

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Hampden House

120 Duchy Road, Harrogate, HG1 2HE

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Date of Inspections: 30 September 2014
25 September 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	ERROR: Could not determine the outcome.
Assessing and monitoring the quality of service provision	ERROR: Could not determine the outcome.
Complaints	ERROR: Could not determine the outcome.

Details about this location

Registered Provider	Elizabeth Finn Homes Limited
Registered Manager	Ms Lynda Cooper
Overview of the service	<p>Hampden House is owned by Elizabeth Finn Care, and run by Elizabeth Finn Homes. It is a purpose built care home registered to accommodate a maximum of 66 service users. It has recently been extensively refurbished providing ensuite facilities for all bedrooms and refurbished communal areas. It is situated in a quiet residential area on the outskirts of Harrogate.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 September 2014 and 30 September 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At our inspection we gathered evidence to help us answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

We returned to the service for a second day to follow up on information we had received.

Below is the summary of what we found but if you want to see the evidence supporting our summary please read our full report. The summary is based on speaking with people who used the service, the staff supporting them, our observations and from looking at records.

Is the service safe?

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continuously improve.

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). There was no one currently using the service who had a DOLS in place. The provider knew how to request an assessment if this was required. Staff received safeguarding and Mental Capacity training. This meant people would be safeguarded as required.

When people were identified as being at risk, their care plans showed the actions that would be required to manage these risks. These included the provision of specialist equipment such as pressure relieving mattresses, hoists and walking aids.

Is the service effective?

People's health and care needs were assessed with them, and they were involved in developing their plans of care. People told us they were included in making decisions about how their care and support was provided.

Is the service caring?

We saw staff were attentive and respectful when speaking with or supporting people. People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

People were generally positive and complimentary about the care they received. One person said; "I can't speak highly enough of the staff. I have never heard a nasty word said." Another person told us the staff were "fine". Someone told us that he had experience of another residential placement, and said; "This one is absolutely first-class. Staff are very, very helpful. Really kind".

Is the service responsive?

The communal areas were thoughtfully set out to provide spaces for chatting or reading without interruption by the larger group activities or vice versa. The activity co-ordinator was described as "brilliant". Activities were outlined in a weekly bulletin and it was apparent that these were responsive to people's needs and preferences.

People we spoke with knew how to make a complaint if they were unhappy. We saw evidence that the service welcomed complaints and feedback about the service. We saw evidence where complaints and improvements had been made as a result of this.

Is the service well led?

Some people we spoke to said that sometimes it took a while for staff to attend when they rang the call bell. One person said they were not always confident that staff would return when they said they would come back later. A recent "residents and relatives" meeting had identified actions that had been taken to resolve staffing and call response times. We were also told that this issue was continuing to be audited. People and their relatives all expressed confidence in the manager at resolving their complaints and issues.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and the quality assurance systems in place. This helped to ensure that people received a good quality service. They told us the manager was supportive and promoted positive team working.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We observed members of staff interacting with people at Hampden House. They were thoughtful and courteous and often asked questions such as; "Are you OK with that? Shall I hold your tablets whilst you take them?" And; "Are you ready to go for lunch now?" On one occasion when the answer was "No" the member of staff offered to return later when the person was ready. This showed that staff understood that consent is ongoing and can be withdrawn by the person at any time.

We looked at two policies. The policy 'Consent to Care and Treatment' was not dated. However, it contained clear elements of procedure. It referred in broad terms to people who may need support when making decisions, stating; 'Difficulties due to mental incapacity is recorded.' It did not specifically refer to the second policy.

The second policy regarding 'residents who lack mental capacity to make decisions'; was dated October 2013. This contained headings such as; 'Principles' and 'Staff involvement.' The information contained in the two policies meant that staff had access to recent, relevant guidance and information about why, when and how the issue of consent should be considered, and this information would ensure that people were able to give valid consent.

We spoke with a senior healthcare assistant and the clinical support manager. They described a procedure for using an assessment to screen people where there may have been a question regarding a person's capacity. They told us that if the assessment indicated potential issues, this would be followed by a full assessment of their decision making ability. This procedure was not described in the policies we saw, but may have been recorded elsewhere. This meant that the provider had a clear procedure about decision making for people who are unable to give consent for each individual care,

treatment and support activity in line with the Mental Capacity Act 2005.

We looked at the care records for four people and saw that for one person, the screening assessment and the full assessment had been completed. The full assessment contained details such as conditions that could affect the ability to make a decision, whether this was likely to be temporary, fluctuating or permanent. A further section gave specific details regarding the nature and type of decision a person may require support with followed by a personalised action plan. The action plan had the option of a 'best interest' meeting if appropriate. This meant that the provider had a clear procedure, followed in practice, about decision making for people who are unable to give consent for each individual care, treatment and support activity in line with the Mental Capacity Act 2005.

We did not see that the screening assessment had been completed for the other three people, one of whom had an early diagnosis of a condition that could affect mood, thinking or behaviour. We asked the clinical support manager to consider whether early use of the screening tool might be appropriate for this person and she confirmed this will be considered.

Two of the care records we looked at contained instructions about a person's wishes in the event of a life-threatening emergency. This showed that in a life-threatening emergency situation, decisions would be made in line with the person's wishes.

For one person, a long standing specific risk to their health and wellbeing was identified. Under certain circumstances it would be expected that the advice of a specialist would be sought to prevent any very serious consequences. However, the person had years of experience with the condition and did not want the specialist to be involved. The person's capacity to make this decision was written in the record and the care plan reflected this choice. This showed that the provider had staff who respected that decision, even when they may disagree; and understood what to do when the wishes of the person may conflict with their care, welfare or safety needs.

The provider had a file containing a completed self-assessment against the "Essential standards of quality and safety". It stated; "All staff have been provided with training in relation to the mental capacity act and deprivation of liberty safeguards." We were unable to check current staff training records as they were held electronically and on the day of our visit there was no-one available with access to the database. This suggested that staff are trained and supported to understand how to manage risk through effective consent procedures, including the requirements of the Mental Capacity Act 2005 and deprivation of liberty safeguards.

We looked at the arrangements for taking account of restrictions authorised under the deprivation of liberty safeguards. We were not provided with a policy or procedure. We asked the clinical support manager about the process and she was able to describe two recent submissions that have been made to the local authority, which we looked at. She told us that they often contact the local authority by telephone if they are unsure whether an authorisation is required, and were happy to ask for advice and guidance in this way. This meant that the provider was aware of the arrangements for taking account of restrictions authorised under the deprivation of liberty safeguards.

We saw a sign on a notice board regarding an advocacy service. The clinical support manager was not able to recall a time when an advocate had been used, but this showed that the provider respected the right of people to have an advocate to make an informed

decision.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care plans for four people. In all cases, there was a comprehensive assessment of all aspects of a person's needs and preferences. Specialist risk assessment tools had been used, for example to identify the potential risks of malnutrition, falls and the development of pressure ulcers. Each person's activities of daily living had been assessed, the degree of assistance required for each one was clear and the actions were individualised. Every area of identified risk also had an accompanying detailed care plan, which incorporated people's choices and preferences as well as their identified needs. This meant that co-ordinated assessment and care planning was in place to ensure effective, safe, appropriate and personalised care.

The care plans were regularly reviewed. The date of the review was given and each was signed by the responsible person. Most of the reviews were carried out at intervals of one month. This showed that plans of care were regularly reviewed and kept up to date in recognition of the changing needs of the person using the service.

We saw that several people were participating in activities which took them outside the building. We observed people inside the building being supported and encouraged to take part in meaningful activity in the downstairs lounge area. In the morning, as people entered the lounge, the social events co-ordinator skilfully engaged people in informal discussions over the newspaper and sought their feedback about the planned activities for the remainder of the week. One of the people we spoke with told us she had thoroughly enjoyed the film she had watched last night on the large screen. She showed us her copy of the 'Hampden House Reporter', a leaflet which gives people a summary what activities are being offered that week. As she read through the activities, she discussed with the co-ordinator her likes and dislikes and was appropriately supported to think of another activity that she would also enjoy. This demonstrated that people have their welfare and wellbeing promoted by the provider, taking account of their social needs, personal relationships and daytime activity.

We looked at the incidents folder for 2014. There was evidence of effective and complete recording of the incidents, the action taken to investigate and the action taken to prevent a recurrence. The clinical support manager told us that a system of audit will often be used

to ensure that specific incidents are dealt with effectively. As a result of this approach, she believed that the frequency of one type of incident had reduced to zero last month. We noted that there were no incidents in the folder for August 2014. This meant that the provider had effective procedures for learning from adverse events and incidents so that the risk of these being repeated was reduced to a minimum.

We checked the care plan for a person who had been identified in the concerns raised with us. The concerns related to this person's continence needs. The care plan clearly identified this person's needs and we saw in the daily records that these needs were met.

We spoke to a visiting family member. She told us her relative suffered from episodes of acute illness which required specialist attention. One episode had occurred last week. She told us that staff were always quick to recognise this illness and take appropriate emergency action; and would also contact her immediately. This demonstrated that staff quickly recognised when a person become seriously ill and required treatment, and ensured the person was dealt with as quickly and safely as possible.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We were told that people were encouraged to have their meals in the environment of their choice. On the day of our visit, around twenty people had chosen to eat in the dining area. We conducted an observation of the lunch being served and eaten in the dining area. The dining room was set out in a manner to support the independent ease of movement for people using walking aids. The tables were laid with normal crockery, cutlery and napkins and the food was attractively served. This meant that food was presented in an appetising way to encourage enjoyment in an environment that respected people's dignity.

At one end of the dining area, people were being sensitively and appropriately supported and encouraged with their eating and drinking needs. This showed that people were enabled to eat their food and drink as independently as possible, and assistance was provided to ensure that people who were unable to eat and drink independently received adequate nutrition and hydration.

We had received information of concern that people were not being provided with appropriate diets to meet their needs. We looked at the care records for four people and one person in particular who had been identified to us as requiring a soft diet but had been provided with solid foods. The information we saw in this care plan indicated the person was independent and ate a solid diet. The remaining care plans had completed nutritional risk screening document and where appropriate there was a plan of care to address identified risks. This demonstrated that staff had identified people at risk of poor nutrition and had used the care plan to address what action to take to minimise the risk of poor nutrition or dehydration.

We looked at the quarterly menu plan. At every meal there was a choice of hot food. At the entrance to the dining area the menu for the day was displayed. People in the dining room were able to select their menu choice as they waited to be served. We were told that people taking meals in their rooms were asked earlier in the day to make their selection. This meant that people had accessible information about meals and a choice for each meal that reflected their preferences and needs.

We spoke to the catering manager. She told us that the menu is on a four week rotation and is changed every quarter. We observed a comments book in the dining area, and she also told us that people are consulted and encouraged to participate in planning the new

menus. This showed that people can choose a balanced diet that is relevant to them as an individual, and that takes account of their nutritional status and previous wishes.

We saw from our review of the notes and the complaints folder that more than one person had specific nutritional needs requiring the exclusion of certain foodstuffs. We saw that the catering manager had a daily spreadsheet which was colour-coded to indicate any specific needs or preferences. In addition, she told us that she also sends an electronic message to her staff to alert them to these requirements. This demonstrated that people had their rights and choices promoted because they were able to make decisions about their food and drink.

We asked people to tell us what they thought of the food. One person told us, "There is a lot of choice." Another person described the food as 'excellent' and said he particularly enjoyed the ice cream and cakes, which he believed to be home made. A person who had taken his meal on a tray in his room felt that his main course was a bit dry because he had not ordered any gravy to accompany it.

One person told us that they thought the food was better than the service, and another person agreed by saying, "We do sit waiting." We observed that the service at lunchtime was unhurried and at a pace to reflect the needs of people being assisted. There was a noticeably sociable atmosphere and staff also took the opportunity to offer people additional soft drinks. Two people told us that they were welcome to attend for meals when they were visiting, although neither of them had done so.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with three members of staff. They felt that they understood the signs of abuse and were aware of how to raise concerns. This meant that staff recognised their personal responsibility in safeguarding people who use services.

We looked at the incidents folder for 2014 and the folder relating to the complaints procedure for 2014, which also contained details of comments. Both folders contained details of the investigation, feedback and action planning that had taken place in response to an incident, comment or complaint. This showed that the provider had effective means to receive, monitor and act on feedback that have the potential to become an abuse or safeguarding concern. There was evidence that staff had assisted people to record their concerns and this demonstrated that staff understood aspects of the safeguarding process and ensured that people were aware and supported to raise concerns.

We looked at the care records for four people and observed staff interactions with people. We saw that people's rooms were highly personalised to reflect the tastes of the individual. This meant that staff were committed to maximising people's choice, control and inclusion and protecting their human rights.

The clinical support manager described two occasions when staff were concerned about a particular issue and had made contact with the local authority safeguarding team for their advice. This showed that the provider understood the roles of other organisations who may be involved in responding to suspected abuse and had taken steps to work collaboratively and share information.

The care plan for one person had clear directions about what actions should be taken if the person became upset, agitated or disorientated. This meant that staff knew and understood how to use diversion, de-escalation and positive behaviour support in an appropriate way.

We looked at a folder containing a self-assessment by the provider against the; "Essential standards of quality and safety". We saw that the provider had stated that their policy on

confidentiality and safeguarding was designed to ensure that only those who needed to know would be aware of any safeguarding concerns. This showed that people could be confident that information about a safeguarding concern was appropriately shared, and the sensitive nature of the information was taken into account.

Staffing

ERROR: Could not determine the outcome.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

Reasons for our judgement

Assessing and monitoring the quality of service provision

ERROR: Could not determine the outcome.

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

Reasons for our judgement

Complaints

ERROR: Could not determine the outcome.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Reasons for our judgement

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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