

## Herefordshire Old People's Housing Society Limited

# Hampton House Residential Care Home

### Inspection report

Hampton House  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Hampton House is a care home providing accommodation and personal care for up to 34 people who would in general be over the age of 65. There were 31 people living at the home at the time of this inspection.

People's experience of using this service:

People and their relatives were positive about the service and the care provided.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient, knowledgeable staff were available to meet people's needs. People told us when they needed assistance, staff responded promptly. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. The premises were clean, and staff followed infection control and prevention procedures.

The service was effective. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People had a nutritious diet, and they enjoyed the quality and choice of food offered. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Relatives confirmed staff knew their family members needs well. People had access to a range of activities and entertainment they enjoyed. People's concerns were listened to and action was taken to improve the service as a result.

The service was well led. The registered manager and her management team were open, approachable and focussed on providing person centred care. Systems were in the process of being updated to improve the monitoring of the quality of care provided. The management team and staff engaged well with other organisations and had developed positive relationships.

Rating at last inspection: Comprehensive inspection completed 18 April 2018. Safe, effective, responsive and well-led were rated as requires improvement. The overall rating was requires improvement. There were breaches in regulation that have now been met at this inspection.

Why we inspected: This was a planned inspection based on previous rating of requires improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our methodology. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led	<b>Good</b> ●

# Hampton House Residential Care Home

## **Detailed findings**

### Background to this 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.

The service was inspected by one 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, residential care.

Hampton House is a care home without nursing for older people and people living with dementia. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This was an unannounced inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and we assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps inform our inspections.

During the inspection, we spoke with ten people who used the service, to ask about their experience of the care provided and three visiting family members. We observed staff providing support to people in the communal areas of the service using an observation tool called a SOFI. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they received.

We spoke with members of nine staff including the registered manager, care staff, domestic staff and cook. We also spoke with two members of the charity governing board. We spoke with three visiting professionals a district nurse, a Parkinson's nurse and a GP who all regularly visited the service.

We reviewed a range of records about people's care and how the service was managed. This included looking at four people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.



## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 April 2018. At that inspection we rated this section as requires improvement because risks to people were not always managed safely. We found at this inspection improvement had been made.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action. We saw examples where incidents had been reported and these were actioned appropriately. We spoke with the local authority safeguarding team and they confirmed concerns were reported and actioned appropriately.

Assessing risk, safety monitoring and management

- People said they felt safe and that their risks were managed.
- Risk assessments were up to date and reviewed when required. Staff had a good understanding of people's risks and knew how to mitigate them. For example, we saw one person needed pressure relief where ever they were sitting. Staff ensured they consistently had the pressure relief they needed. Staff had a good understanding of this and the information was clearly recorded.

Staffing and recruitment

- People and their relatives told us there were sufficient staff on duty to meet people's needs. Professionals we spoke with said there always staff available to support them in their role. Staff told us there were always enough staff and the registered manager would arrange agency staff that were familiar with people at the home when extra support was needed.
- The registered manager explained that staffing levels were kept under regular review to ensure there were enough staff to meet people's needs.
- We saw for each day of the inspection, there were sufficient staff to meet people's needs and maintain their well-being.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We looked at one staff file and the service were completing safe recruitment practices.

### Using medicines safely

- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice. Medicines were stored and monitored safely.
- We saw there had been a recent pharmacy inspection from the chemist that supplied people's medicines where no concerns were identified.

### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean, and people told us staff were thorough in their cleaning.
- The registered manager was in the process of delegating to a member of the management team to lead on the auditing for infection control to ensure this was consistently kept under review.

### Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, falls were recorded and reviewed by the registered manager to ensure lessons were learnt and people did not continue to be at risk. We saw there were appropriate referrals to the falls team when needed.
- Staff knew how to report accidents and incidents and told us they received feedback about changes as a result of incidents regularly.
- The registered manager was updating how the overview of accidents were recorded with support from the local authority, to ensure potential trends were easily identified.





## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 April 2018. We had identified there had been a breach in regulation 13 HSCA RA Regulations 2014 safeguarding service users from abuse and improper treatment. Some people, who lacked mental capacity, were being deprived of their liberty for the purpose of receiving care without lawful authority. At that inspection we rated this section as requires improvement. We found at this inspection improvement had been made and regulations had been met.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People's outcomes were good. For example, one family member told us about how their relative had improved since arriving at the home. They said that their family member had settled well and seemed happy and confident at the home.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as food records to prevent malnutrition, were completed consistently.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- A new member of staff told us they had completed training when they first started the role. They were supported by experienced staff who shared best practice knowledge. They said they had the information they needed to support people well. They also told us the management team completed competency checks so they were confident they were completing their role effectively.
- Another member of staff said they were supported with additional training to ensure they could meet people's needs.
- We saw ongoing training updates were arranged for staff, and staff were completing the care certificate. Staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- People we spoke with said the food was lovely and they enjoyed the social experience at meal times. We saw people were offered choices with their meals and people we spoke with said if they wanted something different they could just ask.
- We saw people were offered drinks and snacks through the day and enjoyed their meal time experience.
- The cook regularly asked for feedback from people and adapted their menu to include people's choices.
- We saw people were supported to eat well with staff who knew their needs. For example, we saw one person who was not eating their meal. Staff were quick to identify this and offer another choice, which the person ate.

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

- All the people and their families we spoke with agreed Hampton House had a really homely feel and this was important to them. The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access. There was clear signage for people, and the layout of the home was straightforward to facilitate way finding. The communal areas were pleasantly decorated and included personal mementos which encouraged the homely feel. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

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

- People and their families explained they could access healthcare services when they needed.
- We received positive feedback from the district nurse, Parkinson's Nurse and GP we spoke with about their relationships with staff at the home. They told us appropriate referrals were made and their guidance followed. They said staff really understood people well and would quickly identify when they needed professional support.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff consistently obtained consent for people's care and support. All the staff we spoke with had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, the management team completed a decision specific mental capacity assessment and the best interest decision making process was followed and documented.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.



## Our findings

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

People were 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

- People we spoke with told us all the staff were kind and caring. We saw staff demonstrate sensitivity and consideration about issues around equality, diversity and human rights. We saw staff were quick to pick up on non-verbal messages from people and react to them, such as if a person was cold or needed additional support. One person said, "Staff are all lovely and kind."
- One relative said staff were, "Wonderful, always treat you as special." Other relatives all said the staff were really patient and supportive to people living at the home.
- We saw examples of staff being consistently kind and caring throughout the inspection. We saw staff offer emotional support when needed which improved people's well-being.

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

- We saw staff asking people what they wanted to eat and drink, offering choices to meet people's needs. We saw one member of staff use a distraction technique to support one person who had become anxious. We saw this person became visibly more relaxed after the support from the member of staff.
- People we spoke with said they made decisions about their day to day care and had the support they needed. One person said, "I can decide when I do things, such as when I get up, breakfast is always available." We saw people got up and went to bed when they chose to.
- We saw there were meetings for people to discuss their views and to look at any improvements to the home. People were asked for feedback about food options and to plan days out, to ensure they were happy with the choices available. One person told us they could always make suggestions and they would be considered.
- Some people chose to get up later and staff were able to provide breakfast when people wanted it.
- Relatives we spoke with told us that they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and supported them to be as independent as possible. We saw staff were careful to close doors when assisting people in their own rooms. We also saw

staff knocked on people's doors before entering and ensured people's dignity was maintained when supporting people to mobilise.

- Staff were respectful of people's needs, for example making sure they were the same level as people when they spoke with them. We saw one member of staff really focus on supporting one person to eat, they spoke with them and supported them at the person's own pace.



## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 April 2018. At that inspection we rated this section as requires improvement because care plans did not accurately reflect people's current needs and there were inconsistencies in the quality of record keeping. There was limited evidence of any advance care planning recording of peoples' end-of-life care wishes in care files. We found at this inspection improvement had been made.

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

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

- Information was gathered from people living at the home and their families to build a detailed picture about each person care needs, preferences and history. We saw staff were able to provide personalised care tailored to the needs and wishes of the individual.
- We found improvements had been made to how people's care was recorded. Records contained detailed information for staff on how best to support people with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions. The registered manager explained that the care plans were continuing to be improved and she was working with the local authority to achieve this.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff observed people's facial expressions to gauge their preferences.
- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. They provided large print information, and pictorial information to support people to make choices about their daily living. They described how staff could show people different options to support their choices.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. We spoke to a temporary member of staff, and they told us they came regularly to the home and knew people well. They said they had all the information they needed to ensure they could meet people's needs. We listened to a staff handover and heard staff being updated about people's risks, changes and their well-being.
- People had access to a range of group activities such as exercise classes, entertainment and external trips. The provider had arranged for staff and a volunteer to provide interesting things for people to do. People told us they could go out as they wanted to. One person said, "I regularly go on outings with (staff)." Another

person told us, "I am never bored there are interesting things arranged to look forward to." We saw people were supported with trips out to places they were interested in.

- People and their families told us support could be changed when they needed it. One person explained how they had extra support now from staff after discussing with the management team.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. We saw where complaints were made these were investigated and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous learning in the future.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. The registered manager explained they were well supported by other agencies to ensure, where possible, people remained at the home when at the end of their life. The registered manager was reviewing how they captured people's views about their end of life care for staff guidance to ensure this was effectively gathered.



## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 April 2018. At that inspection we found a breach in regulation 17 HSCA RA regulations 2014 Good governance. The provider had failed to effectively assess, monitor and improve the quality and safety of services provided and ensure records were up to date and accurate. We rated this section as requires improvement. We found at this inspection improvement had been made and there were no longer any breaches.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives said the management team knew them well and treated them as individuals. We heard and saw many examples of person-centred care from staff and the management team.
- The registered manager completed a range of quality audits on a regular basis and we saw that actions were identified and addressed to bring about improvements. The registered manager and the local authority were developing improvements in how the provider audited the home. The provider told us there was training arranged by the local authority for all of the Committee to help them understand and complete their responsibilities.
- Relatives we spoke with said they were always contacted when there were any concerns about their family member. Relatives were confident they would be notified if there were any concerns about their family member.
- Another relative explained how the long-standing staff gave them confidence in the staff team. All the staff we spoke with were passionate about the service and the care they provided. The Parkinson's Nurse told us they would be happy for a family member to live at the home as it was such a good service.
- All the staff we spoke with said there was an open and positive culture, led by the registered manager and supported by the committee members. The committee representatives regularly attended staff meetings to ensure they were up to date with any concerns or issues at the home.

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

- People and their relatives also gave positive feedback. For example, one person said, "The manager is lovely. They are all very approachable, and nothing is too much trouble."
- The service was led by a registered manager with an experienced supporting management team. Staff were clear about their responsibilities and the leadership structure. The committee members regularly visited the home, and people said they knew them well. One person told us how approachable a particular committee member was and how well they knew them.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak with the provider if they wanted to escalate concerns.
- The registered manager had an action plan to take forward improvements to the service based and were working with the local authority to complete these identified improvements.

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

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team. We saw when feedback had been gathered, improvements had been made. For example, when people said the food wasn't as warm as they wanted, this was then investigated, and equipment improved. The registered manager had improved their quality questionnaire to reflect more relevant information. These were in the process of being sent out to people, families and professionals.
- Meetings for people using the service and for relatives were held regularly and feedback was discussed to improve people's experience.

Continuous learning and improving care.

- The registered manager was working on an action plan to ensure improvements were completed and sustained. All the staff we spoke with were positive about the registered manager. They knew a lot of improvements had been made over the last year and they were proud of the quality of the care provided. They all said that the registered manager had explained the improvements and they understood why they were needed.
- The provider spent time at the home and drove through continuous improvements. For example, changes in the management team were made to facilitate improvements.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.

Working in partnership with others.

- We heard positive feedback from three health professionals that management and staff worked effectively with them to improve people's health and well-being.
- The registered manager linked regularly with the community to improve people's well-being. For example, a local nursery regularly visited to spend time with people living at the home.