

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

Hampden Hall Care Centre

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5ZB

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

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
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Westgate Healthcare Limited
Overview of the service	Hampden Hall provides nursing care for up to 120 people who are elderly and frail
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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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 reviewed all the information we have gathered about Hampden Hall Care Centre, looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People told us they were involved in their care plan and its updating. They said, "Staff provided them with choices and respected their privacy and dignity." People told us they were provided with choices at meal times. They said there were set times for meals with hot and cold drinks provided during the day. People said the home was clean and their laundry was appropriately maintained.

We found people received the appropriate care and support that met their needs. People were provided with adequate nutrition and hydration. The premises were kept clean and there were no untoward odours. Staff were appropriately trained, supervised and appraised. There was a system in place to ensure complaints were investigated and resolved satisfactorily.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their care plan. Staff told us that a care plan was in place for each person. We looked at a sample of 17 care plans. We saw evidence which showed people's health and personal care needs had been assessed prior to admission at the home. Key areas of medical treatment and support which people required were identified in the care plans. We saw the care plans took into account people's wishes and their preferences. For example, people's wishes on when they wish to get up in the morning were recorded.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw risk assessments had been completed in each file. Those included moving and handling, falls risk assessments, likelihood of developing pressure damage to skin, nutritional screening and the use of bedrails. The assessments had been regularly reviewed to make sure information was current and reflected people's needs. We saw records which reflected people were weighed regularly. We noted that people were referred to the doctor or dietitian if they were losing weight. Where people lacked capacity to consent and would otherwise be at risk of harm, an authorisation form was completed by the GP with the agreement of family members and other health professionals. For example, one person was being administered their medicine covertly.

We spoke with eleven people living at the home and four relatives. People told us they were involved in their care plan and its updating. They said, "Staff provided them with choices and respected their privacy and dignity." People said there was a range of activities provided, however, they did not have to join in if they did not wish to. We saw a list of activities had been arranged over the Christmas period. The list was displayed on the notice board in the units. We also saw the weekly activity schedule was on display. One person told us a pet as therapy (PAT) dog visited the home regularly and they looked forward to it visiting.

Relatives spoken with described the care their family members were receiving as "very good and excellent." One family member said, "I have no complaints about the care my relative is receiving." A second person said, "The care is good. I visit unannounced and

everything is the same. There are no nasty surprises." A third person said, "There has been a marked improvement in my relative's care since they came to live here."

The majority of care staff we spoke with said they had access to people's care plans, one staff said "I go to the care plan to get up to date information." Another said, "The care plans give us information about residents and how we can support them. We can access it whenever we want".

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

People were provided with a choice of suitable and nutritious food and drink. We observed the lunch time meal on the dementia unit. We noted staff did not set the table until people were seated. Staff said this was because some people had a tendency of picking up the cutlery which posed a risk. We saw there were two choices at lunch time and a choice of fruit juices. We saw staff providing assistance to people in an unrushed and sensitive manner. People were provided with clothes protectors to prevent their clothes becoming stained from food spillage. We observed staff provided people with choices, for example, one person requested to have chips as well as mashed potatoes. Staff ensured their request was granted. We saw staff provided a second person with finger food because this enabled the person to eat independently.

We observed a person was displaying challenging behaviour and this was having an impact on the other people. Staff managed the situation in a calm manner by offering alternative choices to the person. We later looked at the person's care plan and found that staff followed their care plan to ensure the behaviour was managed appropriately.

We looked at three people's nutritional assessment and found that their nutritional needs had been assessed using a recognised screening tool. We noted people's weights were monitored regularly. Those at risk of weight lost had been prescribed for high calorie drinks by the GP.

People told us they were provided with choices at meal times. They said there were set times for meals with hot and cold drinks provided during the day. People said, "The food was plentiful and there were two choices of main course." A relative of a person who used the service said, "The food portions are generous. My family member dietary needs are well looked after. They have put on weight since living here." A second relative said, "The food is sloppy. It is mushy and badly presented."

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

Our judgement

The provider was meeting this standard.

People who used 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

The provider responded appropriately to any allegation of abuse.

We looked at the home's records relating to safeguarding events. It showed referrals made had been appropriately reported to Buckinghamshire adult safeguarding and to the commission.

Copies of the current Buckinghamshire policy on safeguarding adults and of the organisation's own policy on adult safeguarding were available to staff in the manager's office if required. We were told that staff had attended training on the subject of safeguarding adults recently. We spoke with four members of staff. They told us they had been provided with safeguarding of vulnerable adults training. They had a good understanding about the different types of abuse and how to recognise and report any suspicion or actual abuse.

The manager said safeguarding people was included as an agenda item at staff meetings. This was to make sure staff were aware of the appropriate action to take if abuse was witnessed or suspected.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

During our Review of Compliance visit of June 2011, we identified the service was not fully meeting this essential standard. There was evidence that the infection control audits undertaken did not conform to the Department of Health Code of Practice on the prevention and control of infections. A job description for the role of the infection control lead person was not in place at that time. The service was served with an improvement action under Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010.

There were effective systems in place to reduce the risk and spread of infection. The home had a comprehensive policy to promote good infection control practice. We saw staff had access to disposable gloves and aprons and soluble laundry bags were used for soiled laundry. This ensured soiled laundry was only handled once, to prevent cross infection.

Hand washing facilities and antibacterial hand gels were readily available in all areas of the home to prevent contamination. Toilets and bathrooms were stocked with liquid soap, antibacterial hand wash and paper towels. The premises were kept clean and there were no untoward odours. Appropriate arrangements were in place for the disposal of clinical waste.

Records seen showed staff were made aware of infection control practice as part of their induction. Courses were then offered every three years to refresh their skills and knowledge.

Staff spoken with confirmed they were provided with infection control training. Staff said they were kept informed about any issues relating to infection in the home. Staff spoken with showed a good understanding of infection control. For example, a staff member said, "To prevent any infection I regularly sanitise my hands and wear gloves and aprons when assisting people with personal care." A second staff member said, "I ensure that all bed linen are bagged and sealed and used gloves and aprons are disposed of."

A relative of a person who used the service said. "I am pleased my ...is in this home. It is so clean. Whenever I visit cleaning is being carried out."

The manager told us she was the lead person for infection control. A job description for the role of infection control lead had been developed. This was to ensure that the responsibilities linked to the role were clearly defined. We saw infection control audits were carried out bi-monthly. Actions from audits were addressed appropriately. For

example, a recent audit identified that a new bin was required for the laundry room and this had been purchased.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our Review of Compliance visit of June 2011, we identified that the service was not fully meeting this essential standard. We identified staff supervision was irregular. The service was served with an improvement action under Regulation 23; HSCA 2008 (Regulated Activities) Regulations 2010. The manager told us the service had developed a supervision framework to ensure all staff received supervision three monthly and a yearly appraisal. We looked at the electronic supervision record and found that staff had been provided with supervision and some had been appraised. It was acknowledged not all staff had been at the home for a year to qualify for an annual appraisal.

We looked at training records which showed staff had received appropriate professional development. We noted 40% of the staff team had been supported to acquire a national recognised qualification in care which was relevant to their role. New staff had been provided with induction training in line with national guidance. Staff spoken with said they had been provided with update training which included safeguarding, whistleblowing, infection control, health and safety, moving and handling, infection control, fire awareness, Mental Capacity Act 2005 training and deprivation of liberty safeguarding (DOLS).

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During our review of compliance visit of June 2011, we identified that the service was not fully meeting this essential standard. This was because the home's complaints policy did not include information should a complainant wish to notify the commission of their complaint. An improvement action was made under Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010. During our visit we looked at the complaints procedure and noted it had been amended to include the appropriate information.

We noted the complaints procedure was displayed in the reception area and in the three care units. This was to ensure people were made aware of how to raise a complaint. People spoken with said they knew how to raise a complaint, but they had not had the need to do so. They were confident if they had to raise a complaint it would be dealt with appropriately.

We looked at the complaints record folder and saw that complaints raised had been resolved in line with the home's complaints procedure. The manager said the home learnt from complaints to improve on the care provided.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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