

# Review of compliance

Elizabeth Finn Homes Limited Hampden House	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	120 Duchy Road Harrogate North Yorkshire HG1 2HE
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	November 2012
<b>Overview of the service:</b>	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.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Hampden House was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

### What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because the inspection was part of an inspection programme to assess whether older people living in care homes are treated with dignity and respect and their nutritional needs are met.

The inspection team was led by a CQC inspector, and joined by an 'expert by experience' and a healthcare professional. These are people who have experience of using services and can provide that perspective and professional advice.

People told us that they liked living at the home and staff were very kind. They said staff always knocked on doors and hesitated before they went in, they respected their wishes in everything and always asked what people who use the service wanted with regards to their individual care and support needs. They said staff responded quickly to call bells and that they don't feel rushed when being helped with their care needs. One person said 'Hampden House is like a five star hotel, it is superb, I want for nothing.'

### What we found about the standards we reviewed and how well Hampden House was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

**Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

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

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's care and welfare needs.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People told us they were "Very happy" and "More than satisfied" with the care and support they were receiving at Hampden House. One person said "I was asked about things such as what I wanted to be called, what I like to eat and what things were important to me such as my family and friends, when I was first admitted here. It was all written down and I know staff use this information to make my stay here just right, it's what I want."

#### Other evidence

Is people's privacy and dignity respected?

We asked the manager how they made sure privacy and dignity was promoted in the home. We were told that all bedroom doors are lockable and people are given the choice of being able to have a key to their room. All rooms have a lockable draw facility for people to keep personal and private items secure. We observed during the inspection that all communal bathrooms are fitted with locks and used when people are accessing these facilities. Bedroom doors also have door knockers on and we observed staff using these as well, before entering bedrooms.

The manager told us there was a policy and procedure in place about how they expected staff to promote people's privacy and dignity and staff received training in this.

Staff reported having regular training on dignity including a quarterly 'Dignity meeting' between senior staff to highlight and discuss any issues that may have arisen at the home.

When we spoke with the staff in the home they gave different examples of how the practice of staff ensured the privacy and dignity of the people that lived in the home. This included, for example, making sure the bathroom door was closed when they assisted people with personal care and how they would discuss and explain things with the person concerned when supporting them with their personal care needs. They also told us that they used screens around people when using hoists to transfer a person in order to maintain their dignity. And screens were also available to be used in the dining room in the case of a medical emergency such as someone choking or becoming unwell at meal times.

It was observed that rather than pushing people in wheelchairs through communal areas their dignity was respected by taking them around in corridors to access the room they were wanting to go into.

.Are people involved in making decisions about their care?

We looked at care records of four people who live at the home to assess how people were involved in their care. We found care plans were person centred and there was evidence that people were involved in making decisions about their care. Likes, dislikes and individual preferences were recorded on all the care plans we looked at. For example we saw how people wished to be addressed by staff, and how people expected staff to respect their dignity and privacy when providing care and support. People were given a choice of gender of carers for personal care. Staff reported that there is one lady who only wants female carers and that this is always respected.

The home employs an events organiser who organises trips, themed evenings, and other activities that take place either in the service or within the local community. There is a residents meeting quarterly, where people are given the opportunity to attend and voice if they would like to see things done differently and if the varieties of activities are enough.

People are also given the opportunity to be involved in daily activities. A detailed program of activities is given to each resident and the program was also displayed on the main notice board. There was a variety of activities to suit varied tastes and abilities such as singing, movement to music, bead making, crafting activities or cinema evenings. There are also trips out available on the mini-bus to venues such as stately homes including lunch.

We were told that some people like to garden and we saw that one person had designed and planted a raised flower bed in the court yard area of the home in order to celebrate the Queen's Jubilee celebrations.

### **Our judgement**

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

People told us that the food provided at the home was very good. One person said 'It's always nicely cooked and well presented.' In the dining room of the home was a residents comment book where people were given the opportunity to make comment on the food. People had written comments such as "Delectable supper" and "Yet again another super Sunday roast."

##### Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

When we spoke with the manager and staff they told us people using the service select what they wanted to eat from a choice of food available on the menu. We were told that a full cooked breakfast was available if people requested it, some people had porridge whilst others had cereal and toast. The main meal of the day was served at lunchtime with a lighter meal at teatime. However if some people preferred they could have their main meal served at supper if that was their preferred time to eat. Tea, coffee and cold drinks were available throughout the day for people to have when ever they wanted. We observed drinks being offered and made regularly for people during the inspection. People were also offered an alcoholic beverage with their meal if they wanted and there was an alternative of cordial or water served with the lunchtime meal as well as tea and coffee.

Are people's religious or cultural backgrounds respected?

The chef, manager and care staff all told us that people's religious or cultural backgrounds are respected in relation to dietary requirements. Information was also

recorded in the care plans if someone's cultural beliefs did not allow them to eat certain foods.

Are people supported to eat and drink sufficient amounts to meet their needs?

When we spoke with staff they told us how they supported people with eating and drinking. They told us how they ensured that people had any additional equipment, for example, plate guards and adapted cutlery, they needed to eat their meals independently. They told us that they recorded some people's fluid and food intake if they thought they were not drinking enough or losing weight, this helped staff monitor and assess people's nutrition and hydration.

When we looked at people's care records we saw that a nutritional screening tool was used to identify people who are at risk of poor nutrition and hydration. People are weighed monthly or weekly and weight loss and weight gains are monitored closely. Appropriate referrals were made to the dietician and documented actions from these referrals were incorporated into people's plans of care for staff to follow.

**Our judgement**

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us that they felt safe living at the home and that they felt comfortable raising any issues about the service with staff. One person said the home had a 'very pleasant and inclusive feel.' Another said 'The staff are very kind to us, they all have tremendous patience with us, we are all getting a little forgetful.'

##### Other evidence

Are steps taken to prevent abuse?

We spoke with the manager of the service who told us that all staff receive training in safeguarding and protecting vulnerable people from abuse. When we spoke with staff they confirmed that they had attended training on this. They gave very good accounts of what constituted abuse and described how they would deal with any safeguarding incidents should they occur at the home. They confirmed that they had policy and procedures in place for them to refer to and follow should a safeguarding incident occur at the service.

Do people know how to raise concerns?

The people that we spoke with told us that they could speak their minds and talk to staff about anything. They were confident that they would be listened to and any concerns acted upon. One person told us that they had previously voiced a concern and that the matter had been resolved immediately.

Are Deprivation of Liberty Safeguards used appropriately?

The manager told us that staff had safeguard training and this included the Mental Capacity Act and deprivation of liberty safeguards. Staff told us that residents could come and go freely where it was appropriate for them to do so. All of the staff we spoke with seemed familiar with issues of people's competency and capacity and best-interest decision making. Staff reported that there were no current residents with a Deprivation of Liberty safeguard in place and they did not feel there was anyone currently living at the home for whom it would be required.

**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

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People told us that they thought the staff at the home were very good. One person said, 'They look after me very well, they always know when I need help, they always come along when I press my buzzer for help'. Another person said 'I do not know how I would have got through this last year without the support of some staff here, they have been absolutely brilliant.'

##### Other evidence

Are there sufficient numbers of staff?

We saw that there were sufficient staff to meet the needs of people who used the service. Staff were unhurried and spent time interacting with people who used the service. They gave time for people to answer questions and encouraged people to make choices about what they wanted to eat and drink. Staff reported that although they were busy there was enough of them on duty to provide the care and support people needed.

All staff members were observed to be involved in mealtimes. Staff appeared relaxed and unhurried. Several members of staff sat at different tables giving support and assistance to people with their meal, one member of staff was sat outside in the sunshine assisting a person with their lunch because they had requested to remain sitting in the garden to eat. The lunchtime experience for people was relaxed and unhurried.

Do staff have the appropriate skills, knowledge and experience?

Staff had a good understanding of the needs of people who used the service. They told us about the likes and dislikes of people in relation to food and drink and that they were given regular updates regarding changes to people's care needs. Staff confirmed they received regular training in how to meet people nutritional needs, maintaining people's privacy and dignity and in safeguarding people from potential abuse.

People who use the service told us that they thought the staff were very well trained and very good at their jobs.

**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's care and welfare needs.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

People told us that they were aware that information was held about them, one person said 'I think it's about how to look after me, I am not sure, and I'm not that bothered really.'

##### Other evidence

Are accurate records of appropriate information kept?

We looked at care documentation of four people. Records were electronic and only the minimal information required to maintain people's care was printed out and kept in a folder in their room

People's nutritional needs were assessed on admission and at regular intervals following this. People's weight was recorded monthly unless a change was identified and then the person was weighed more frequently. Food likes and dislikes, where the person wished to eat their meals and portion sizes were all documented. In addition people's preferences over what drinks they liked with what meals was also documented. We saw that the care records had been reviewed with the person regularly and included such things as people's choices and preferences over how they should be supported and cared for.

Records of healthcare professionals visits were made and care plans reviewed and changed in to meet any instructions given in managing and meeting the person's health care needs.

Are records stored securely?

We saw that all care records are computerised and kept securely when not in use, each member of staff has their own personal login to the computer system where records are kept, but staff have easy access to information should it be required in an emergency.

**Our judgement**

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA