

Hampton Care Ltd

# Hampton Care Home

## Inspection report

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27 January 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hampton Care Home is a residential service providing personal and nursing care to 55 older people at the time of this inspection. Most people residing at the care home are living with dementia. The service can support up to a maximum of 76 people. The premises is divided into three separate units/floors, each of which has their own adapted facilities.

### People's experience of using this service

People were supported to stay safe and be protected against the risk of avoidable harm and abuse. People were supported by enough competent staff who knew them well and had been safely recruited. The environment was clean and followed current best practice guidelines regarding the prevention and control of infection (IPC), including those associated with COVID-19. Medicines were well-organised and staff helped people take their prescribed medicines in a safe way.

The newly registered manager was competent and clear about their roles and responsibilities. They understood regulatory requirements and how to ensure people received high-quality, person-centred, safe care. This was achieved by routinely monitoring and analysing the safety and quality of the care people received. The registered manager also recognised the importance of learning lessons when things went wrong and was keen to continuously improve the service. They promoted an open and inclusive culture, and worked in close partnership with other health and social care professionals and agencies to plan and deliver positive outcomes for people.

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

### Rating at the last inspection

The last rating for this service was good (published 18 September 2020).

### Why we inspected

We received multiple concerns recently in relation to the management of the care home and how people were safeguarded from the risk of abuse there. We were also notified about an outbreak of COVID-19 amongst people living and working at the care home.

As a result, we undertook a focused inspection to review the key questions of safe and well-led. We also looked at infection prevention and control measures under the safe key question to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

No areas of concern were identified in the other key questions of effective, caring and responsive. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service therefore remains good. This is based on the findings at this inspection.

Please see the safe and well-led key question sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hampton Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Hampton Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience, who is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a new manager registered with the CQC in October 2021. 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.

#### Notice of inspection

This inspection took place over two-days on 20 and 27 January 2022 and was announced. We gave the service one hours' short notice of this inspection on the first day.

#### What we did before the inspection

We reviewed all the information we had received about the care home since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who lived at the care home, the registered manager, three nurses, including the

deputy manager/clinical lead nurse, and two care workers.

We looked at a range of records that included three people's care plans, three staff files in relation to their recruitment, and multiple medication administration record (MAR) sheets. A variety of other records relating to the management of the service, including policies and procedures were also read.

Following the inspection

We received telephone feedback from 8 relatives and 2 friends of people living at the care home and email comments from two community-based health care professionals in relation to their experiences of dealing with this provider.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to infection prevention and control (IPC) training, the providers IPC policies and various quality monitoring audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People said the care home was a safe place to live and that staff treated them well. For example, one relative told us, "My [family member] is one hundred percent safe at the home."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction, and they knew how to recognise and respond to abuse they might encounter, including reporting it.
- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated and take appropriate action to minimise the risk of similar incidents re-occurring. A relative told us, "We were kept informed throughout the providers investigation into recent safeguarding incidents and were satisfied with how they dealt with these issues."

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using (PPE) effectively and safely. A relative told us, "Staff wear masks all the time and other protective clothing when providing my [family member] with any personal care."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were

vaccinated against COVID-19.

#### Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date person-centred risk assessments and management plans which covered every aspect of their lives, such as their emotional and physical health, and daily living.
- Assessments were regularly reviewed and updated as people's needs changed.
- Staff demonstrated a good understanding of the risks people might face and the action they needed to take to prevent or minimise those risks. A community-based health care professional told us, "I would say they take residents with complex needs, which staff are able to manage-well, particularly on the dementia floor." A relative also said, "The staff are very good at preventing my [family member] from falling and are so careful when they have to transfer him using the mobile hoist."
- Regular checks were completed to help ensure the safety of the care homes [physical environment and fire safety equipment].

#### Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs and wishes. Staff were visibly present throughout this inspection providing people with the care and support they needed. A relative told us, "There certainly seems to be ample numbers of staff around whenever I visit my [family member]", while a friend remarked, "They have qualified staff on duty around the clock at the care home, which gives me confidence my friend [name of service user] and everyone else living there is kept safe".
- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures. The registered manager told us the service was no longer so reliant on agency staff now the COVID-19 outbreak at the care home had passed its peak, and when they did use any agency staff, they hired the same people. This was confirmed by a relative who said, "The home mostly uses the same agency staff who know what my [family member] needs."
- Systems for staff recruitment were safe. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks, identity checks and references. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. This meant people were protected from the risk of being supported by staff who were not suitable to work with them.

#### Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- People's medicine records were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Only staff who had been trained and assessed as competent were able to handle medicines, and this training was routinely refreshed. People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered.
- Medicines were routinely audited by managers and senior nursing staff.

#### Learning lessons when things go wrong

- The registered manager regularly monitored accidents and incidents. Systems were in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. A community-based health care professional told us, "There was a safeguarding investigation

against the home, which the manager [registered] and staff clearly learnt from, because when they have been faced with similar situations they have reacted proactively rather than reactively."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were clear management and staffing structures in place. The service had been without a registered manager for several years, but a suitably experienced manager was now registered with us. The newly registered manager told us they received all the support they needed from senior/area managers representing the provider, her deputy manager/clinical lead nurse, and the rest of her staff team.
- People living at the care home, their relatives and external professionals all spoke positively about the way the care home was now being managed by the new management team. For example, a relative told us, "The new manager and her deputy [clinical lead nurse] are always approachable and easy to talk too... Two excellent nurses who know their stuff."
- Staff also told us how well they felt the care home was now managed. Most said they received all the support they needed from the new managers. For example, one staff member remarked, "The new [registered] manager has a very open and inclusive leadership style" while a second told us, "She's [registered manager] an excellent communicator, always professional in her dealings with everyone and clearly understands the needs of people living in or working at this care home."
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- It was clear from the feedback we received from people that the new management team recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred and safe care for people.
- The quality and safety of the service people received was routinely monitored by managers and nursing staff at both a provider and service level through regular audits, checks and stakeholder feedback. For example, they regularly checked staff were handling medicines safely, wearing their PPE correctly, and the care home was being kept hygienically clean.
- Audits were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- People received personalised care from staff. A relative said, "The staff have been fantastic and have got to know exactly what my [family member] needs and wants", while a community-based professional remarked, "There has been a steady improvement in continuity of care over the last year with the new management structure in place and employment of new nurses. I am frequently impressed by the in-depth knowledge and insight staff have about my clients."
- The newly registered manager had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the services underlying core values and principles.
- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team.

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

- We received positive feedback from people about the leadership style of the newly registered manager. For example, people told us the registered manager had created a more open and inclusive culture at the care home when compared to the approach of previous managers.
- The provider sought to capture views of people living in the care home, their relatives and community-based health and social care professionals. This included informal feedback through day-to-day discussions and more formal feedback through reviews and satisfaction surveys. A relative told us, "There have been lots of relatives' meetings since the newly [registered] manager had come in, which I personally feel is an important way for families to be seen and heard by staff."
- The registered manager also valued and listened to the views of staff. Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they received all the support they needed from the services' relatively new management team, which included ongoing opportunities to reflect on their own working practices and professional development.

Working in partnership with others

- The provider worked closely with a variety of external health and social care professionals and bodies to ensure people's needs were being met including, the Local Authority, GPs, Clinical Commissioning Groups and other community-based nurses, occupational therapists and social workers. A community-based health care professional told us, "I find the manager [registered] and staff absolutely work in partnership with me and I enjoy a good working relationship with them. They take on board my recommendations, and do put the time in to try the interventions I suggest. The manager [registered] and staff seek advice when they need it, do appropriately refer to our service, and work well with the local GP surgery." A second professional also said, "Channels of communication have dramatically improved resulting in a culture of candidness and an increase of requests for advice and support. This collaborative approach has had a positive impact on the care my clients receive."
- The registered manager confirmed they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff team.