

SEPTEMBER 7, 2015

Enter and View Report:

Hampton Care

Upper Sunbury Road, Hampton, Middlesex, TW12 2DW

Accommodation for persons who require nursing or personal care, Dementia, Physical disabilities, Sensory impairments, caring for adults over 65 yrs.

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Introduction

Hampton care is an adult residential home owned by Hampton Care Ltd at Upper Sunbury Road, Hampton, Middlesex, TW12 2DW. At the time of the visit the home was registered with the CQC as *'Accommodation for persons who require nursing or personal care, Dementia, Physical disabilities, Sensory impairments, caring for adults over 65 yrs'*. Mrs Miriam Weller is currently the registered manager of Hampton Care. Miriam Weller advised Healthwatch on the 29th December that the week commencing the 29th December was her last week in employment as the manager of Hampton Care. Miriam also advised that her successor would take over the management of Hampton care on 23rd January 2015. At the time of this report Christine Hanwell was going through the registration process with the CQC to become the registered manager of Hampton Care.

Rationale

Healthwatch Richmond is a registered charity that acts as an independent voice for people in the London Borough of Richmond upon Thames. It helps to shape, challenge and improve local health and social care services. Healthwatch Richmond were set up by local government following the health and social care reforms of 2012 and superseded Richmond LINK. The Health and Social Care Act 2012 and its regulations granted Healthwatch powers to request information from health and social care providers and receive a response within 20 days, and to enter and view premises that provide adult health and social care services. With these powers, Healthwatch Richmond set out to undertake a series of enter and view visits across the borough after considering evidence collected from several sources including:

- CQC (Care Quality Commission) reports - the Regulator for health and social care
- Reports received from members about local residential care, and
- Discussions with London Borough of Richmond upon Thames (LBRuT).

Hampton Care Limited was selected as a priority for review because concerns were raised at a Quality Information Sharing Group meeting on the 5th June 2014. Concerns raised were around the homes lack of engagement with LBRuT, the manager's lack of attendance at events and the uncertainty around whether suitable management was in place.

In preparation, a project team was appointed comprised of volunteers and a community volunteer lead. All of the project team had completed the Healthwatch Richmond authorisation and training processes. Enter and view representatives were authorised via Richmond Healthwatch Appointment of Authorised Representatives for the purpose of Enter and View policy. This includes a written application; satisfactory references; an enhanced DBS check; training in safeguarding adults; and training in how to undertake Enter and View visits. An interview and observation guide was developed with the project team to support Healthwatch Richmond's authorised representatives during the visit.

The visit

The initial visits were planned for Tuesday 14th April, 2015 and Friday 17th April 2015. Due to the second visit clashing with an unannounced CQC inspection the second visit was postponed and carried out on Thursday 28th May 2015.

The first visit on Tuesday 14th April 2015 was carried out by 6 Enter and View representatives and one Healthwatch Richmond staff member between 11:00 and 15:30. The final visit was carried out by 2 Enter and View representatives and one member of Healthwatch Richmond staff between 11:00 and 15:00.

Methodology

The visit was planned with a project team comprising of the Healthwatch Enter and View Authorised representatives who carried out Enter and View visits of Hampton Care. The project team developed the residential interview and observation guide which was used to shape the visit. The selection of Hampton Care as a priority was due to information received through intelligence gathering which raised concerns about the management structure in place previous to Christine Hanwells appointment as Registered Manager. Healthwatch Richmond made a request to Miriam Weller on the 5th December 2015 for the following information:

- Total numbers of residents and staff
- Staff training records
- Any guidelines that Hampton Care has for visitors
- Compliments and complaints record
- Details of management structure

Following Miriam's departure a further request was submitted to Christine Hanwell. Christine provided us with information on total numbers of residents and staff, visitor guidelines for Hampton Care and details of management structure. Christine declined to provide Hampton Care's compliments and complaints records.

Limitations

A number of residents we spoke to were concerned that they were not aware of our visit to Hampton Care. Residents told us that their relatives would have been keen to speak to had they known about the visit. Posters to enable the home to advertise our visit were sent to the home care of the manager on the 31st March 2015. The team did not observe any of the posters advertising the visit, residents and relatives also advised us they were not aware of our visit and would have liked to have spoken to us. To resolve this we provided relatives with the opportunity to speak to us by telephone.

As we were not able to assure ourselves on the day that all staff were DBS checked we asked for confirmation from management to confirm this by providing an anonymised register of DBS checks.

Response from Hampton Care LTD

All staff have a current DBS as part of robust recruitment, as per checks of random files during recent CQC inspection. All existing staff have renewed all mandatory training; new starters complete as part of their induction process. More specialist training courses are being undertaken by staff, i.e. dementia, end of life etc.

We recommended that the home share the findings of this report to staff, relatives and residents and encourages residents and relatives to contact us if they have missed out on the opportunity to share their experiences with us. The management told us that:

'The draft report has been discussed in staff meeting and will be made available within the home when complete.'

Findings

Care

The majority of residents were happy with the care they received at Hampton Care and were happy that their medical needs were being met. However it was noted by the team that a number of residents were not aware of their individual care plans or their medication. One relative raised a concern about access to GPs at Hampton Care and stated that as far as they were aware Hampton Care only had access to a GP on a Wednesday.

Positive examples of accommodating individual needs at Hampton were provided to us by a resident who shared with the team *'When I am feeling unwell, the carers allow my husband to come in and bath me'*. When asked if privacy was respected when they were being provided with care all residents that I answered said yes.

Recommendations

1. We asked the management to, confirm what the arrangements are for GPs to visit Hampton Care
2. It is recommended that the home seek to ensure residents are aware of their care plans and medication where they have capacity to understand this

Response from Hampton Care LTD

'All residents' care plans have now been written onto a new electronic system. This has included a full review with residents/relatives. The support staff now have full access to all care plans.'

Further recommendations

1. We are not assured as to what the current arrangements for GP's to visit Hampton Care are. We further recommend that management at Hampton Care make residents and relatives aware of the arrangements for GP visits to Hampton Care.

Staffing levels and responding to call bells

Hampton Care employ 100 staff this is made up of an administration and management staff, registered nurses, cleaning and housekeeping, medical managers, kitchen and hotel staff. During conversations with staff, relatives and residents we were made aware of a number of concerns with regards to staff numbers.

Residents and relatives commented on the shortage of staff, particularly at weekends. One relative explained to the team *'When my husband needs to go to the toilet he often has to wait for the girls to finish with other residents as there is a shortage of staff'*. When asked if they could always access a drink when they needed one a resident answered *'Yes, but not weekends and in mornings for drinks if it's busy'*. Another resident when asked what the best and worst things about living at Hampton care answered *'The worst is the lack of permanent weekend staff'*.

Call bells and delivery of care

Concerns were raised about the level of staff on each floor and the effect this had on tending to residents. One relative informed us that her husband waited forty minutes for personal care. The relative believed that this wait was due to staff assisting other residents with activities and therefore were unable to care for her husband.

Time taken to answer call bells was raised as a significant issue by a number of the people that we spoke to. One resident stated *'The worst part of living here is I can often wait a long time for my call bell to be answered. I need two carers to help me to the toilet, quite often one will turn up and I will have to wait for another one to come along'*.

Recommendations

1. It is recommended that the home look into the concerns raised by staff, relatives and residents around staffing, particularly at weekends.
2. It is recommended that the time taken to answer call bells is reviewed by the home and would like confirmation that the concerns raised by residents and relatives have been looked into and addressed appropriately.
3. Consideration should be given to providing the ground floor with an additional hoist.

Response from Hampton Care LTD

1. 'Staffing levels remain above national average; most floors work on a 1:5 ratio for elderly and 1:4 on the dementia floor, plus nursing staff, ancillary and supernumerary hospitality. Care hours do not change at the weekend. These numbers have been static for a considerable length of time as verified on past duty rotas. It is understandable that at busy periods some residents will have to wait a while for their needs to be met. It is also worth noting that night staff do get residents up in the morning and put residents to bed, as requested. So these numbers at the busiest times are actually reduced.

The concerns raised have been looked into. However there appears to be a strong opinion that staff numbers have recently been reduced which is not correct.

If any floor has an emergency or a problem, staff from other floors can provide instant cover and if a resident's needs are reassessed then individual staffing hours would be altered. We do, if required, provide 1:1 cover.

2. Issues regarding staff being more proactive in responding to call bells has been discussed in supervision and unit meetings.
3. With regard to the hoists, there are a total of four hoists and four stand-aids within the home. At the time of your visit, one was away being serviced.'

Further recommendation

1. We recommend that Hampton Care communicate staffing levels to residents, relatives and staff of the home to address the concerns that they shared with us and continue to keep response times to call bells under review

Staff/resident interaction

The team observed first class staff and resident interaction. Staff were described to the team as *'perfect'*, *'loving'* and *'welcoming'*. Relationships with staff were described as *'positive'*, *'good'*, *'close'* and *'respectful'*. Staff were described as *'busy'* on a number of occasions to the team, however residents noted that they chatted to residents when they had time and whilst carrying out care. A volunteer was observed on the day of the first visit engaging enthusiastically with relatives in the dining room at lunch time. A number of relatives gave thanks to Margaret, the home's receptionist for being kind and welcoming. Previous to new management staff morale was described by a relative as being *'on the low and hoped to be now on the up'*

Relatives described the close bond they had formed with staff on the floors where their relatives lived. Dissatisfaction with new plans to rotate staff between floors was expressed by more than one relative. Of the residents that commented on the plans to rotate staff between floors most were unaware of the rationale behind the plans.

The Enter and View team would like to send special thanks to the staff of Hampton Care for a warm and welcoming reception during both visits.

Recommendations

1. Staff and volunteers should be commended on their excellent interaction with residents.
2. It is recommended that management at Hampton Care seek to engage with residents and relatives around the rationale for staff rotation to reduce anxiety about changes.

Response from Hampton Care LTD

1. 'All inspection outcomes are given as feedback to staff; positive as acknowledgement of their good care delivery and negative to explore ways as a team we can improve.
2. The rationale of rotation of staff around the home was discussed at both resident and relative meetings. Sadly a small minority of staff are potentially causing residents and families concern and anxiety by asking them to support their refusal to integrate as one team and not as fragmented units.'

Activities

The home appeared to be dedicated to deliver a diverse range of activities for residents, this was evidenced by the home employing three designated staff to coordinate activities. It was noted by residents, relatives and staff that activities, both formal and informal were encouraged. Residents mentioned day trips they had enjoyed which were evidenced by photographs of numerous trips displayed around the home.

An extensive programme of activities were displayed around the home on both visits. On the first visit the team observed a dog petting service engaging with relatives, three separate activities were also observed on the second visit:

- Cake making
- Cake decorating
- Entertainment in the day centres.

On the second visit activities staff were observed displaying posters for an outside entertainer visiting the home.

The home also appeared to accommodate for younger visitors, the team identified a workbook for young visitors to use when visiting the home entitled 'When I visit my special person'.

Residents who used large mobility aids, such as wheelchairs and scooters, who were unable to join in activities that involved leaving the grounds of Hampton Care due to travel restrictions.

A number of residents commented that they were not always aware of what activities were going on if they did not leave their rooms. One relative noted 'While there is an excellent activities programme I would like staff to be more proactive in encouraging Mum's involvement in this. I understand this is now being addressed'.

Recommendations

1. The team would like to ask management at Hampton care to pass on praise from the team all staff for providing a diverse range of activities to life.
2. We suggest suggested that the home ensure that all residents are provided with a schedule of activities and involved in the process of activity selection.
3. We would encourage activities coordinators to explore options to involve residents with larger wheelchairs in activities outside of Hampton Care grounds.

Response from Hampton Care LTD

'The activity team have embraced a new activity programme and have become very proactive in the exploration of a wide range of activities; their efforts have been openly commended. The schedule of activities is displayed two weeks in advance and those residents who have requested one, get a programme delivered to their room. Forthcoming activities are also included in the monthly newsletters. Because of the diversity of the programme all residents are encouraged to participate in activities of their choice. These may be either in the activity room or on the unit. Many of the residents with larger chairs do get the opportunity to go to outside activities. However this can only be one at a time due to safety issues within the mini bus and the need for both an escort and driver (it cannot be the same person). The home needs to meet all the needs of a diverse client group and the team try very hard to ensure access to outside activities is offered fairly to them all.'

Safety

The Healthwatch team were asked to identify themselves and sign in on both visits on arriving at Hampton Care. All doors and lifts were security coded, the team also noted on the second visit that safety seats were located on every stairwell

Resident involvement and satisfaction

It was noted by a number of relatives that Hampton Care encourages relatives to attend regular meetings to engage with management. One relative advised that relatives are not made aware of any actions taken as a result of raising concerns at the meeting.

Recommendation

1. It is suggested that the home ensure that the minutes and actions are logged and shared with residents, staff and relatives to reassure concerns raised at meetings are being taken into consideration.

Response from Hampton Care LTD

'Minutes of all meetings held within the home are taken and records kept. Often concerns raised at meetings are placed on the live action plan to ensure actions required are completed.'

Laundry

On the first visit dissatisfaction was expressed by a number of relatives with the laundry service. Comments included *'They shrink and lose things'*. *'They do not iron clothing correctly or use the correct detergent'*. Because of this many relatives chose to take home laundry for residents. A member of the team was informed on the second visit that *'laundry was now being sent out it is excellent now'* another resident commented *'Happy with Laundry but a few things missing'*.

Recommendation

1. The team would like to acknowledge the positive changes made to improve the resident's satisfaction by outsourcing the laundry service.

Environment

The Home stands on the A308 at the boundary between Richmond and Sunbury, looking out over the Thames, with a large sign clearly visible. There are 27 marked spaces for cars to park, and in practice visitors finding these full may use the access drive. The Home was built 7 years ago on the site of a hospital; there are 3 floors above a basement, which has rooms for the staff and a Day Centre, lit where possible by light wells. The external decor is excellent. Those on the ground floor whose rooms face south or west - the majority - are able to open their doors onto the garden and sit outside. The Home made good use of the ground floor doors that had easy access to the garden. This created a relaxed and enjoyable atmosphere. The ground floor had a games room which was attached to a kitchen reserved for families of residents.

The home was well cleaned and maintained on both visits. A member of the Cleaning staff was described by one relative as being *'Terribly proud of her job'* and helping to make a residents room *'lovely'*. Enter and View visitors found no dirt anywhere. The rooms are spacious and appear to be comfortable. Slight odours were detected on the ground floor on the first and second visit. This was quickly remedied by the opening of windows and doors on all floors.

Dining rooms were set up to enable socialising and to imitate a 'dining experience'. Hotel staff appeared to be passionate about the dining experiences of the residents and took pride in the appearance of the dining rooms they were responsible for.

Food

Overall residents and relatives were happy with the variety and availability of food. Residents assured us they were confident that if they asked for extra portions of food at meal times or for food and drinks outside of set meal times this would be provided.

Comments on the quality of food varied between residents and relatives, one resident stated *'The food is poor, I would give the quality of food a 4 out of 10 and the effort to present it 9 out of 10. Tea time is often sparse, the food often goes cold and they do not have hot plates'*. Both relatives and residents offered suggestions on how to improve the food for residents one relative stated *'I feel the meal choices do not suit the needs of the residents the menu does not suit the age of the residents e.g. my husband would prefer 'traditional' food not Spaghetti Bolognese, for example the soup offered was butternut*

squash if it was more traditional it would have been more appealing.' Overall there was an identified need to improve the variety and quality of food at Hampton Care.

Staff were observed by a member of the team encouraging conversation in the dining room during lunch time with the help of a volunteer. Hotel staff informed us that they tasted all food including pureed food to ensure they were of a high standard.

On the day of the first visit a member of the team observed lunch time on the ground floor dining room and taste tested the food. The representative observed residents being served a three course meal which include a starter, main course and dessert, all courses had 2 options to choose from. Our representative's taste tested the food at the very end of the allotted lunch time and was found it to still be hot and was well prepared.

Staff, relatives and residents informed us that management had already moved forward with actions to improve the quality of food. Management are currently in the process of recruiting a new chef and seeking advice from a specialist to improve pureed food for residents.

Recommendations

1. It is suggested that the home increase resident involvement in menu planning.
2. The team would like to acknowledge positive steps taken in the short space of time to improve food at Hampton Care.

Response from Hampton Care LTD

Residents' opinions are taken into account at the planning stage. Once the menus have been designed, (they change twice with the seasons), their likes and dislikes are monitored during the first cycle and then changes are made if required. On admission a food questionnaire is given out. The chef also visits the new resident within 48 hours to go through their likes/dislikes.

Management

At the time of the visit Christine Hanwell had been in post for nine weeks and was going through the registration process with the CQC. Christine advised the team that she was currently in the process of reviewing the homes policies, procedures, staffing structure and training needs. The team acknowledge this and thank Christine for her cooperation in the early stages of the homes transition.

Relationships with residents and relatives

There was a strong desire from relatives and residents to develop a closer relationship with management. Relative's and residents commented on their dissatisfaction with their current relationship with new management. One relative noted *'It is good to know management but we never see her, previous management had very good communication skills, the management has a new style'*. Many residents and relatives told us that they wanted feel that they were more able to approach the home's management and that they wanted to see a more caring and compassionate relationship develop with the managers of the home. Some relatives told us that they would not recommend the home to a friend or relative at present. one relative said *'I would not recommend this home to someone I knew at the moment as new management is not approachable, changes in the management of the home has made it more difficult to have a relationship with management'*.

Relationships with staff

Staff offered mixed comments on the changes implemented by new management. A number of staff recognised positive changes such as a significant increase in access to training, the introduction of Care Docs meaning all staff can easily access an update of a particular resident on a daily basis. Staff raised concerns about the process in which changes were made to the home, they did not feel that all changes were beneficial and felt that they weren't consulted in the changes but did not offer specific examples.

Recommendations

1. It is acknowledged by the Healthwatch team that changes within organisations can sometimes result in negative views and that the recent change in management may have led to some negative views. We feel however that the home could and should take action to improve the relationships following this change. Regular meetings with residents and relatives, increased visibility of management within the home and regular feedback where concerns are raised were put forward to us as suggested improvements.

Response from Hampton Care LTD

Change in management is always difficult especially when there is a rapid change of managers compounded by previous ineffective management. Understanding and methodology was outdated and reflected by the lack of true "person centred" care practice which has now changed. The owner and head office are kept fully up to date on all issues within the home. The owner carries out regular visits to the home and speaks to staff, facilitating the opportunity to discuss any concerns or issues. The current culture of an open and approachable management coupled with effective leadership is feeding through to all areas of the home. Although it is a gradual process it is already generating positive feedback from staff and relatives alike.

Further recommendations

1. The CQC Hampton report published on the 6th July 2015 stated that at present Hampton Care did not have 'Sufficient processes in place to assess, monitor and improve the quality and safety of the services provided in the home, or to enable them to seek and act on feedback people and others on the services provided in the home in order to evaluate and improve the service'. We further recommend that Hampton Care management seek to implement the processes outlined in the CQC report.

Recommendations

We are pleased to see that a number of the concerns, compliments and questions that we raised during the process have been responded to during the process. The following however remain outstanding at the time of publication:

1. Care

We are not assured as to what the current arrangements for GP's to visit Hampton Care are. We further recommend that management at Hampton Care make residents and relatives aware of the arrangements for GP visits to the home.

2. Staffing levels & 3. Call bells and the delivery of care

We recommend that Hampton Care communicate staffing levels to residents, relatives and staff of the home to address the concerns that they shared with us and continue to keep response times to call bells under review

4. Staff/resident interaction

Staff and volunteers at the home should be commended for excellent interaction with residents.

We also recommend that management at Hampton care seek to engage with residents around the rationale for staff rotation to reduce anxiety about changes

5. Activities

The team are pleased that Hampton Care have passed on our praise to staff and volunteers providing a diverse range of activities to life. We're also pleased to see that residents are provided with a schedule of activities and involved in activity selection. We hope that provision can be made to meet the residents' desire for more outside activities.

6. Safety

We were content with the safety of the home

7. Resident involvement and satisfaction

It is positive to hear that the concerns raised at meetings are held on a live action plan. Residents, staff and relatives would benefit from this being more widely communicated so that they can see that concerns raised at meetings are being taken into consideration.

We're pleased to acknowledge the positive changes made to improve the resident's satisfaction by outsourcing the laundry service.

8. Food

The team would like to acknowledge positive steps taken in the short space of time to improve food at Hampton Care.

9. Management

We're pleased to hear that the management are taking a more engaging approach towards residents and relatives and encourage the further development on this.

The CQC Hampton care inspection report published on the 6th July 2015 stated that at present Hampton Care did not have '*Sufficient processes in place to assess, monitor and improve the quality and safety of the services provided in the home, or to enable them to seek and act on feedback people and others on the services provided in the home in order to evaluate and improve the service*'. We further recommend that Hampton Care management seek to implement the processes outlined in the CQC report.