Ramos Healthcare Limited

Hampton Court EMI Rest Home

Inspection report

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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

Hampton Court EMI Rest Home provides accommodation for up to 26 people who have dementia. The home is in a residential area of Southport and close to the town centre, Accommodation is provided over three floors with the lounge and dining areas on the ground floor. A passenger lift provides access to the upper floors.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service maintained effective systems to safeguard people from abuse.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA).

The service had a complaints' procedure. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager. Relatives told us they felt able to raise concerns and they would be acted on.

People's needs were assessed and recorded by suitably qualified and experienced staff. Risk assessments, a plan of care and supporting care documents were completed to help ensure people's needs were met; this included cultural diversity and protected characteristics. We found some minor inconsistencies in the detail of information recorded to support individualised care. The registered manager said they would act to improve these records.

We saw evidence that the service learned from incidents and issues identified during audits. It was clear from incident records that staff were vigilant in monitoring people's behaviours to minimise risk and provide the right level of support.

It was evident that the staff team knew people well and had a good knowledge of their individual support needs. People using the service and relatives had a close working relationship with the staff.

People told us that staff treated them with kindness and respect; this view was also shared by relatives. Staff were clear about the need to support people's rights and needs regarding equality and diversity. Consent was sought from people at the appropriate time.

The service ensured that staff were trained in appropriate subjects. This training was subject to review to ensure that staff were equipped to provide safe, effective care and support.

We saw clear evidence of staff working effectively to deliver positive outcomes for people. People we reviewed were receiving care and support which included advice from external health and social care professionals to maintain their health and wellbeing.

People using the service, relatives and staff were involved in discussions about the service and were asked to share their views. This was achieved through daily contact by the managers and staff, via meetings and completion of satisfaction surveys. We saw positive responses and suggestions to improve practice were acted on by the registered manager.

Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely by staff who were trained and deemed competent. Medicines were subject to auditing to ensure the overall management remained safe.

Policies and procedures provided guidance to staff regarding expectations and performance.

Menus offered a varied choice of hot and cold home cooked meals and people's specific dietary requirements and preferences were considered. People living in the home were very complimentary regarding the meals.

There was a clear management structure and people, relatives and staff were positive regarding the registered manager's leadership of the home.

Quality assurance systems and processes were in place to monitor standards. We spoke with the registered manager regarding consideration around more in-depth auditing in areas such as, privacy and dignity to support staff practices. Following the inspection, the registered manager advised us that a more focused dignity audit that would be introduced to monitor this more closely.

The registered manager understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner and the ratings from the last inspection were displayed as required, including the provider website.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Hampton Court EMI Rest Home

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection.

The inspection took place on 28 & 29 August 2018. The inspection team consisted of two adult social care inspectors and an 'expert by experience'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted. We also contacted a local commissioner who contracts with the service to gain their views.

Some of the people living at Hampton Court EMI Rest Home had difficultly expressing themselves verbally. We therefore 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 six people using the service, three of their relatives, the registered manager, the house manager, and three care staff. We spent time looking at records, including three people's care records, three staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Their comments included, "I've been here a long time, they're (staff) good people, this (carer) is fantastic" and "It's the comfort and you know all are your friends." A relative also said the home was safe in respect of care and the security of the building.

The service had effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about local safeguarding procedures were available for staff referral. Staff we spoke with were able to explain their responsibilities in relation to safeguarding and whistleblowing (reporting outside of the organisation). A staff member told us it was, "Always a priority to keep people safe." In respect of one safeguarded incident we had not been notified in accordance with our regulations. The registered manager took swift action to notify us once this was brought to their attention. We were assured by the measures that had been taken in respect of the incident.

The service monitored and assessed staffing levels to ensure sufficient numbers of staff were available to provide the necessary care and support for people. We received some feedback from relatives who stated the home could be short staffed at times which could affect time for social activities. During the inspection we saw people receiving care when they needed it and there was a staff presence in the communal areas to ensure people's safety. We however discussed staffing with the registered manager who told us there were three care staff on duty each day and where possible four care staff. A dependency tool was used to assess people's physical needs and their wellbeing to help determine the number of staff needed to support people safely. Staffing rotas showed staffing numbers were maintained and increased as needed.

Robust recruitment processes were followed to ensure staff were suitable to work with vulnerable people. We looked at three files of staff employed and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. These were present in the staff files we viewed.

Medication systems and processes were being safely managed. Medication was administered by staff who were trained and deemed competent. We saw creams were now being recorded using cream charts. These were not consistently completed however the registered manager provided us with assurance as to how they would be used in the future to ensure accurate recording. People told us they received their medicines on time.

Health and safety assessments of the environment and equipment were completed to ensure a well maintained and safe place for people to live. Risk assessments and care plans had been completed to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed in areas such as, falls, mobility, care of vulnerable skin and dietary requirements. Risk assessments were subject to ongoing review and updated to report any changes. Staff told us they were informed of these changes.

Accidents and incidents were recorded and analysed for trends and patterns. If people presented with a

behaviour that was thought to be challenging this was recorded, monitored and support provided to reduce the risk of re-occurrence and to manage people's safety and wellbeing.

Procedures to reduce the risk of infection were in place. We saw personal protective equipment (PPE) such as gloves and aprons were used by the staff appropriately. In the main we found the home to be clean however we noted that the conservatory carpet was dirty and badly stained. This was brought to the registered manager's attention and swift action was taken to address this. On the first day of the inspection there was no domestic cover due to staff holidays. Domestic cover was sought from another home to support good standards of cleanliness.

Good

Is the service effective?

Our findings

People and their relatives told us their care and support needs were met by the staff. A relative said, "The care is really good and I know the staff care about (family member)." A person told us they felt 'content' and 'well looked after'.

Staff were trained appropriately. Training was subject to regular review so that staff were equipped to provide safe, effective care and support. This included the provision of training to support people with dementia. Practical training included moving and handling and first aid to support staff's learning. We saw staff attended supervision meetings. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. Staff undertook training in care such as, an NVQ (National Vocational Qualification); 70% staff had completed an NVQ in Care. New staff received an induction and worked alongside more experienced staff when they commenced their employment. Staff induction included the Care Certificate. The Care Certificate is the government's recommended blue print for induction standards. Staff told us they had access to regular training and were supported in their job role.

Not all staff had received an annual appraisal. We discussed this with the registered manager who confirmed these would be scheduled as soon as possible. Following the inspection, the registered manager informed us these would be undertaken in November 2018.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of these pieces of legislation and when they should be applied. Staff considered people's choice and rights when supporting them with day-to-day activities and this support was given in the least restrictive way.

People's dietary requirements were assessed and closely monitored by the staff with referrals to a dietician if needed. The registered manager very much promoted the nutritional content of the meals served. The menu offered a good choice of home cooked foods and considered people's preferences and dietary requirements. People spoke positively regarding the meals. Over lunch we sat next to one person who described their meal as 'delicious' and 'wonderful'. Relatives also told us the food was very good and there was plenty of choice.

There had been some consideration given towards supporting people with dementia with the use of orientation aids. For example, signage for bathrooms/toilets. A pictorial menu board displayed the weekly menu and a person told us this helped them to choose what they wanted to eat.

Good

Is the service caring?

Our findings

People were complimentary regarding the staff team. Their comments about the staff included, "They're good, they (staff) look after everybody. You can talk to them, you're not frightened of asking questions", "They're a bit of everything, kind, and caring." Relatives comments about the staff included, "They're all very nice and they respect (family member's) privacy" and "The staff could not be kinder and more polite, really good." A relative commented on the supportive relationship staff had built with their family member which had helped them feel much better.

There was a relaxed and friendly atmosphere in the home and our observations showed staff had warm, caring and empathetic relationships with people. We saw this in the quality of interactions when supporting people with aspects of personal care and talking with people about day-to-day matters and family connections. Staff made sure they sat close to people and at the right level to maintain eye contact. Staff addressed people by their preferred name and the tone of their voice was calm and reassuring. This was particularly evident when supporting a person who easily became anxious; staff were very attentive to their needs and did not leave them till they felt more at ease. We saw staff knocked on bedroom doors and waited to be asked in before entering. Staff sought people's consent before supporting with daily tasks and only proceeded once people were comfortable with this.

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to care documents and were given time to read them and to ask questions about people's care plans. They felt this was an important part of getting to know what mattered to people.

Over lunch staff were attentive to people's needs and provided the necessary support for people. Some people wore protective clothing to keep their clothes clean when having their meals. We noted that following lunch these were not removed and people were not provided with hand wipes. We brought this to the registered manager's attention as this had the potential to compromise people's dignity.

Staff had access to policies which encompassed people's rights and equality and diversity. Privacy, dignity and respect formed part of staff induction and training however in light of our findings the registered manager said this would be discussed further with staff so that these standards were not compromised.

The registered manager was aware of how to contact local advocacy services should a person who used the service require this support.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to their family member's care needs and that staff had a good understanding about their family member's likes, dislikes and routine. People told us they could choose how to spend their day. Their comments included, "I like to read the papers and see what's going on. I like to walk and go shopping", "I get up when I wake up and I like to watch television", "The hair dresser is here today and I can have my hair done, it's up to me."

Care records we looked at showed people's needs were assessed before receiving a service. This was carried out where possible with each person with their relatives and others involved with their care and support. People and their relatives (where appropriate) were involved in the plan of care so that staff had the information they needed to support people in their usual and preferred way. This considered people's preferences and daily routines, their likes and dislikes and social background. Care documents included care charts, risk assessments, daily reports and care plans. The daily reports provided an over view of the care and support given by the staff. Although care documents were subject to ongoing review, we found some minor inconsistencies in the detail recorded for people's plan of care and daily records. The registered manager said these documents would be subject to more scrutiny to provide a more detailed account. Staff had a good knowledge of people's needs and were prompt in assisting people when support was needed.

Information about people's communication was recorded to help ensure staff could effectively communicate with people. Key information about the service such as, the complaints procedure, meals, surveys and information about the home were available in different formats for people who may have dementia or sensory impairment. For example, large print and pictorial versions. We discussed the use of a board to display the date, time, season and weather to help orientate people within their surroundings and to stimulate conversation. We discussed with the registered manager the Accessible Information Standard, particularly in the use of aids to support people's understanding. The registered manager said this Standard would form part of staff training to support communication in the home, along with a policy to support best practice and staff learning.

Social activities were arranged for people living in the home. This included 'in house' activities such as, arts and crafts, painting, music and board games. External entertainers visited the home to provide music, singing and arm chair exercises. Photos were displayed for events and art work completed by people living in the home. At the time of the inspection the activities organiser was on holiday, however, staff sat with people and engaged them with colouring, manicures and board games. These appeared to be enjoyed by people who took part.

The provider had a complaints procedure and information about how to make a complaint was provided to people and relatives. This was displayed in people's rooms and in the lounge. Complaints received had been investigated and responded to in accordance with the complaints' procedure. We found one complaint lacked some detail though discussion with the registered manager provided the required information. A relative told us if they had a concern they would not hesitate to approach the registered manager.

People who lived in the home and their relatives were asked to provide feedback about the home. This enabled them to share experiences and make suggestions to improve the service; this included the provision of satisfaction questionnaires and meetings. We saw actions taken in respect of the feedback to support improvements and the following comment was received, 'care staff are excellent, they are kind, compassionate and caring'.

At the time of the inspection there was no one receiving end of life care. The registered manager informed us that staff would be supported by the district nurse team and GPs at the appropriate time along with instigating a plan of care to fully support the person as they approached their final days. Accredited end of life training was planned for the staff to enhance their knowledge and skills.

Good

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was present for the inspection. The registered manager worked closely with the home manager, provider and staff team. The registered manager informed us they were also providing support for another home within the organisation.

The registered manager was open and constructive throughout the inspection and was receptive to our findings. They informed us they would look at undertaking more robust auditing of people's care files to ensure information recorded was sufficiently detailed and look further at monitoring standards of dignity and respect afforded to people. Following the inspection, the registered manager provided evidence of a more robust dignity audit to support this.

Overall, the provider had a well-developed performance framework which assessed safety and quality in a number of key areas. This helped to promote standards and drive forward improvements. We saw completed audits for medicines and infection control. Weekly safety checks of the home took place and contracts for services and equipment to the home were current to ensure the environment was a safe place for people to live.

The provider undertook visits to the home and completed a quarterly audit report. We saw the audit report from May 2018 and this provided an assessment of key areas such as, the environment, care documents, staffing, service and maintenance and leadership. The report highlighted compliance and required actions. The action plan showed required actions had been completed in a timely manner; this included work to improve care documents.

Policies and procedures provided guidance to staff regarding expectations and performance and were updated to reflect current legislation and best practice. Staff were complimentary regarding the management and leadership of the home. In general, relatives thought the home was 'well run' and the registered manager and staff team were very approachable.

The registered manager provided evidence of how the service engaged in partnership working with local commissioners and services including the community mental health team to provide effective outcomes for people living in the home.

The managers and staff were enthusiastic and motivated regarding the provision of dementia care. The registered manager informed us that future plans included, building a more solid framework for training and promotion to attract more staff with an interest in dementia care. Other development included an electronic recording log for relatives to access information about their family member and the introduction of

electronic care records to support better records management. It was evident the service was committed to grow and improve.

It was clear that senior staff and managers understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner and the ratings from the last inspection were displayed as required, including the provider website.