CareQuality Commission

Horizon Healthcare Homes Limited

Hampton House

Inspection report

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Bradley
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Tel: 01484539931

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 August 2017 and was unannounced. The home was previously inspected during February 2016 and was found to require improvement at that time, with breaches of regulations in relation to the management and reporting of safeguarding incidents. During this inspection, we checked to see whether improvements had been made. Improvements were evident and we identified no breaches of regulations during this inspection.

Hampton House is registered to provide accommodation and personal care for up to 12 people with learning disabilities and other complex health needs. The home is a two storey, purpose-built building with a secure garden. There are private bedrooms with en-suite facilities, a sensory/cinema room, two communal bathrooms, two communal lounges and 2 communal kitchen/dining rooms. The home has a lift and is accessible for people who use a wheelchair. There were 12 people living at the home at the time of this inspection.

The home had a permanent manager in post, who had applied to register with the Care Quality Commission (CQC) to manage Hampton House on 1 August 2017. Their application to become registered manager was being considered by CQC at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had a safeguarding policy in place and the staff we spoke with understood the signs to look for which may indicate potential abuse. Staff were clear about who they would report safeguarding concerns to.

Sufficient numbers of staff were employed to keep people safe and staff were recruited safely.

Risks had been assessed, such as those relating to falls, managing medicines and leisure activities. Measures had been introduced to reduce risks whilst enabling people to retain their independence.

Regular building and equipment safety checks took place. Plans and evacuation equipment were in place to safely evacuate people in the case of emergencies.

Medicines were managed, stored and administered effectively and safely. Where people were assessed as being able to administer aspects of their own medicines, this was done in a safe way.

Staff received regular training, supervision and appraisal. Staff told us they felt supported.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005. Decision specific mental capacity assessments had been completed for people who lacked capacity to make specific

decisions, as required by the Mental Capacity Act 2005.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People received appropriate support in order to have their nutrition and hydration needs met. Adapted equipment was used to enable people to remain independent. Mealtimes were a pleasant experience and people enjoyed the food. The home had been recognised for good standards of food hygiene and for ensuring healthy food options.

All of our observations indicated staff treated people with kindness and compassion. People and relatives told us staff were caring. There was a pleasant atmosphere in the home.

Some records containing personal information were kept in communal areas and were not stored in the locked cupboards intended for their storage. Once we highlighted this, the deputy manager addressed staff immediately and assured us this would be monitored.

Care plans contained person centred information, including people's personal interests, likes and dislikes. Staff were aware of people's needs and preferences and care was provided in line with care plans. Staff were particularly skilled at communicating with people who had specific communication needs.

Regular audits and quality monitoring took place within the home, which helped to drive improvements.

Staff were clear about their roles and they received appropriate direction and support. There was a permanent manager in post and they had applied to become registered to manage the service. Their application was being considered at the time of this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe and relatives agreed.

Risks to people were assessed and measures were in place to reduce risks.

Sufficient numbers of staff were deployed to help keep people safe.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act 2005 were applied.

Staff had received induction and ongoing training and supervision.

People received support to access health care services and to meet their nutrition and hydration needs.

Is the service caring?

Good

The service was caring.

People and relatives spoke highly of staff and told us staff were caring.

Staff were skilled at communicating with people and we observed positive interactions between staff and people who lived at the home.

People's diversity was respected and people received support in order to practise their religion and attend worship.

Is the service responsive?

Good

The service was responsive.

Personalised care plans reflected individual choice and need. Staff were knowledgeable about people's needs.

People engaged in meaningful activities which were important to them.

Information was provided to people on how to complain and this was made available in an appropriate format.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt supported by the manager and they thought the service was well-led.

Regular meetings had been held with people who lived at the home and with staff.

The manager, deputy manager and staff were receptive to the inspection and keen to continue to improve the quality of care provided at Hampton House. Audits and quality assurance checks regularly took place to help drive improvements at the home.

The registered provider had failed to display their most recent ratings on their website. The registered provider advised this was a technical error and this was rectified immediately.

CareQuality Commission

Hampton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place at the home on 15 August 2017 and was unannounced. Some telephone calls were made to relatives in the days following the inspection. The inspection was carried out by an adult social care inspector.

Prior to our inspection the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to help plan the inspection.

Before the inspection we reviewed the information we held about the home and we gathered information from the local authority and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to help inform our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home, including observations and speaking with people. We spoke with two people who lived at the home, four relatives, three care and support staff, one senior carer, a service manager and the deputy manager of Hampton House. The manager was not available on the day of the inspection due to circumstances beyond their control. We spoke with the manager on the telephone following the inspection and we spoke with the registered provider on the telephone during and after our inspection.

We looked at four people's care records, four staff files and training data, as well as records relating to the management of the service. We looked around the building and saw people's bedrooms, bathrooms and other communal areas.

Good

Is the service safe?

Our findings

We asked people whether they felt safe living at Hampton House. One person told us if they were upset about anything they would speak with their key worker. We were told by one person, "I have a key to lock my bedroom door." Another person told us they felt safe and able to raise any concerns they might have.

All the relatives we asked told us they felt their family members were safe living at Hampton House. A relative told us, "[Name] has no sense of danger, but I'm very happy with the safety at Hampton House." This relative told us they felt the home was very secure and safe. A further relative told us, "I feel [Name] is safe and happy there."

During our last inspection of February 2016, we found concerns with the way safeguarding incidents were managed and reported and this had resulted in breaches of regulation. We checked and found improvements during this inspection. The registered provider had an up to date safeguarding policy and the deputy manager, and all the staff we asked, were aware of safeguarding procedures and knew how to identify potential abuse and appropriate safeguarding referrals had been made. This showed staff took appropriate action if they had concerns anyone was at risk of abuse or harm.

Records from a recent 'People we support meeting' showed nine people from the home attended the meeting. Safeguarding was discussed and people were asked if they knew what safeguarding meant. Discussion took place about what constitutes abuse and what people can do if, 'Someone was doing anything they didn't want them to do.' This helped to ensure people living at Hampton House would be able to recognise abuse and report it.

The deputy manager told us they were an advocate for positive risk taking. They told us they wanted people to be able to take risks, but felt it was important for the person to understand associated risks and be involved in decision making.

We saw risk assessments were in place, for example in relation to falls, taking medicines, leisure and social activities such as swimming, eating and drinking and behavioural risk assessments. These were specific to each individual and contained information relating to associated risks and included measures taken to reduce risks. Having risk assessments in place helped to ensure people could be encouraged to be as independent as possible whilst associated risks were minimised.

Some people displayed behaviour which may be challenging for others. We saw support plans were in place which indicated the triggers to specific behaviours and how staff should respond. Staff were able to describe to us in detail the actions they took in order to effectively distract people when necessary. We saw staff supporting people and distracting people using effective methods during our inspection. This helped to keep people, and others around them, safe.

Staff supported people to move appropriately. Moving and handling needs assessments were completed which indicated whether people required assistance of staff with their mobility. Where the use of equipment,

such as a hoist, was required, we shared with the deputy manager that moving and handling plans would benefit from including further information such as sling type and method of application. The deputy manager was receptive to this and agreed to consider this further.

The registered provider had procedures in place in the event of emergencies. For example, contingency plans were in place in the event of flooding, electrical failure or gas leak. Staff signed to indicate they had read these procedures. Health and safety checks, such as portable appliance testing, had been completed. The fire risk assessment had been recently updated. Fire alarms and smoke detectors were tested regularly. Lifting equipment had been regularly serviced. This meant steps had been taken to ensure the premises, and any equipment, were safe.

Personal emergency evacuation plans were in place for each individual. These were detailed and provided important information regarding the support each person may require in the event of an emergency. This helped to ensure people's safety in the home, in the event of a fire or emergency evacuation.

Accidents and incidents were reported and recorded appropriately, to enable analysis. Records showed appropriate actions were taken when necessary, including basic first aid where this was required.

Staffing levels were determined according to people's needs. A service manager told us, at the assessment stage before a person moved to Hampton House, the number of hours required to support the person would be agreed and recruited to. The deputy manager told us there was one unfilled vacancy for an additional staff member. The staff we spoke with told us they felt there were sufficient numbers of staff and that they were sometimes asked to cover additional shifts. A member of staff told us, "You never feel under pressure. If you've had a hard shift or covered, you get praise from management." Our observations were that there were sufficient numbers of staff to support people safely.

We inspected four staff recruitment files. We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed, identification had been verified and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked at how medicines were managed. We found medicines were stored securely and regular temperature checks took place to ensure they were stored at the correct temperature. Medicines were labelled and well organised in a locked cupboard. Dates of opening were written on creams which helped to ensure they were not used beyond their use by date. The person administering medicines was wearing a tabard indicating they should not be disturbed. This helped to reduce the risk of errors.

The medication administration records (MARs) contained a photograph of each person which helped to reduce the risk of medicines being given to the wrong person.

Medicines were administered by staff that had received training to do so. We observed a staff member administering medicines. This was done in a kind and patient manner. The member of staff was aware how people liked to take their medicines. We observed the staff member waited with a person and ensured their medicine had been consumed.

One person had been assessed as able to administer a certain aspect of their own medicine, under supervision. The member of staff observed the person to ensure they had administered their medicine correctly. This meant the person was able to retain a level of independence in relation to their medicines,

whilst associated risks were reduced.

Some medicines, such as paracetamol for example, were administered on a PRN (as required) basis. We found PRN protocols were in place which helped to ensure these medicines were administered appropriately and at safe intervals.

We looked at a sample of MARs, which contained relevant information and were fully completed by staff. A count of boxed medicines was completed each evening. We checked a random sample of medicines and these reconciled with the records and showed the correct amount of medicines remained. This showed effective systems were in place to ensure medicines were managed safely.

We checked the controlled drugs, which are prescription medicines that are controlled under Misuse of Drugs legislation. These were stored securely, as required, and the drugs that were required to be logged in the register were recorded as such. This showed controlled drugs were managed appropriately.

Good

Is the service effective?

Our findings

People liked the food at Hampton House. When we asked one person about the quality of food, they told us, "I like five-a-day [meaning fruit and vegetables.]" When we asked whether staff were effective, one person said, "Staff are nice and helpful."

We asked a relative whether they felt staff were skilled at providing effective care. We were told, "The way the carers handle certain situations – I'd say they're very skilled." Another relative told us, "Staff know [Name]'s needs so well."

Staff had received an induction which included shadowing more experienced members of staff. Those staff new to care were inducted in line with the care certificate standards and more established staff members had received an induction in line with Skills for Care. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. This showed the registered provider was following guidelines in relation to the content of induction for care and support staff.

Records showed staff had received training in areas such as moving and handling, healthy eating, managing challenging behaviour, basic emergency aid, safeguarding and fire safety, as well as training related to specific care, for example, supporting people with epilepsy. We saw examples of reflective practice following training which helped to embed learning.

An email from a training provider, which was sent to the registered provider, stated, 'The trainers were greatly impressed by the exemplary values and attitudes of the delegates [staff] who attended. Staff must demonstrate appropriate values and attitudes before they pass the training course itself, and we are delighted to report that Horizons care staff who attended the event excelled in all these areas.' This showed staff engaged in their learning.

Staff told us they received regular support, supervision and appraisal. We saw supervision was a two-way discussion between the staff member and their supervisor. Discussions during supervision focused on areas of work where the member of staff felt they had done well and areas where they required further support. Staff members were asked in their supervision whether they required further support to develop their training and development. We saw one supervision record indicated the staff member was enrolled on management training and they indicated they were, 'Enjoying this and finding it informative.'

Staff communicated effectively with each other and with people who lived at Hampton House. People living at the home had very different individual needs in terms of communication. Staff were aware of how to effectively communicate with individuals to positive effect.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make specific decisions such as those in relation to medical treatment, relationships, managing finances, end of life decisions or key holding for example, their capacity was assessed for that specific decision. Where people were assessed as lacking capacity, a decision was made in their best interest in consultation with the person, their family or social worker if appropriate. This showed the registered manager was adhering to the principles of the Mental Capacity Act (2005) and therefore people's human rights were being protected.

DoLS applications had been appropriately applied for and authorised. Where these had expired, they had been reapplied for and records were kept to demonstrate this.

A member of staff told us, "We assume people have capacity." Other staff were able to give examples of people being supported to make informed choices and decisions. This showed staff understood the principles of the MCA.

We observed staff sought consent prior to providing support to people. Care records contained formal consent forms which some people had signed and others had been explained to people and signed on their behalf.

We looked at whether people received appropriate support in order to meet their nutrition and hydration needs. We saw lots of fresh fruit and vegetables. Staff had received specific training in food hygiene. This helped to ensure staff were skilled to be able to provide effective support. We observed staff followed good hygiene practice when handling food, such as hand washing.

The menu showed two options were available each day for meals. However, people could choose to have something different if they wished. The menu was displayed in a pictorial format which made it easier for people to understand the meal choices that were being prepared.

Appropriate aids were used to help people to eat their meals. For example, we saw a plate guard was used for one person. This helped the person to be able to eat their food independently whilst reducing the risk of food falling from the plate.

One person required a specific diet due to allergies. This was detailed in the person's care plan and the staff we asked were knowledgeable about this. The person also understood this. This person's food was stored in a separate cupboard which helped to ensure they ate only appropriate food produce.

The home had been awarded a 'Healthy Choice Award,' for being committed to good standards of food hygiene and healthy food options. This was valid until March 2018 and showed the home was recognised for best practice in relation to healthy food.

The design and adaptation of the home was appropriate to meet people's needs. Areas within the home were accessible to people who used wheelchairs. The sensory room provided a space for people to have

their senses stimulated by use of light, music, smell and sound, for example. A projection screen in the sensory room enabled cinema nights to be held. The garden area was well maintained and well used with a lawn, games, tables and chairs, shrubs and flowers, and we observed a person enjoyed spending time in the garden during our inspection.

There were homely quotes and photographs on the walls around the home. Fresh flowers were displayed in the reception area. The home was clean, bright and airy and was pleasant smelling. There was a homely feel and atmosphere.

People had access to health care and we saw referrals were made to other agencies or professionals. For example, we saw in people's records they had been referred to physiotherapists, chiropodists, opticians and dentists. This showed people living at the home received additional support when required to meet their care and treatment needs.

Good

Is the service caring?

Our findings

We asked people and their relatives whether staff were caring. One person said, "It's nice to live here. I've got nice friends." Another person told us they felt listened to.

A relative we spoke with told us, "Staff know [Name] well. They really care for them which is important. They're aware of [Name]'s quirks." Another relative told us they were, "Very, very pleased with the care." This relative told us staff were caring and supportive. A further relative told us they felt staff treated their family member with dignity and respect.

We spoke with a relative whose family member had spent some time in hospital. This relative told us staff had gone above and beyond what they had expected. We were told, "Staff knew what [Name] needed to make their stay in hospital better."

One relative was keen to share with us they felt staff had taken the time to get to know their family member, despite this being a challenge for staff, due to their family member's communication needs. We were told, "Staff know [Name]'s likes and dislikes."

A relative said of Hampton House, "It feels like [Name] is living with a family."

Comments from a member of staff, who was new in post, included, "I have observed good quality care and how much staff care. Brilliant, caring attitudes."

A letter received from a relative, which had been sent to the manager of Hampton House, stated, 'All of the staff were always very kind and understanding to [Name], and to us, particularly when [Name] was unwell. . . always treated with dignity and respect which was reassuring to us.'

An email from a health care professional stated, 'All the staff have shown exceptional care and dedication,' and, 'I would like to congratulate you and your service for the professional standards your staff team have shown.'

We overheard a person say to a member of staff, "I've missed you. Have you been away?" The member of staff was then heard talking to the person about their holiday and their family. This was done in a very friendly manner and the conversation was mutually respectful.

We checked whether people's confidential information was appropriately managed. We observed some private and confidential information relating to people was stored in communal areas. There was a lockable storage cupboard where these records should be kept, but we noted they were kept on top of the cupboard throughout the day. When we highlighted this, the deputy manager immediately took action to rectify this and assured us this would be monitored.

Staff demonstrated good knowledge of the importance of people's cultural and religious needs. Some

people refrained from eating particular foods due to their religion and they were supported by staff to maintain this choice. Some people were regularly supported to attend their local place of worship.

People were encouraged to maintain their independence. We saw examples of this throughout our inspection. We observed a staff member place a cup on the table in front a person who was visually impaired. The staff member encouraged the person to be independent by placing the cup within reach and saying, "[Name] your cup's there. Just in front of you. Reach out for your cup." The person did this and was able to drink independently.

Some people were supported to develop and maintain life skills. For example, one person assisted with laundry duties. We saw their review indicated, '[Name] continues to play an active part in doing chores around the house. [Name] is now doing their own laundry (supervised) twice a week.' This helped the person to maintain independence.

End of life wishes were discussed where appropriate. One person's care plan included their wishes and then stated, '[Name] does not wish to discuss this again.' This showed people's decisions were listened to and respected.

A 'memorial tree' had been planted in the garden of the home with the names of some absent friends. We heard a person talking with a member of staff affectionately about a deceased person and the member of staff responded in an appropriate, kindly manner, acknowledging the person's feelings. This meant the person was able to talk openly about their sadness and grief in a supportive environment.

We spoke with a family member whose loved one had been cared for at Hampton House. They told us staff were very skilled at providing care at the end of their loved one's life. We were told staff from Hampton House supported the person in the hospital environment in their last days and communication between staff and family were excellent.

A member of staff we spoke with told us they had provided support to a person who lived at Hampton House but who was in hospital at the end of their life. The staff member had been offered counselling and asked if they needed any support. This showed staff received the support they needed to enable them to provide effective end of life care.

Good

Is the service responsive?

Our findings

We were told people could make their own choices. One person told us they were given the time they needed to make decisions. We were told, "I'm not keen on fish pie, so I have fish fingers instead." Another person told us they chose the colour of their bedroom décor.

We received mixed responses from relatives when we asked whether they were kept informed. One relative told us, "I'm very happy with what goes on there [at Hampton House]. If they did some sort of report or newsletter or shared information in another way, that would be useful." With the relative's permission, we shared this feedback with the manager following the inspection. The manager was keen to act upon this feedback and agreed this was an area which could be considered and improved upon.

We looked at four care plans and associated records. The deputy manager told us care plans were reviewed every six months and we saw evidence of this. In addition, monthly reviews took place with people and their key workers. All of the care plans we inspected were up to date.

Care plans contained a profile page, which contained a photograph of the person and included information such as, 'Great things about me, what's important to me and what you need to know to support me.'

Assessments and support plans had been designed for the different aspects of care and support each individual required. These were person centred and contained personalised information to enable staff to support people effectively. The staff we spoke with were able to describe to us different aspects of the care and support people required. We saw staff signed each support plan to indicate they had read these. This showed staff were aware of the content of people's care records and were therefore able to provide personalised support.

In addition to care records, each person had a health care file. This contained information relating to the person's health needs and contained a hospital passport. The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about themselves and their health when they are admitted to hospital. This helps health care professionals to understand the person and their needs.

People were involved in a range of activities and occupation at Hampton House. Activities included bus rides, playing in the garden, sensory stimulation, cycling, cooking, music therapy, walking, bowling and attending work experience.

We observed a music therapy session taking place during our inspection. The music therapist was skilled at ensuring sessions were personalised to the individual for whom they were intended. The people we observed appeared to enjoy and join in their sessions.

The relatives we asked told us there were no restrictions and they could visit their family members at Hampton House anytime. This helped to ensure people could maintain contact with those important to

them.

We looked in some people's bedrooms and saw these were personalised. Rooms contained lots of personal items, photographs and certificates of achievements for example. We saw one person's room contained a poster, reminding the person of what they needed to take to their specific activities.

All the relatives we asked told us they would feel able to raise a concern or complaint. There was a complaints policy and this was available in a format which was easy to read and understand for people living at Hampton House. Of the few complaints received, these had been responded to.

Information was shared between staff in a communications book. This included relevant information relating to individuals, but also included points of learning from national incidents and explored how care could be improved as a result. This showed information was shared appropriately and care was responsive.

Good

Is the service well-led?

Our findings

A person we spoke with told us they knew the manager and deputy manager and they told us they liked them. One person told us they felt the manager, "Runs the home well." This person told us the manager asked them what they wanted to do, in terms of activities.

A relative told us, "There's been a lot of turnover in leaders recently. They've kept us informed of the changes though." Another relative, however, told us they had not been kept informed of changes.

The deputy manager confirmed there had been some recent changes in the management at the home. However, they told us they had confidence in the new manager to continue to drive improvements at Hampton House. The home had a permanent manager in post, who had applied to register with the Care Quality Commission (CQC) to manage Hampton House on 1 August 2017. Their application to become registered manager was being considered by CQC at the time of this inspection.

The deputy manager told us they felt supported in their role and they had a positive relationship with the new manager and other managers within the provider group. This was evident, as other managers within the group attended and stayed to support the deputy manager on the day of the inspection.

Staff told us if they had any concerns they would feel supported and able to share with the deputy manager and manager. The deputy manager told us the registered provider regularly attended the home and knew staff and people well. A member of staff told us they would feel confident to raise any concerns and told us there was an open culture.

Regular staff meetings took place. Records showed items such as staffing structure, dress code and effective infection prevention and control were discussed, as well as the importance of reporting and completing incident reports. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

We looked at records of the most recent 'People we support meeting', which took place during the month prior to the inspection. Records showed nine people attended the meeting and discussion took place regarding health and safety, safeguarding, activities and key workers. This showed people were involved in the running of the home.

Quality surveys had been last sent to people and their relatives in July 2016. The deputy manager told us these were sent annually and were due to be sent again shortly after this inspection. Results from the previous surveys contained positive comments such as, 'No complaints,' and, 'Residents always well presented and appear happy and cared for,' and, 'I can't think of any way in which improvements could be made.'

Registered providers have a duty to display the ratings of their most recent inspection. The outcomes of the most recent inspection report were clearly displayed in the home. However, the registered provider's

website was not displaying their ratings as required by the Regulations. This oversight was rectified immediately by the registered provider when we highlighted this.

Regular audits took place, such as in relation to medicines, health and safety and fire safety and these helped to drive improvements at the home. In addition to this, regular quality monitoring visits took place. We noted these were undertaken by the manager of a different home within the provider group. The manager of another home was present on the day of the inspection and explained this was normal practice for service managers of one home to undertake quality visits on another home within the provider group, because they could visit with a 'critical eye.' Additionally, this meant there was opportunity for shared learning across the group.

Regular tasks, such as checking fridge temperatures and cleaning for example were undertaken frequently. These tasks were included in the staff handover as a daily checklist. This ensured staff were clear about their roles and duties and appropriate checks were completed. In addition to this, regular checks were made in relation to cleanliness, toiletries and medicines, for example.

The registered provider had shared with us some recent comments they had received from health care professionals. We saw comments such as, 'It was so lovely to see how happy and settled [name] was and the relationships [they] had established with staff.'

A letter received from a family commented, 'We are writing to thank you for the excellent standard of care which [Name] received during their time at Hampton House.'