Methodist Homes

Hampton Lodge (St Basils)

Inspection report

33 Hill Lane
Southampton
Hampshire
SO15 5WF

Tel: 02380226976

Date of inspection visit:
24 July 2017
25 July 2017

Date of publication:
19 October 2017

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

The inspection took place on 24 and 25 July 2017. It was unannounced. At a previous inspection in February 2015 we had found breaches of six regulations and rated the service requires improvement. An inspection in June 2016 found the service was no longer in breach of any regulations, but improvements were still needed in the key areas of safe and responsive. At this inspection further improvements had been made and we could give a rating of good in all areas.

Hampton Lodge (St Basils) is registered to provide accommodation, personal care and nursing care for up to 44 older people. The home caters for people with a variety of nursing and other needs, including people with very complex needs, and people receiving end of life care. At the time of our inspection there were 33 people living at the home..

There was no registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had notified us in March 2017 that the previous registered manager had left. A new manager who intended to register with us had been in post for seven weeks when we inspected. Since the inspection we have received an application to register from them.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to store medicines safely and administer them safely and in accordance with people's preferences.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Staff were aware of and put into practice the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs and specialist nurses.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People were able to take part in leisure activities which reflected their interests. People were kept aware of the provider's complaints procedure, and complaints were managed in a professional manner.

The home had a calm, welcoming atmosphere. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

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.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

People were protected against risks associated with the administration and storage of medicines.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and supervision to care for people according to their needs

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers, who respected people's independence, privacy and dignity.

People were supported to participate in decisions affecting their care and support.

Is the service responsive?

Good

The service was responsive.

People's care and support, including support to participate in

meaningful social and leisure activities, met their needs and took account of their preferences.

There was a complaints procedure in place, and complaints were dealt with professionally.

Is the service well-led?

Good

The service was well led.

A management system and processes to monitor and assess the quality of service provided were in place.

There was a calm, professional atmosphere, and people were treated as individuals and listened to.

Hampton Lodge (St Basils)

Detailed findings

Background to this inspection

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

The inspection took place on 24 and 25 July 2017. It was unannounced. The inspection team consisted of an 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. On this inspection the Expert by Experience had experience of caring for a family member who used services.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who lived at Hampton Lodge (St Basils) and four visiting family members. We observed care and support people received in the shared area of the home. 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 the manager, two senior managers and three members of staff.

We looked at the care plans and associated records of six people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, the provider's improvement action plan, quality assurance survey returns and reports, and training and supervision records. We looked at medicine administration records, mental capacity assessments, Deprivation of Liberty applications and authorisations, staff rotas, seven safeguarding records, and recruitment records for four staff members.

Good

Is the service safe?

Our findings

When we inspected Hampton Lodge (St Basils) in June 2016 we had concerns around the recording of prescribed creams and ointments, and found the provider's business continuity plan had not been kept up to date. We did not consider these concerns meant the provider was in breach of regulations. We gave a rating of requires improvement in the key area of safe. On this inspection we found sufficient improvements had been made to change the rating to good.

People told us they felt safe and comfortable at the home. One person told us they felt safe because they knew there was a "special number" to get in the front door and, "The windows only open a short amount." However three people and two visiting family members said they did not think there were sufficient staff to support people safely. One person said, "I am often kept waiting a long time. The girls always have something else to do, or are with another resident, or waiting for another member of staff or endless reasons. They don't not answer the bell but there is a long wait for someone to come back." Another person's visiting relation disagreed with their family member. When asked if there were enough staff, the person said, "I would say no." However their visitor then said, "I would say yes. You only have to ask." People's experience in this area was mixed.

On the day of our visit we saw there were sufficient numbers of suitable staff to support people and keep them safe. People did not have to wait for assistance, and if their care and support required two members of staff, these were available. We saw staff were able to carry out their duties in a calm, professional manner. The manager told us staffing levels were based on full occupancy, although there were ten vacancies at the time of our inspection. We discussed possible reasons for some people's perception there were not enough staff, and the manager agreed to look at how staff were deployed and how they responded to people's requests.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. Checks were made that nurses' professional registration was up to date with the Nursing and Midwifery Council (NMC). Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. Where agency staff were used, there was a staff profile in place which showed their qualifications and checks that had been made by the agency.

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. All the staff we spoke were confident any concerns would be handled promptly and effectively by the manager or senior staff. Staff were aware of support available to them outside the organisation where they could raise safeguarding concerns.

The manager was aware of processes to follow if there was a suspicion or allegation of abuse. Records showed the provider followed suitable procedures and had appropriate policies in place for staff to refer to.

The provider had responded positively to requests by the local authority to investigate safeguarding concerns. They had notified us where required and had followed up concerns, for instance by reviewing and updating their policies and processes.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with nutrition, falls and infections. Where people were at risk of pressure injuries or poor nutrition, monthly assessments were in place using recognised methods and tools. Appropriate support plans were in place where people were living with conditions such as epilepsy and diabetes to make sure their conditions was managed safely.

Procedures were in place to keep people safe in an emergency and reduce risks to their health. Personal evacuation plans were in place which showed support individual people would need in an emergency. There was an up to date business continuity plan which contained emergency procedures, contact numbers and two places of safety where people could be kept safe if they could not return to the home immediately.

Equipment used in people's care and support was inspected and maintained regularly. There were certificates on file to show checks had been made on equipment including the lift, hoists and slings, gas and water fittings, and the kitchen extraction fan. Safety checks had been made on portable electrical appliances.

Medicines were stored and handled safely by staff who were trained and had undergone a competency check before they administered medicines to people. Staff had suitable instructions on how to administer people's medicines. These included detailed instructions where people's prescription included a thickener for their drinks to manage the risk of them choking. The instructions took into account people's preferences about how they received their medicines, and recorded any known allergies.

Where people were prescribed creams and ointments, the instructions included when they should be applied, such as "when sore" or "after washing". Body maps were in place to show where creams should be applied. The manager told us they had worked with people's GPs to improve the instructions on how and when to apply creams and ointments.

Additional instructions were in place for medicines prescribed "as required". These included how people with complex needs might show they were in pain. There were clear instructions for medicines with variable doses, and records of medicines administered showed people received their medicines as prescribed. There were suitable arrangements for the storage and handling of controlled drugs.

There were arrangements in place to check medicines were administered correctly. These included checks by staff of each other's records, and audits and spot checks by senior staff. Checks included that medicines were stored securely and at the right temperature, stock checks to make sure all medicines were accounted for and that once opened medicines were not kept longer than the manufacturer's recommendation.

Good

Is the service effective?

Our findings

People living at Hampton Lodge (St Basils) and their visitors were confident staff had the skills and knowledge to support them according to their needs. A visitor told us "They (care staff) are very good and the nurses are very good." Staff we spoke with told us the training they received prepared them to do the job effectively.

The provider had started to use a new online system for the planning and recording of training. Staff could access the system and identify training appropriate to their job level. The system recorded when training had been completed, and prompted staff when training was due. The manager could use the system to make sure staff training was up to date. Various methods were used to deliver training. These included video based training, group training, one to one, live video streaming, and reflective practice. Reflective practice is an opportunity for staff to think about their role and how to improve.

Induction training was based on the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were supported by regular appraisal and supervision meetings where they could raise their training needs. Supervisions took place for both individuals and groups, such as senior care staff and nurses. Records showed individual supervisions covered wellbeing, achievements, focus areas, learning and support required. Where actions were identified these were followed up at the next supervision. People were supported by staff who had the skills and knowledge they needed to meet people's needs.

People and their visitors told us staff were conscious of the need to obtain people's consent before supporting them with their personal care. One person told us, "They say is it all right if we take you to change you, or is it all right to wash you?" Consent forms were in place to show people or their representatives had agreed to their care plans and other aspects of living in the home.

Where people were not able to consent to their care and support, staff were aware of the requirements of the Mental Capacity Act 2005. This 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.

We saw that assessments of people's capacity followed the guidance included in the Mental Capacity Act 2005 Code of Practice. There were assessments for specific decisions, such as whether to use bed rails to reduce the risk of the person falling from their bed and whether to have dental treatment carried out. Where best interests decisions had been made on behalf of people, records showed who had been involved in the decision making, and how they had come to the decision made.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act, and found the correct processes were followed. None of the authorisation records we saw had imposed conditions on the authorisation to deprive a person of their liberty. People's human rights were respected because the provider took into account legal requirements where people lacked capacity.

All the people we spoke with were complimentary about the meals and menu choices. One person said, "The food is very good. There are two choices, and they blend the meat for me." Another person said, "[It is] OK. Not what I cook at home but generally speaking it is good." A visiting relation told us, "The food is excellent. There are two chefs and both are good. There is plenty of choice and amounts. I have partaken and it is very good."

Where people were at risk of not eating and drinking enough, staff kept records of the amount of food and fluids they took. The individual records were totalled, reviewed by senior staff and actions taken. Records showed one person who had been identified as being at risk of poor nutrition had started to put on weight. People were supported to eat and drink enough and maintain a healthy diet.

People told us they could access other healthcare services if they needed to. One person said, "I wanted to see my doctor recently, so the staff got him in to see me." Another person told us about their regular physiotherapy sessions.

Records showed people had appointments with and visits from healthcare professionals including their optician, chiropodist, the older people's mental health team, occupational therapist and specialist nurses. One person had been referred to a speech and language therapist and their GP when regular observations showed they had started to lose weight. Other people had been supported to attend an outpatient clinic and had seen a specialist diabetes dietician. People were supported to maintain good health and access relevant healthcare services.

Good

Is the service caring?

Our findings

There were caring relationships between people and staff who supported them. One person told us, "I have nothing to complain about. They are very kind to me here." Another person told us, "[The staff are] lovely. I can't fault them. I love it here." A visiting family member said staff were "very polite" and had "loads of patience". Other family members had sent thank-you cards which contained comments such as, "staff polite and caring – always ask" and "greatest of care and dignity".

We saw care staff, administration staff and the chef stop and have friendly chats with people. They addressed people in a kindly, respectful way, offered them choices and respected their choice if they declined help. Staff spoke clearly, made eye contact with the person they were talking with, and gave people time to understand and reply. When they helped a person move from their wheelchair to an armchair in the shared lounge, staff explained what they were about to do to the person and to other people in the lounge. They pulled the curtains to maintain the person's dignity and spoke with them all the time, checking they were comfortable, both while they were in the hoist and when they were settled in their armchair.

People received information so they could be involved in decisions about their care and support. There was a welcome folder with various information for people new to the home and their relations. This included a copy of the home's own newsletter. A visiting relation told us they were kept informed of any changes in their family member's needs or care, "They tell you if anything is not right." There were records of contact and communications with people's family, and care records showed that people and, where appropriate, their families were involved in regular care plan reviews. A member of staff told us, "Relatives are part of the team." There was a named nurse and keyworker system in place which meant people knew who they could speak to about their personal care and support. People and their families were supported to be involved in decisions about their care.

People could make choices about their day to day care, and staff found ways to communicate according to people's needs. A visiting relation told us, "[Name] is blind and they always explain things to her." We heard a staff member speaking with another person in order to offer them menu choices. When the person was not able to tell the staff member what they wanted, the staff member said, "Would you point to one for me?"

Another person's care plan showed they spoke more than one language, and English was not their first language. Their care plan stated they wanted to be encouraged to speak English and we observed staff doing this. However, there were identified members of staff who could speak another of the person's languages if necessary. Their care plan also stated they preferred to listen to a radio station which reflected their cultural background, and this radio station was playing in their room during our inspection. For people who appreciated support from an organised religion, the provider employed a minister who visited regularly and conducted services in the home. People's care and support was arranged to reflect their preferences and cultural or religious background.

The provider emphasised the need to respect people's dignity and privacy. Dignity was a "hot topic" at the time of our inspection with a notice board dedicated to it. Staff we spoke with gave us examples of how they

maintained people's dignity while supporting them with their personal care. During our inspection we saw that people were dressed appropriately and staff took their dignity and self-worth into account when they supported them.

Good

Is the service responsive?

Our findings

When we inspected Hampton Lodge (St Basils) in June 2016 we had concerns around some people's care plans which did not contain the necessary information to support people according to their needs and preferences. We did not consider these concerns meant the provider was in breach of regulations. We gave a rating of requires improvement in the key area of responsive. On this inspection we found improvements had been made sufficient to change the rating to good.

People's care plans were based on pre-admission assessments designed to identify people's needs and preferences. These included their health status, medical conditions, medicines, skin health, nutrition, personal care needs, mobility, falls, and mental health and mental capacity. The assessment also included people's needs with respect to activities of daily living, recreation, and communications. They also included information about people's life history. This meant the provision of care and support was based on people as individuals and took into account all their needs and preferences as a person.

Staff told us the care plans contained all the information they needed to support people according to their needs and preferences. People were happy that their care and support met their needs. One person who was living with diabetes told us staff checked their blood sugars twice a day and they had their insulin once a day. They said, "The nurse gives it to me. I have my diabetic eye check every year." Records showed care plans were reviewed regularly and signed by the person.

Care plans were detailed and contained clear instructions. They included positive "health promotion" plans and took into account advice and guidance from external healthcare professionals such as speech and language therapists. Where necessary there were individual care plans for people who took food and drink via a tube feed, or who were at risk of poor nutrition or of acquiring pressure injuries. Staff kept records to show people received care and nursing according to their plans and assessments.

People told us there was a variety of activities and entertainments available, and they were encouraged to take an active part in them. One person's visitor told us, "Different people come in. Last week a singer came who was very good. She was upstairs so [Name] goes up in the lift. The singer had a microphone and went round to all the residents and they joined in." Another person told us, "Mondays and Thursdays a chap comes to play the piano. He spends 30 minutes each upstairs and downstairs and asks people what they want him to play." A second person said, "You can't fault what there is going on here. Skittles this Friday and we've had bingo and a quiz night."

There was a seven day programme of activities supported by two activity coordinators. These included visits by a "Pets as Therapy" dog, manicures, reminiscence sessions, exercises, puzzles and board games. We watched part of a music therapy session. Staff took care to involve everyone who was in the room, and we saw how people's facial expressions and body language changed, which indicated the session had a positive impact on their mood.

The activities programme was displayed on a notice board, so everybody knew what to expect and decide if

they wanted to take part. People were also supported to take part in individual activities and pursue their own hobbies and interests. As one person was telling us how they liked to knit, a member of staff went to their room to bring their knitting to them. Staff kept an individual social care and activity record for each person. These showed people also spent time in the garden, and had individual sessions where they were supported to pursue their own interests. Staff recorded the impact these had on the person, so they had a record of where people responded positively to the activities on offer.

The provider had a complaints policy and process which was clearly displayed in the home. People we spoke with were aware of how to make a complaint should they need to and were confident it would be dealt with properly by the provider. One person told us they had complained to a previous registered manager and their complaint had been dealt with. Another person said, "I would go to the manager who would listen and do something about it."

Two people told us they had had problems with their clothes either being lost or damaged in the laundry. The manager was aware of these complaints and had taken action to change laundry procedures to prevent this happening again. People had not reported problems since these changes. The manager kept a log of complaints which showed how they had been dealt with and followed up.

There was also a compliments book in which visiting family members and professionals were invited to record positive comments about the service. One entry read, "Paperwork excellent, very well organised and well laid out. Staff always helpful and professional." Another entry was, "Always a pleasure to come in and see residents. Staff are always helpful and cheerful with good rapport with residents."

Good

Is the service well-led?

Our findings

People and their visitors found the home to be well led with a positive culture. One visiting relation said, "I think this is a well-run and caring nursing home." Another visitor said, "On the whole I can't fault it." A third told us, "[Name] has been here for two years. I have already seen an improvement in the home since [manager] has been here. She is approachable, interested and caring."

The manager and other senior managers described Hampton Lodge (St Basils) as community focused home. They said there was a good relationship with the local authority and with external healthcare services such as the community nurse team. They were receptive to suggestions for improvements and had consulted with people and their families about a planned redecoration and refurbishment of the home.

We observed a calm atmosphere during our visit. Staff were polite and helpful. Staff we spoke with were complimentary about the manager and said they had seen improvements since the manager had started work. They told us there was an "open door" policy which encouraged them to make suggestions and raise concerns.

The manager had been supported during their induction to the service by senior managers. They had spent time at one of the provider's other homes and established a network of support with their peer managers. The provider had made arrangements to maintain people's service during the transition to a new manager.

The manager had established a management system with the support of a deputy manager and clinical lead nurse. Other heads of department included senior staff from housekeeping, the laundry and kitchen. The manager met with senior staff every morning at 11am following their regular walk round the service. There were other, less regular, meetings arranged with the registered nurses, senior care staff, care staff, people living at the home and their relations. These meetings were minuted, and actions taken in response to issues raised. Actions including arranging for staff to have more time to spend with people, improvements to the laundry service and improved access to the garden. There was a meeting planned the week after our visit for people's families to meet the new manager.

People who use services and others have a right to know how care services are performing. To help them do this, the Government introduced a requirement for providers to display our ratings in the home and on any websites for the home. The provider had displayed the ratings from our last inspection together with the detailed findings from the report and actions they had taken to address the findings. People were well informed by the provider about how the service was performing and steps taken to improve the service.

The provider had a system of internal and external audits and surveys to assess, monitor and improve the quality of service delivered. They had engaged an independent supplier to survey people's opinions of the service, and encouraged family members to review the home on a care home website. A survey in 2016 had shown all the people who replied were "happy" living at Hampton Lodge. This was an improvement on the previous survey which had returned 64% satisfaction overall.

Internally there was a system of time critical reporting which meant critical quality measurements and incidents were reported by the manager to senior management. There was also a programme of quality assurance visits by the provider's head office staff. An internal quality assurance review in April 2017 covered care plans, dignity, safeguarding and consent, quality governance, medicines audits and spot checks, staffing and recruitment, and other areas of the service. This had given the home a score of 64%.

The provider had put an improvement action plan in place following the review. The plan had 53 identified actions with due dates, priorities and assigned responsible staff. The provider had worked through the plan, and senior managers told us they would expect a score of approximately 85% if the same review was repeated. People could be confident the provider took steps to improve their service when necessary.