Care Quality Commission

Westgate Healthcare Limited

Hampden Hall Care Centre

Inspection report

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Date of inspection visit: 5 & 6 May 2015
Date of publication: 21/05/2015

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**	

Overall summary

Hampden Hall Care Centre provides residential nursing care for up to 120 people this included people with physical disabilities, older people and people who were living with dementia. The home is purpose built with a lift to transport people between the three floors.

This inspection took place on the 5 and 6 May 2015. It was unannounced on the first day, we informed the provider we would be returning on the second day.

At the time of the inspection a manager was in post. They had commenced working at the home in February 2015 and had begun the process of becoming the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were well cared for and liked living in the home. Their needs were met, and the staff were kind

Summary of findings

and caring. A new manager was in post and the staff had confidence in their abilities. They supported each other and worked as a team. Staff received induction, training and supervision and appraisals. This was an area the home were improving on.

We found minor concerns regarding the records related to medicines, we have made a recommendation regarding medicines. Training had not been provided to staff to enable them to support people whose behaviour may be challenging, including how to deal with situations that may require physical intervention. The manager planned to consider this training as part of their future training programme.

Questionnaires had been sent to staff to check their knowledge regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager planned to use the results to improve staff knowledge and skills through training.

People's health needs were monitored and where necessary specialist healthcare professionals were involved in the planning of care. Risk assessments were in place for each person to ensure the risks associated to their care and the environment were minimised. Care plans and records were reviewed regularly.

Audits had taken place to ensure the environment was safe for people, staff and visitors. Food was prepared in such a way that it was safe for the person to eat it. For example, it was the right temperature and the right consistency. Where necessary people received support to enjoy their meals. People told us they liked the food offered in the home and choices were available to people if they did not want what was offered on any particular day. We observed there were insufficient staff numbers at lunchtime to help support everyone at the same time. The manager was reviewing the staffing levels to address this issue.

Activities were available to people to ensure their social needs were met. A variety of services including a manicurist and chiropodist visited regularly, along with a resident hairdresser, to meet people's requirements. Family and friends were welcomed into the home to spend time with people and to assist where appropriate with their care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was mostly safe. Medicines were not always recorded correctly. Some people had to wait for their care to be delivered because there were insufficient numbers of staff at some times during the day. Although staff knew how to protect people from abuse, not all staff knew how to support people who had behaviours that challenged.	**Requires improvement**
Is the service effective? People enjoyed the food on offer in the home and it was prepared in a way that was safe for the person to eat. Most staff members understood aspects of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The manager planned to improve on any gaps in their knowledge through training.	**Good**
Is the service caring? People told us the staff were caring and respected their wishes. Staff had received training in how to provide care to people in the way they wanted. Staff knew how to protect people's privacy and dignity	**Good**
Is the service responsive? People told us the care provided met their needs. Where specialist advice was required from health professionals this was obtained. Activities were in place for people to ensure their social needs were met. People told us they enjoyed the activities.	**Good**
Is the service well-led? Support was offered to staff through training, supervision and appraisal. Communication between staff was described as good, and staff worked well as a team. People were able to give feedback on the service through discussions with the staff, management and questionnaires. This information was used to improve the service.	**Good**

Care Quality Commission

Hampden Hall Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 May 2015 and was unannounced.

The inspection team included a specialist nurse advisor, a lead inspector 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 e.g. dementia care.

Before the inspection we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We observed how care was provided to people, how they reacted and interacted with staff and their environment. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 11 people who lived in the home, five relatives and 16 staff members including the manager, director, chef, maintenance person, nursing and care staff. We examined 15 care plans and records related to the medicines people received. We read a range of records about how the service was managed including policies and procedures and audits.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living in the home and this view was shared by relatives.

Records showed all but one nurse had attended up to date medicines training. Medicines were stored and disposed of safely in line with current legislations. Staff were aware of the safe storage, administration and management of medicines We observed staff doing a medicine round and observed people were supported to take their medicines. The records related to the administration of medicines were not all up to date and accurate. For example, we found two medicines had not been recorded as given on the evening prior to the inspection. We read two records related to the application of topical creams. The record did not name the product, nor did it state where the cream was applied or the time it was given.

We saw two examples of staff making changes to the medication administration charts rather than writing a new record. The changes were not signed by the staff member making them and there was no signature of any witness to show the changes made were correct. This was not in line with good practice and could lead to a medicine administration errors.

We saw most people received care and support in a timely manner. People and their relatives said there were enough staff on duty each day. One staff member did not think there were sufficient numbers of staff. They explained the impact of this was that staff were rushed trying to complete the work they had to do. They felt this was most noticeable in the morning when assisting people to get up and at lunch time. During our observation at lunch time we noted two people living in the Birch unit on the ground floor were not having lunch. When we asked a member of staff about this they told us the people needed one to one support and there were not enough staff to support them at the same time as everyone else. This meant they would have their meal when staff became available to help them. We discussed this with the manager. They informed us they were in the process of reassessing the staffing levels. They showed us a new assessment format that had been trialled in the company to establish if the staffing levels were sufficient to meet people's needs. They were also in the process of enlisting the help of volunteers to assist people at mealtimes to avoid people having to wait.

At the time of the inspection we were told there were eight care staff vacancies. The manager was recruiting to fill these posts and to build up a supply of nursing and care staff on their list of bank staff. Bank staff were staff who worked occasionally to cover in the absence of permanent staff. When staff shortages occurred we were told bank staff and staff from other establishments could be called on. Occasionally permanent staff would work extra hours. Although the provider agreed to the use of agency staff, these had not been used as the home had covered shifts from within the provider's resources.

Staff received training and knew what indicators of abuse were and how to report concerns. They were aware of the provider's whistleblowing policy and knew how to raise concerns both within the home and externally.

To protect people and staff from the risk of infection, staff wore personal protective equipment such as gloves and aprons. Staff were able to tell us how cleaning schedules and practice protected people from infections, such as daily cleaning of door handles and equipment.

Where people had behaviours that were considered to challenge the service, appropriate risk assessments and care plans were in place. However, we observed how one person became upset. The reactions of the staff were not conducive to keeping the person calm or reassuring them. A senior staff member dealt appropriately with the situation. We saw the care plan referred to the person's behaviour and instructed staff to offer them reassurance when they became distressed. It did not state how this should be done. Documents showed staff were not trained in how to support people with behaviours that may challenge them or others. We discussed with the manager the use of restraint or physical intervention by staff. We observed staff using appropriate and the least restrictive restraint techniques. For example, taking people gently by the hand to redirect them away from an area or situation. The use of physical intervention guidance for staff was included in the handling challenging behaviour policy. However, no training had been provided to staff on how to do this safely. We discussed this with the manager, who told us they would be considering both these areas when planning future training.

People had the risks associated to their care assessed. Areas such as nutrition, mobility and the risk of dehydration and malnutrition were assessed, documented and monitored. Records showed recent assessments and

Is the service safe?

audits had been completed related to the environment and included areas such as water safety, bedrails and fire safety. Regular audits of the building and the environment were completed by the maintenance staff. Maintenance records showed the work completed by the maintenance staff to keep the home in a state of good repair and safe for people who lived in the home and visitors.

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including one from previous employers and application forms. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Identification documents and completed health checks had also been completed.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to recording of medicines administration and take action to update their practice accordingly.

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Good

Is the service effective?

Our findings

People told us they liked the food in the home. One person said "This is a jolly nice place and food is good." We observed meal times and joined people for one meal on the second day. We found the food to be nutritious, tasty and well presented. If people didn't like either of the main dishes being offered, an alternative meal was prepared. One person told us the chef visited them each afternoon to ask what they would like to choose to eat the following day. Some people were shown the meals on offer on the day so they could make a choice at the mealtime rather than in advance. Menus were available and we saw people referred to them.

Where appropriate food was softened to make it easier for people to eat. We observed staff kept the food groups separate on the plate so people could enjoy the different flavours. Dining aids such as plate guards were available to assist people to eat as independently as possible. Where people needed support this was given by staff.

Records showed people's nutritional needs had been assessed and care plans reflected how people's needs were to be met. Risks associated with inadequate intake of food and drink had been completed, and where appropriate people's weight was monitored regularly. These records were regularly reviewed. Most staff were trained in food hygiene and we observed the food temperature was tested before it was served to people. This made sure it was safe for people to eat.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) set out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Where staff needed to assess people's capacity to make decisions records showed this had been done, but only where restrictions to their care had been put in place. We discussed with the manager how these could be extended to include consent to different aspects of their care.

Where people were being lawfully deprived of their liberty, the provider had applied to the supervisory body for authorisation to put restrictions in place to ensure people were safe. Where people were receiving covert medication a DoLS authorisation had been granted. Records showed one person who was receiving covert medication did not have a DoLS authorisation in place. This was an oversight by the staff, who immediately took action to make the application. Most staff had completed up to date training in MCA and DoLS. In discussion with staff their knowledge appeared limited. We discussed this with the manager. They had sent out a questionnaire to staff to ascertain their level of knowledge around MCA and DoLS. They were planning to use the results to discuss with the training manager how training could be improved.

Staff training was an area the home was working on improving. The manager along with the human resources administrator were working together to improve staff attendance on training. Records showed this had improved over recent months. Staff received induction training, which involved three days training in and about how the home was managed. New staff were allocated a buddy, this was a more experienced or senior staff member. They assessed the performance of the new staff and signed their induction form which indicated they were competent in the appropriate areas. Training was given along with supervision and appraisals. The home had a supervision and appraisal policy, and improvements were also being made to the frequency of supervision to bring it in line with the provider's policy. Records showed approximately 90% of staff had received supervision in the four months prior to the inspection. Staff told us they found supervision useful, it was an opportunity to get feedback on their performance and to look at how they could improve in their role.

People's health was monitored by staff. Procedures were in place for care staff to raise concerns with nursing staff if they noticed a change in a person's health. Nurses assessed the requirements of getting additional advice or treatment from the GP or hospital. One relative told us how staff were proactive in seeking medical advice. They described to us how the staff had taken preventative action to maintain the person's health. On one occasion when their health deteriorated, staff took appropriate action and the person recovered quickly. They told us they were kept informed by staff of the person's progress.

Other health professionals were involved in the care of people who lived in the home; these included the GP,

Good

Is the service effective?

community psychiatric nurses, and chiropodists. When necessary meetings were held between these professionals to discuss the welfare of the person and how to provide care to meet their needs. Records verified this.

Good

Is the service caring?

Our findings

People spoke positively about the staff in the home. One person said the staff "Go the extra mile and nothing is too much trouble." One relative who visited frequently said "Everyone is very welcoming, caring and always greets me." Another described the staff approach as gentle and caring. A third said "The new manager is very nice and approachable and all the girls are just lovely. We have a good rapport. I'm in everyday and get on well, very well with them... I sent them all a thank you card at Easter ….. they look after me as much as they look after (named person)."

We observed positive interactions between the staff and the people who lived in the home. Staff were gentle and encouraging when assisting people with mobilising and joining in activities. At lunchtime we observed how attentive the staff were towards the people who needed help. However, one nurse received a telephone call part way through supporting someone with their meal. This interrupted the care being provided. The manager told us they were going to introduce "protected mealtimes". This meant staff would not be distracted by external interruptions and could focus on supporting people with their meals.

Some staff had attended person centred care training. One staff explained how this had changed their practice. They had learnt how to provide care that was tailored to the needs of the person and how to present choices to people. They told us how it was sometime the small things that mattered to people. They gave an example of helping someone to dress where the person was not able to verbalise their preferences. They told us they would look at an old photograph of the person to see how they used to dress, and from that may be able to gain an idea of how they wished to wear their clothes.

Care plans were personalised and included people's wishes and preferences, for example if they wished to be cared for by a female or male carer. Staff understood the need for people to maintain their independence and encouraged decision making and choice. We saw people being supported to walk, eat and participate in activities in a way that encouraged independence. For example staff walking alongside a person who was unsteady on their feet.

Staff knew how to protect people's privacy and dignity. One staff member told us they treated people as adults. This was verified by a relative who said a person "Was always treated with dignity and respect and they always talk to her and ask her. They don't just treat her like a child and try to involve her." Another relative said "Her dignity is always protected and she is well respected. Staff will ask me to leave the room if she needs personal help." A person said "All the staff say please and thank you and knock when they come in."

People and their relatives were listened to and their views were taken on board by the staff. Resident and relatives meetings were held. This gave people the opportunity to air their views. The manager told us they had an open door policy, we observed this to be true. They told us two people had been supported by staff to come and see them to discuss issues that were important to them. Relatives told us they were kept informed of any changes to the care people received. Care plans had been reviewed with people or their representatives.

The manager told us they had been exploring the use of advocacy services in the area, as they believed one person would benefit from this type of support.

Good

Is the service responsive?

Our findings

Records showed people met with the provider prior to moving to the home and an assessment of their needs was completed. From this a care plan and risk assessment were written. One relative told us staff had gone to some lengths to find out about the person's background, likes and dislikes when they were admitted. They had been kept informed of how the person was settling down and any issues. One person told us the staff did take into account their preferences, for example they were assisted to bed when they wished to go, and were helped to rise at the time they wished to in the morning. Records were updated daily and care plans reviewed annually or sooner if required, with the person and where appropriate their family.

Where people had specific needs due to physical or mental health concerns, specialist care was provided. For example, One person was visited by a community psychiatric nurse to help support them and the staff with appropriate care. The GP visited regularly to ensure people's health was monitored and appropriate action was taken if the person was unwell.

People's social needs were also considered as part of the care provided at the home. The weekly activities were displayed on the notice board. Three activity organisers worked in the home, with one working on each floor. Their purpose was to provide stimulation and activities to people. We observed activities such art and word searches. There were also seated exercises with background music and also seated skittles and hand ball games. Other activities included crafts sessions and monthly baking sessions. They were able to arrange occasional outings to a local garden centre for tea and cakes and had visited just before Christmas to see the lights.

People who were cared for in their rooms were visited by the activity organiser for a chat and company. One person told us they looked forward to the activity organiser visiting them in their room as they would sit and play cards together. There was a weekly visiting beautician and manicurist for hand care and pampering and also a visiting chiropodist who came every two weeks for nail and foot care. People's dogs were also welcome to visit the home as long as they were supervised. On the second floor there was a fully equipped hairdressing salon and the hairdresser visited regularly. One person told us the hairdresser would collect them from their room and they would feel much better after her fortnightly visit.

In order to protect people from social isolation families and friends were welcomed into the home. We observed a number of relatives visited throughout the time of the inspection. Staff made themselves available to them to discuss the welfare of people if needed. Relatives told us they were always made to feel welcome by the staff.

The provider had a complaints policy and procedure in place. Staff knew how to respond to complaints how to escalate serious complaints to the senior staff for a response. One person told us they knew how to make a complaint, and had done so. Documentation showed the person's complaint had been taken seriously by staff, it had been investigated and the person had received feedback from the investigation. They appeared to be satisfied with the outcome. The manager showed us a complaints log which demonstrated action had been taken to address complaints.

Good

Is the service well-led?

Our findings

The manager had been in place for two and half months prior to the inspection. They told us they were receiving support from the provider. During the inspection a director and operations manager attended the home to support the manager with the inspection process.

People told us the home was well managed. One person told us "There seemed to be a good team spirit amongst all the staff." One staff member said "It is a good diverse team." Another made reference to the fact that all the staff help each other. One staff member told us about training they had attended which included an element of team building. This gave staff an opportunity to discuss areas that they may be struggling with and to share ideas of how to support each other.

One staff member made reference to the new manager as being "on the right track." They were pleased the manager shared with them the completed pre admission assessment prior to accepting new people into the home. This ensured they both agreed they could meet the person's needs. Staff told us the home was well managed and they had confidence in the manager.

We saw audits had been completed for safety checks and fire equipment maintenance checks. Where faults or maintenance were required we could see action had been taken to ensure the safety and reliability of equipment such as moving hoists.

A questionnaire was sent to people and their relatives to enable them to feedback their experiences of the care provided and the environment. The results were displayed in reception.

This showed 100% of people felt their care was good and met their needs. Following the inspection the manager sent us a copy of their completed action plan. This was in progress at the time of the inspection. This demonstrated the actions to be taken to improve the service to people based on the feedback given.

Staff met twice a day to discuss what had been happening in the home and to discuss the welfare and wellbeing of people. Additional staff meetings were held monthly. One staff member commented on how useful these meetings were, this was because it gave them the opportunity to bring forward new ideas or suggestions. They believed this were listened to and considered. They received feedback from management on whether or not their idea could be put into practice. The manager told us they were planning on introducing an initiative to recognise and reward staff performance based on feedback from people, their relatives and colleagues. The aim was to improve best practice and reward staff's efforts.

The home's aim was to provide person centred care by respecting people's dignity, independence, privacy and personal choice. They aimed to provide this in a homely atmosphere. Staff were aware of the general aim of the provider. This had been shared with them during handover meetings to ensure the values were shared with staff. People told us their needs were being met, and their independence, dignity and choice had been respected. This was echoed by their relatives.

The provider had in place a new design of care plan record which included the assessment information about the person, their history, current needs and end of life wishes. The design enabled the staff to see instantly changes in a person's needs. We saw this had been implemented with a person who was receiving respite care and arrived at the home on the day of the inspection. This would prove useful when and if the person returned for future visits as changes would be noticeable and care could be tailored to meet their needs.

The manager had informed the Care Quality Commission of significant events that had happened in the service as required. They had responded to requests for information in a timely way.