Hampton Care Limited had not been consistently managed and led in recent years, but were confident the new

permanent management team would provide stability and continuity moving forward. Progress made by the provider to achieve this aim will be assessed at their next inspection.

Continuous learning and improving care

- Steps had been taken by the provider to improve the service's quality monitoring systems and it was clear from the feedback we received from managers they all recognised the importance of continuous learning and improvement. For example, records showed various senior managers representing the provider who did not permanently work at the care home routinely visited the service to carry out unannounced quality monitoring checks.
- Managers and senior nursing staff who worked in the care home would also routinely conduct their own spot checks on staff working practices, their record keeping and the health and safety of the environment. The manager told us they regularly quality assured people's care and risk management plans, how the service had dealt with complaints and safeguarding incidents and the care homes infection control, food hygiene and fire safety arrangements.
- Managers and senior staff analysed the findings of all the audits described above which helped them identify any trends that were emerging, learn lessons about how they could do things better and develop action plans to make changes and improve the service.
- However, although improvements had been made to the way the provider operated their governance systems they had sometimes failed to act in a timely manner to address the issues they had identified. For example, the provider had been aware for some time that contrary to their policies and procedures staff were not being supervised or having their overall work performance appraised at regular enough intervals.
- We discussed these oversight issue with the new permanent manager who was fully aware of this shortfall and confirmed they were actively in the process of developing a time specific improvement plan to resolve this ongoing staff support issue.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a clear vision and person-centred culture that was shared by managers and staff. The manager told us they routinely used group team meetings to remind staff about the provider's underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, people had regular opportunities to share their views about the quality of care. This was done through regular contact with people using the service, more formal individual and group meetings and satisfaction questionnaires. A relative said, "The new managers often invite us to talk about what we think about the service they provide my [family member]. The office door always seems to be open and they don't mind you having a chat with them."
- We saw the service's previous CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during group meetings with their fellow co-workers.

Working in partnership with others

- The provider worked in close partnership with various local authorities, health and social care professionals and community groups. This included local GPs, specialists from a challenging behaviour team, social workers and palliative care nurses from a local hospice.
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. A community professional told us, "Now the service has new managers in post they seem much happier to work with us [a local hospice] and look at various ways we can provide staff with better end of life care support and training." A second community professional said, "The manager has liaised closely with the Older People's Community Mental Health Team to develop a robust care plan and have implemented the psychosocial interventions we recommended."

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 18 HSCA RA Regulations 2014 Staffing People using the service did not always receive their care and support from staff who were appropriately supported, supervised and appraised by their line managers as was necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a)