

**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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Date of Inspection: 21 November 2013

Date of Publication:  
November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ 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

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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### Why we carried out this inspection

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We carried out this inspection to check whether Hampden Hall Care Centre had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Consent to care and treatment
- Care and welfare of people who use services
- Supporting workers
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 November 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with other authorities.

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.

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### What people told us and what we found

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When we visited the service on the 26th and 29th July 2013 we found areas of non-compliance. We asked the provider to send an action plan within seven days outlining how they would become compliant. We visited the service on the 21st November 2013. We found the provider had addressed the issues raised at the previous visit.

We saw people were respected and involved in their care. A range of activities were made available to people who used the service. Staff had read and signed the provider's confidentiality policy to ensure people's privacy and dignity was upheld. The provider had ensured people's capacity to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). Staff had also received MCA training since our last visit.

We saw care plans reflected people's needs and were reviewed and updated monthly. The provider had reviewed their staff training plans and all staff had completed training, or were expected to complete training by December 2013. We spoke with staff about the service. One member of staff told us "It's much better now, we are working as a team." One relative told us "Staff are fantastic." The provider had introduced life history books for people who used the service which included information about people's lives and personal histories. Staff were responsible for creating and maintaining these documents. This enabled staff to provide more personalised care to people within the service.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During our visit on the 26 and 29 July 2013, we identified people were not always respected and involved in decisions about their care. We identified concerns around the handover process. When we revisited the service on the 21 November, we saw handovers now took place in a separate area from people who use the service to ensure that confidentiality and privacy was respected. This protected the dignity and privacy of people using the service.

We saw staff had undertaken cultural awareness training since our last visit. The provider said this training had helped staff to understand people's history and lives. This showed people's diversity, values and human rights were respected.

We saw interactions between staff and people who used the service had improved since our last visit. Staff engaged people in conversation and activities throughout the day and positive examples of people being treated with dignity and respect at lunchtimes were seen. This showed staff understanding of how to promote people's dignity and respect had improved and impacted positively on people's social needs.

## 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.

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

### Reasons for our judgement

During our previous visit on the 26 and 29 July, we found documentation used by the provider to assess people's capacity to consent was not appropriately filled in. We found people's bedrooms were being locked without consent which deprived them of their liberty.

During this visit we looked at how people's capacity to make decisions about their care and treatment was assessed. We saw the provider had been in contact with the local Deprivation of Liberty Safeguards (DoLS) team for advice. The provider had arranged new assessments to be used in line with the MCA. Mental capacity assessments were filled in appropriately, focusing on specific decisions and were completed as required. New assessment paperwork was more comprehensive and specific to people's needs. This showed the provider had improved understanding to ensure they were working within the MCA and DoLS.

We spoke with three members of staff. They were able to explain the principles of the MCA. One told us "Mental capacity is about making specific decisions and understanding people's capabilities to make decisions." Another member of staff told us "We need to see if people can retain and understand information provided." Staff had attended training on MCA and DoLS. Those staff who had not yet attended were scheduled to do so before December 2013. This meant where people did not have the capacity to consent, the provider now acted in accordance with legal requirements.

We spoke with the provider about people's bedroom doors being locked. The provider had spoken to residents, their families and/or representatives to gain consent to lock doors. Records showed people had made decisions about keeping their door locked or unlocked and their preferences were discussed and respected. We spoke with the Unit Manager on the Dementia Unit who told us locking people's doors was assessed on a daily basis depending on whether people wanted to stay in or access their room. We observed people using the service were freely able to enter their rooms when they wished and doors were not locked unnecessarily. This showed people were not deprived of their liberty and the provider acted in accordance with their wishes.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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During our previous inspection, we found care provided to people was not always consistent with their care plans for example, we found activities for people were not recorded in care plans. We found people's belongings and environment had not been kept clean and hygienic.

During this visit we spoke with members of staff and discussed people's care needs. We looked at five care plans and cross referenced people's care with their care plans. We saw care plans corresponded with the care they received and care plans were reviewed and amended if required on a monthly basis. This showed people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We observed people taking part in daily exercise and games with the activities organiser. We spoke with the activities organiser for the dementia unit. The activities organiser told us "Activities are provided daily but we always give people a choice of what they would like to do." They said activities were provided to people who were on bed rest which included hand massages and reading. Since our last visit, the provider had a new 'seaside' and reminiscence room for people to use. We were shown the sensory room which was available for people to use. We saw activities were recorded in the activities folder. This showed people were provided with social interaction and were actively engaged in activities if they chose to be.

We observed interactions between staff and people throughout the day. We saw staff actively engaging in conversation and activities with people. People responded well to staff interaction. We spoke with one relative who told us "It's been a lot better; they (the staff) are spending more time with people than they did before." Another relative told us they had "No concerns whatsoever, the carers are fantastic."

We looked at people's rooms with their permission. We saw rooms were clean and hygienic and had improved since our last inspection. We saw one person's shower curtain was dirty. We raised this with a member of staff. We saw the shower curtain was cleaned then replaced promptly.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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When we visited the service on 26 and 29 July 2013, we found concerns about how this area of practice was being managed. This was because the provider did not have suitable arrangements in place to ensure staff members were appropriately trained and supported to meet people's needs.

We set a compliance action for the provider to improve practice. They sent us an action plan which outlined the changes they would make to become compliant.

We returned to the service on 21 November 2013 to check whether improvements had been made. We looked at supervision notes for four members of staff. These showed three staff had received supervision on two occasions since the last visit. The fourth member of staff had received three supervision sessions. Dates on the supervision records corresponded with entries on a spreadsheet which had been put in place. This provided an overview for monitoring of when staff had met with their managers for supervision. The person who maintained the spreadsheet and the operations manager monitored how often supervision took place. This showed a regular pattern of supervision meetings had been established so that staff received appropriate support.

The provider had assessed staff training needs and identified where there were gaps. We saw a spreadsheet had been put in place. This identified dates of training completed by each member of staff and dates for future courses. We found satisfactory progress with addressing shortfalls in training had been achieved.

We checked training certificates and course attendance records for four members of staff. These showed several courses had taken place since the last inspection, such as moving and handling, infection control and safeguarding vulnerable adults. We saw records which showed further training had been arranged for the staff team. We noted all staff were due to have completed training the provider considered mandatory by the end of December this year. This would ensure staff had the necessary skills and knowledge to meet people's needs.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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When we visited the service on the 26 and 29 July 2013 we saw where people's care needs had changed; new care plans had not been updated to reflect this. We saw mental capacity assessments were not filled in appropriately and did not reflect the Mental Capacity Act (2005). We saw staff were not always taking account of people's care plans

On the 21 November we reviewed five care plans. We saw these had been reviewed monthly and were replaced if significant changes were identified. The provider told us that care plans were in the process of being updated to make them more person focused. The provider had begun this process by creating life history books for people. These books contained photographs and information about people's lives and had been made with the assistance of family members and/ or representatives. We saw the life history books gave staff insight into people's personalities and interests. This showed the provider had recognised the need for person centred records to promote good care.

We saw the provider had begun to use new mental capacity assessment forms. These contained detailed procedures to follow when assessing people's capacity to make specific decisions. We found mental capacity assessments were now being used appropriately and in line with the MCA. The provider advised us the previous mental capacity assessments were being phased out and replaced by the new, more comprehensive assessments. This demonstrated people's personal records were accurate and fit for purpose.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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