

New Care Lytham (OPCO) Limited

The Hamptons Care Centre

Inspection report

Main Drive
Off Heyhouses Lane
Lytham St Annes
Lancashire
FY8 3FF

Tel: 01253720052

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit at The Hamptons took place on 22 and 24 August 2018 and was unannounced.

The Hamptons provides nursing care and treatment of disease, disorder or injury for a maximum of 76 people who live with dementia and/or a physical disability. At the time of our inspection there were 39 people living at the home. The Hamptons is situated in a residential area of Lytham St Annes close to local shops and amenities. There are two floors offering single room accommodation for people who live at the home. There are ample toilet and bathing facilities and multiple large communal areas for people's use.

The Hamptons is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

A registered manager was in place. 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 Hamptons was newly registered on 21 August 2017. Consequently, this was their first inspection. A visiting professional said the home had come a long way in a short time and had really developed into a very good service.

During this inspection, people and their relatives told us staff went above and beyond in the delivery of their care. One relative commented The Hamptons was, "A lovely home run by lovely people." The team approach achieved enhanced quality of life for people and helped them to flourish through an excellent, person-centred culture. We found multiple examples of how staff attitude and care delivery had a highly positive impact on the lives of those who lived at the home. A relative said staff respect was, "Absolutely fantastic."

The Hamptons supported people with complex mental health issues and used positive, self-affirming language in every aspect of care. Support plans focused on the individual's skills, rather than their dependency. Records were of a high standard and centred on understanding the person and jointly made decisions about the model of support they desired. Care plans detailed each person's cultural, spiritual and emotional support, along with their wishes in relation to treatment.

We saw staff strengthened this through compassionate engagement, meaningful conversation, appropriate touch and an in-depth knowledge about each person. The registered manager told us staff worked tirelessly to help people live life to the full and regain their freedom and independence.

The provider heavily invested in the home and respected the importance of a quality environment to

people's care. Those who lived there said the ambience had a huge impact on their welfare because they felt it was their home. We saw this was highly effective upon their care and wellbeing because they were fully relaxed during the day.

Excellent staffing levels meant engagement, fun activities, and one-to-one support was constantly available to optimise people's welfare. A staff member told us, "Staffing levels are good, I feel we have enough staff to get everything done and we can really take our time to speak with the residents as we support them." People and relatives we spoke with said they felt safe at The Hamptons because high staffing numbers meant they received care and treatment quickly. One person said, "Yes, I feel there are a lot of staff around and managers."

We found The Hamptons medication system had data errors in stock checks. The system was confusing and did not always retain robust oversight. The registered manager was working closely with the local authority and Clinical Commissioning Groups to resolve ordering issues outside of their control. Although staff had a good understanding of each person's topical creams, body mapping and instructions were not always well-defined.

We have made a recommendation about good oversight and administration of people's topical medication.

We found staff had a good understanding of safeguarding procedures to protect people against abuse or poor practice.

Care files we saw held risk assessments intended to mitigate a variety of risks. The registered manager's accident and incident procedures focused on analysis of events and lessons learnt. The Hamptons had a clean, tidy and well-maintained environment.

Staff files we looked at held relevant checks obtained before personnel started in post. The training manager explained staff completed induction and refresher training. They then completed a personal development training plan and built up a profile for each staff member.

Staff training was of a good standard and was underpinned by supervision and competency-testing to check their practice. A staff member commented, "We have supervision every two months. It's really good to look at my progress or if I need to develop anything further. I find it useful."

Dining was of a restaurant standard, with high quality table dressings and a variety of seating to maximise relaxation and socialising. Care records included assessments to guide staff to minimise the risk of malnutrition. One person told us, "There's always drinks and snacks available."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff worked very hard to ensure people consented to every aspect of their care.

We found under each care planned area, staff worked with people and their relatives monthly in the review and update of their support. Assessments reviewed their physical, mental and social health needs and agreed support in line with their wishes. A visiting professional stated any advice they gave was always followed through.

The registered manager strongly focused on developing The Hamptons, as a new service, slowly to build a cohesive workforce and manage people's welfare. Everyone we spoke with told us they felt well-supported

and confident giving feedback about the quality of care. A staff member stated, "We have a lot of support from our management, that's so important to me so I'm glad about that." The registered manager completed audits to monitor the safety and quality of service provision.

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.

Systems were not always robust to retain good oversight of medicines management. Recordkeeping in relation to the administration of creams and ointments were not always clear.

Without exception, people and relatives we spoke with said they felt safe at The Hamptons. Staff had safeguarding training to strengthen their skills in protecting people against abuse.

We saw levels of fully trained staff were of a high standard. Staff files contained all the required information to check suitable candidates were recruited to support vulnerable adults.

Is the service effective?

Good ●

The service was effective.

People, visitors and external professionals we talked with stated they felt staff were skilled and experienced.

We saw meals were home-cooked and of a very good standard, with strong flavours and well-presented food.

During our inspection visit, we observed staff enabled those who lived at The Hamptons to move about the home freely.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Everyone we spoke with described care delivery and staff attitude as excellent. Staff said they loved their work because they were highly encouraged to provide excellence in care.

We saw multiple examples of exceptional staff approach that led to people living meaningful lives with highly advanced levels of independence. The outstanding environment offered people multiple opportunities to maximise their stimulation and relaxation.

The home maintained excellent standards centred on an individualised approach to each person's care plan. This was co-ordinated in a collaborative approach between staff, people and their relatives. The home's values were highly focused on maintaining people's rights under the Human Rights Act 1998.

Is the service responsive?

Good ●

The service was responsive.

People said activities, sensory equipment and multiple communal spaces were responsive to their social needs.

The Hamptons' model of care followed a person-centred approach to plan and deliver people's support.

People told us they felt confident about reporting concerns to the management team and that these would be addressed.

Is the service well-led?

Good ●

The service was well-led.

The management team worked closely with other health and social care organisations to improve treatment outcomes.

We saw multiple systems at The Hamptons enabled people and relatives to feed back about their experiences of care. Staff we spoke with said they felt they were part of a strong workforce appreciated by the management team.

Quality assurance audits we saw showed where issues were identified, follow-up action had been taken to address them.

The Hamptons Care Centre

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 team consisted of two adult social care inspectors. On the first day of our inspection, a Specialist Pharmacist Inspector joined the team to review how the provider managed people's medicines.

Before our unannounced inspection, we checked the information we held about The Hamptons. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at The Hamptons.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Not all of those who lived at The Hamptons were able to communicate fully with us to discuss their experiences of care. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Additionally, we spoke with a range of individuals about this home. They included five people who lived at The Hamptons, three relatives, ten staff and three members of the management team. We further discussed the service with two visiting healthcare professionals. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of four people who lived at the home. This process is called pathway tracking and enables us to judge how well The Hamptons understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in relation to two staff members. We also looked at records about staff recruitment, training and support. We further reviewed information related to the management and safety of The Hamptons.

Is the service safe?

Our findings

A pharmacist inspector looked at records about medicines for 12 people to ensure procedures were managed safely. The nurses used an electronic system to record the receipt, disposal and administration of medication. They said the system was easy to use and they had sufficient computer equipment as part of their safe handling of people's medicines.

We found the system had data errors in stock checks. However, the paper records indicated there were no actual errors in the ordering and receipt of medicines. The two systems were confusing, which meant they were not always robust enough to retain good oversight. The registered manager showed us evidence about ongoing work with the data system company to address this issue. Additionally, the home's clinical lead, who had responsibility for medicines management had recently left their post. The provider was in the process of recruiting a suitable replacement. One staff member commented, "We have a new medication system and we've all had the training for that. The system is good, but it is going to take time to get it all right. Once we have a clinical lead overseeing it all that will be better."

The registered manager was working closely with the local authority and Clinical Commissioning Groups to resolve ordering issues outside of their control. There were problems with other healthcare providers and we found the management team were holding meetings with them to improve the situation.

The registered manager had good procedures in place to monitor and report errors. Records we looked at included an outline of the inaccuracy, action taken and ongoing system management. This included team meetings and memos to review issues and ensure staff were made aware of new procedures to mitigate risk. We will review The Hamptons' medication system at our next inspection following a period to enable it to be safely implemented and fully embedded.

Recordkeeping in relation to the administration of creams and ointments were not always clear. Although staff had a good understanding of each person's requirements, body mapping and instructions were not always well-defined. The registered manager had addressed this issue between the first and second day of our inspection and informed staff about the improvements.

We recommend the provider seeks advice from a reputable source to retain good oversight and administration of people's topical medication.

Nurses focused on one person at a time and we observed they explained their medicines and provided a drink to assist with swallowing. They completed records afterwards to evidence people had taken their medication. The management team completed audits to check procedures were safe and we saw information to confirm staff received appropriate training. The training manager told us they completed question sessions to check staff learning and followed this up with competency tools. They added, "This assures us the staff are using their learning in their work."

Without exception, people and relatives we spoke with said they felt safe at The Hamptons. One person

commented, "My friend was very unsafe on her feet at home, so I am reassured she is here where she can be safe." Another relative added, "They have so many staff around it certainly does reassure you [my relative] is safe and sound." A visiting professional said they found staffing levels were of a very good standard, which helped to keep people safe.

We saw levels of fully trained staff were of a high standard. This meant staff were able to deliver care in a compassionate and patient manner. One staff member told us, "There are definitely good staff levels here." We noted the home had started to reduce its use of agency staff through successful recruitment of new employees. Staff said the management team ensured the agency nurses were familiar with the home and those who lived there to maintain good teamworking. People we spoke with confirmed staffing levels were very good. One person stated, "There's plenty of them about." A relative said, "The staff have plenty of time to just sit and chat with them."

We found staff had a good understanding of safeguarding procedures to protect people against abuse or poor practice. A staff member stated, "If I saw something I would go straight to the manager or nurse-in-charge. If it was about someone senior I would whistleblow it straight away, no hesitation there, and report to safeguarding and CQC." Procedures informed staff about contact details of relevant agencies and we saw they had safeguarding training to strengthen their skills.

Care files we saw contained risk assessments intended to mitigate a variety of risks. These included falls, nutrition, medical equipment and oral care. The assessments included a review of the level of risk and control measures to guide staff to manage them. We noted the documents were not always personalised and were more generic in format. When we discussed this with the registered manager, they assured us they would continue to improve their procedures.

The registered manager's accident and incident procedures focused on analysis of events and lessons learnt. They reviewed each incident, known causes, follow-up actions and completed duty of candour requirements. Accident forms we saw outlined incidents, treatment and further control measures implemented to reduce the risk of reoccurrence. One staff member was funded to complete Institute of Occupational Safety and Health (IOSH) training to keep everyone safe. The IOSH is the chartered professional body for safety and health in the workplace. It acts as an adviser for services who protect the safety, health and wellbeing of others. The staff member told us, "It has helped us to put new procedures in place to improve people's safety."

The Hamptons had a clean, tidy and well-maintained environment. Personal protective equipment stations were available throughout the home, which provided disposable gloves, aprons and hand sanitiser gel. The infection control champion told us they obtained good related guidance and shared this with the team. A housekeeping staff member said, "I get everything I need to do my job to a high standard." A person who lived at the home stated, "It's absolutely spotless." Window restrictors were in place to reduce the risk of potential injury to people who lived at The Hamptons. Water was delivered within safe temperatures. The service's electrical, gas, equipment and legionella safety systems were all new as part of the recently constructed building and, therefore, up-to-date. Consequently, the registered manager had good oversight of everyone's safety.

Staff files we looked at contained all the required information to check suitable candidates were recruited to support vulnerable adults. This included application forms, interview notes, references and criminal record checks from the Disclosure and Barring Service. The registered manager assessed staff skills, qualifications and full employment history, which also encompassed their nurses' professional registration to practice.

Is the service effective?

Our findings

People, visitors and external professionals we talked with stated they felt staff were skilled and experienced. A relative commented, "The staff seem really well-trained and knowledgeable about caring for residents properly to a good standard." A visiting professional added they found staff very knowledgeable and clearly well trained.

The training matrix we looked at evidenced staff had completed a range of courses to enhance their skills and knowledge. This covered, for example, safeguarding, movement and handling, food hygiene, health and safety, dementia awareness, medication and nutrition. Staff told us the management team were supportive of them doing training of interest to them. One staff member said, "They paid for me and gave me the time to do a week's training on IOSH. I wanted to do it and they agreed, that's so good of them." Another staff member stated, "I have a lot of training, its brilliant." Records we saw showed the management team reviewed staff skills through regular competency-testing and supervision. A nurse commented, "Clinical support is great."

We found evidence the registered manager referenced current legislation, standards and evidence-based guidance to achieve effective outcomes. For instance, guides for staff covered gastroenterology feeding regimes, equipment cleaning schedules, general care and management. Information was also made more accessible to assist people who could not communicate their needs. This included easy read documentation and pictorial menus.

Care records contained information about the multi-disciplinary approach to people's treatment. This included timely and appropriate referral to other health and social care professionals. Staff documented professional visits/appointments and updated care plans to follow prescribed treatment. A visiting professional told us they had very good communication with the registered manager and staff team. Each person had an up-to-date hospital passport, which included important information about their needs when transferred to hospital services.

Dining was of a restaurant standard, with high quality table dressings and a variety of seating to maximise opportunities for relaxation and socialising. People were supported to eat their meals where they chose, such as the designated dining rooms or in one of the multiple lounges. We saw meals were home-cooked and of a very good standard, with strong flavours and well-presented food. One person said, "It's wonderful food and there's plenty of it." Where required, staff aided individuals in a caring, quiet and discreet way. A relative commented they, "Observed staff frequently checking residents were ok and had plenty to drink and cakes and biscuits."

Care records included assessments to guide staff to minimise the risk of malnutrition, as well as support plans to improve diet and healthy eating. Relevant evidence-based guides were made available for staff to understand medical conditions and equipment, such as support for people with swallowing difficulties. This enhanced staff effectiveness in assisting them to meet people's nutritional requirements, along with frequent assessment and monitoring of diet and fluid intake.

We noted care records included documented consent to all aspects of the person's care and treatment. This covered decision-specific agreement to, for example, photographing and use of specific equipment, such as lap belts. We observed staff discussed with people about what they wished to do, where they wanted to sit and their meal options. They worked very hard to ensure people consented to every aspect of their care.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us although they had applied to deprive people of their liberty to safeguard them, none had yet been approved. During our inspection visit, we observed staff enabled those who lived at The Hamptons to move about the home freely. We saw where the nurse noted developing changes in people's mental health, they completed a mental capacity assessment to check their decision-making ability. These were followed-up in their care planning and regularly reviewed to ensure treatment remained effective.

The Hamptons was a purpose, newly-built building and we found the environment was of an excellent standard for people who lived at the home. Adaptations included wide corridors and high standards of décor and furnishing. We saw all areas of the building were bright, modern, well-maintained and decorated. Facilities included six lounges, two dining areas, two external balconies and two large gardens. This gave people opportunities to spend time participating in activities of their choice or for peace and solitude if they chose.

Is the service caring?

Our findings

Everyone we spoke with described staff attitude and care delivery as exceptional. A person who lived at the home said, "The staff are fantastic. Nothing is too much trouble." A relative told us, "[My friend] had lost her independence, which was a major thing for her, but now she is starting to settle in. That's down to all the caring staff they have." Another relative added, "It's the best home I have been into. We are so glad [our relative] is here." A third relative stated, "My [relative] has come on so much since being here, the care is fantastic." A visiting professional told us they found staff were genuinely caring and rated the service highly.

The Hamptons supported people with complex mental health issues and used positive, self-affirming language in every aspect of the service. Part of the home was designated as the 'dementia community.' This included a lounge with multiple items to provide stimulation and distraction therapy. For example, there was a pram with dolls and wall-mounted activity boards with art and craft material, mechanical objects and sewing equipment. The room contained a 'tiny tablet,' which was a large interactive screen with internet access, videos and games. The registered manager had purchased and implemented 'Tovertafel' that had an overhead machine displaying various activities on a table underneath. This enabled people to play jigsaws and various visual games, such as sweeping away leaves, chasing fish and bubble popping. A relative said, "They have lots of great equipment to keep the residents occupied."

We saw this had a huge impact on those who lived with dementia at The Hamptons. People interacted with the equipment on their own and then moved on to other systems if they lost interest. We saw this was highly effective upon their care and welfare because they were fully relaxed during the day. A visiting professional said the home did not pay 'lip service' to activities and provided highly meaningful tools that were of interest to people. One staff member said, "I've done [specialist] training on providing activities for people with dementia. It's been great in my work to help me better understand people." Staff strengthened this through compassionate engagement, meaningful conversation, appropriate touch and an in-depth knowledge about each person. The caring approach was an outstanding way of maximising people's wellbeing. The visiting professional added they observed staff provided excellent interactions.

We saw evidence where one person displayed behaviours that challenged the service. The management team considered the need to transfer them to another service to better support them. However, staff expressed a compassionate desire to exhaust all options to help the person remain in their home at The Hamptons. They built a highly detailed picture of the individual's life story from a variety of sources. From this information, staff developed an individualised activity package based around the person's past experiences as part of their very detailed care plan. The programme included a learning aspect for staff, which gave the individual additional purpose in life. The team approach achieved enhanced quality of life and helped them to flourish through an excellent, person-centred culture. One relative commented, "I'd say The Hamptons are revolutionising the image that 'going into care' conjures up."

One person was reluctant to be admitted into a care home for fear of losing their independence. They were low in mood and going through a very difficult bereavement. They expressed a desire to regain their driving licence and to take risks safely. The registered manager told us staff worked tirelessly to help the person live

life to the full. They regained their freedom because staff obtained more suitable mobility equipment to help them go out independently. Daily records showed staff, especially the person's keyworker, spent a great deal of time providing one-to-one support on a daily basis. They engaged with various organisations and the individual's GP to enable them to regain their driving licence. This showed total commitment from exceptionally caring staff to provide the person with a meaningful life and greatly improve their mental health.

People's comfort was at the fore of considerations related to the environment. A staff member said, "It's a lovely home and a real pleasure to work in this high-grade environment." The décor was of a very high standard and gave multiple opportunities to stimulate those who lived there. People were involved in all aspects of the home, such as the design and colour of the furnishing in communal areas. The registered manager commented, "We really encourage people to bring in their own furniture, ornaments and anything else they want to personalise their room." People said the ambience had a huge impact on their welfare because they felt it was their home. The provider had respected the importance of a quality environment to their care. A visiting professional said the home did not just look fantastic, the staff carried this through in their care.

There were wide open areas and every aspect of additional space enhanced care delivery. For example, there were multiple off-corridor sections set in keeping with the tasteful style of the home. Each contained themed, sensory areas, such as 'live picture' spaces, which were wall-mounted frames that contained growing moss for people to touch and pick. Another space had a record player with lots of vinyl records for people to sit and play. A sensory spa bath was available on the ground floor with lighting, music and jacuzzi to greatly improve each person's comfort and relaxation. This was an outstandingly caring approach to optimise people's welfare and we observed spaces were well-used to distract individuals and reduce anxiety. People said they felt the provider had gone above and beyond to maintain their wellbeing. One relative told us, "They do anything to enhance [my relative's] life."

Staff engaged with a person's social worker to help them have a trial period at home. This was underpinned with a package of care and support from The Hamptons. Although it failed, we saw the incredible approach helped the individual to better settle at the home. Staff used advocacy services to improve another person's severe anxiety. Working together, they enabled them to access the local community. The management team worked with their social worker to also trial living in their own home again. This was very successful in their discharge and helped them to thrive independently again. A relative commented, "My [family member] went into the care home very down and depressed and after a few weeks came out very well in himself."

Without exception, we saw staff interacted with people on their level and worked hard to develop equal relationships. A relative told us, "The staff attitude is of a very caring and kind nature." Mutual respect was clearly evident and staff took delight in each person's achievements, no matter how small. A staff member explained, "[The registered manager] really encourages us to keep really good interactions with the residents. We work around the residents, making sure we go at their pace." All staff we spoke with said they loved their work because they were highly encouraged to provide excellence in care. Another staff member commented, "It's a fantastic job and I get so much satisfaction from seeing the residents really enjoying themselves." Just before our inspection, a member of the public had shone a light on the outstanding care delivery. They did this by nominating them for a local 'Elderly Welfare Award.'

We observed an exercise group where a staff member gave lots of praise and encouragement. They supported people to work at their own pace and ensured they had rest periods. The staff member was cheerful and laughed along with the group. One person got up in the middle of the session and started dancing. The staff member continuously helped the individual to carry on what they were doing, enabling

them to live within their own reality. We heard the staff member comment, "Oh that's very graceful, [person's name]." Other staff supported people on an individual basis in the activity and when relatives arrived they asked them to join in. This caring approach had a highly positive impact on each person's mood, comfort and enjoyment. One person told us, "There are great activities. The staff are wonderful and put so much effort into it."

Staffing levels at The Hamptons were very good and specific designated roles meant employees could focus on their specialist duties. A relative told us, "The biggest thing about the Hamptons is the masses of staff they have on duty. It's very reassuring for me. They are always doing activities." We saw there were three activity staff on duty throughout the day of our inspection visit. This meant high levels of engagement, fun activities, and one-to-one support was available to optimise people's welfare. We observed this had a huge impact in assisting individuals and their families to lead meaningful lives. A staff member stated, "If we get new residents in they increase the staffing levels, which gives us more time to spend with them."

The registered manager maintained excellent standards centred on an individualised approach to each person's care plan. A relative stated, "The personnel have the care of the residents entirely as their preeminent concern and purpose. They are unfailingly attentive, kind supportive and considerate." Staff had valuable guidance to meet people's person-centred needs. A visiting professional said they were amazed at the progress of those who lived at the home. They stated this was because of the excellent care people received. Records focused on the individual's skills, rather than their dependency. For example, one care plan stated, 'I am able to make my own choices about my care and treatment.' We observed staff adopted a personalised approach and were very aware of how to respond to people's different moods and behaviours. This was reflected in another person's care plan, which stated 'I find being able to talk with people helps when I am feeling frustrated or fed up.'

Care planning was co-ordinated in a collaborative approach between staff, people and their relatives. Records were of a high standard and centred on understanding the person and jointly made decisions about the model of support they desired. They evidenced everyone worked together as a team. We observed staff were inclusive of the whole family by building strong relationships with people's relatives in the delivery of excellent holistic care. For example, they were made to feel welcome on arrival, offered a drink and provided with a thorough update on the person's progress. The registered manager strengthened this process by supporting family members to join trips out and engage in the home's activities. We saw this meant people could maintain their important family relationships, which helped them to settle and feel relaxed.

Staff had a very good understanding of the Equalities Act 2010. For example, they documented each person's religion, ethnicity, marriage and civil partnership to assess, respect and maintain any ongoing needs. One person's care plan reviewed their spiritual needs and documented important support. This stated, 'I have a lot of books in my room about spirituality and holistic healing which I find useful.' The home's values were highly focused on maintaining people's rights under the Human Rights Act 1998. Care plans detailed each person's cultural, spiritual and emotional support, along with their preferences in relation to their treatment. This included the right to have choice and make their own decisions.

The Hamptons training manager explained staff had completed equality, diversity and inclusion training. This was a full session, film and face-to-face training, which covered the Human Rights Act and the characteristics of the Equality Act. The main approach at the home centred on each person's right to a private life and family-focused treatment. A relative said, "The care, respect and empathy [my relative] received and the same shown to us as a family was amazing."

Is the service responsive?

Our findings

People told us the extensive activities, sensory equipment and multiple communal spaces were highly responsive to their welfare and social needs. One person said, "There's lots going on. We had a singer in yesterday." A relative commented, "There's great events going on all the time." Another relative added, "I mean the residents can sit on their own rooms if they want peace and quiet, but they are also encouraged to join in the activities." A visiting professional stated there were activities all day long every day.

We found The Hamptons had a wide-ranging programme of activities to encourage engagement and occupy people who lived there. These were provided on a one-to-one or group basis. They included games, physical exercise, yoga, skittles, one-to-one reading, external entertainers and reminiscence therapy. An extensive, well-equipped hair salon was available on the ground floor. Multiple lounges provided space for people to engage in their own activities and contained large televisions to offer a choice of programming. External areas included two large gardens and two balconies to provide different scenery. One garden contained a large rabbit hutch occupied by two rabbits, which provided further stimulation for those who lived at The Hamptons.

To enhance people's sensory perception, the registered manager had implemented excellent areas for people who lived with dementia. Off-corridor spaces had different themes to occupy people and manage their agitation. They offered a variety of digital and physical interactive equipment, such as 'live pictures,' a large touch-screen operated monitor and display boards. This was strengthened with a sensory screen that provided a range of games. A visiting professional commented they found the activities of the staff was second to none.

Records we saw started with a pre-admission assessment to check the home could meet the person's needs to reduce the risk of failed placements. This was discussed with people and their relatives on admission to build care plans from all the available information. The Hamptons' model of care followed a person-centred approach to plan and deliver people's support. Assessments reviewed their physical, mental and social health needs and agreed support in line with their wishes. For instance, the management team outlined the person's life story and choice related to activities, aromatherapy, name, gender of carer and sleeping times. This was a good approach to help staff understand people's backgrounds and support preferences.

We found under each care planned area, staff worked with people and their relatives monthly in the review and update of their support. This approach strengthened the responsiveness of staff to help people achieve their goals and maintain the continuity of their care. A relative told us, "In between visits I have already noticed an improvement in my friend." Visiting healthcare professionals commented staff were very good at following their instructions. They regularly reviewed people's progress and one professional commented they were astounded by the improvements in people's progress at The Hamptons.

Use of technology at The Hamptons demonstrated a commitment to enhance people's health and welfare. For example, nurses completed a 'virtual ward round,' in conjunction with the local hospice, by using computer equipment. The process assisted the quick implementation of strategies to enhance people's end

of life experiences.

The Hamptons provided a responsive end of life model of care. They employed a bereavement counsellor to support relatives and staff with their grief. Care records held information about people's preferred priorities of care in relation to their advanced decisions. Plans focused on the whole family approach in supporting people at the end of their lives. Staff created a scrap book of each person's stay for families to use as part of their bereavement process. We saw evidence showed relatives were supported to stay at The Hamptons throughout a person's end of life care. One relative said, "The end of life care was compassionate and focused on the individual."

People told us they felt confident about reporting concerns to the management team should they need to and that these would be addressed. Information was displayed in public areas to guide individuals about how they could raise issues. This detailed the various stages of the procedures and contact details of organisations concerns should be reported to. The registered manager told us they had received 14 complaints over the last 12 months. We saw 13 of these had been resolved to a satisfactory conclusion and in a timely approach. The management team acted, where required, to maintain the quality of care delivery in response to people's comments.

Is the service well-led?

Our findings

People who lived at The Hamptons and relatives said they found the management team provided good leadership and were visible about the home. One person stated, "There's always someone to approach if I need to." A visiting professional commented they felt The Hamptons was well managed and that it had developed into a good, well led home.

The registered manager strongly focused on developing The Hamptons, as a new service, slowly to build a cohesive workforce and manage people's welfare. One staff member confirmed staffing levels matched the home's needs as it grew, which was managed well by the registered manager. We found they developed good relationships with other agencies, such as local authorities and CQC, to address issues quickly and maintain a stable service. In addition, the management team worked closely with other health and social care organisations, including hospital and community services, to improve treatment outcomes. For example, one staff member told us, "I am the infection control champion, which involves me attending four meetings a year with the local authority."

The management team had a clear ethos of working transparently with people who lived there, staff and external agencies to develop a quality service. We saw multiple systems at The Hamptons enabled each person and their relatives to feed back about their experiences of care. Comments seen included, 'The care home is the best I have ever seen, starting with the management and all the staff.' Also, 'The manager is excellent, takes no messing but has a certain warmth that I see my [relative] taking very well to,' and, 'The manager and her senior staff have been proactive in solving problems and going that extra mile.' We observed this excellent approach to care throughout our inspection visit. The registered manager told us they would act on any comments raised from surveys. They gave an example about confusion around the different staff uniforms at The Hamptons. They added, "We put together a poster to explain this. It's also in the residents' handbook."

Staff we spoke with told us they felt they were a part of a strong workforce appreciated by the management team. One staff member said, "I love my job and the company. I feel so valued by them." We found The Hamptons had a welcoming and calm ambience and staff were smiling in their duties. The registered manager was visible about the home and staff stated they had good levels of support. Another staff member commented, "Yeah, the manager's very good, she is very approachable and available to talk with."

Part of this process included a real desire to involve staff in the day-to-day management of the home and its progress. One staff member explained they had been offered jobs elsewhere, but they had no intention of leaving. They added, "I have been here from beginning and feel like I have been a part of that development." We saw regular team meetings were held to enhance staff involvement in the improvement of The Hamptons and to explore any issues.

The registered manager and other staff with designated responsibility completed audits to monitor the safety and quality of service provision. These included checks of infection control, housekeeping, medication, accidents and incidents, catering, environmental and fire safety, equipment checks and

skincare. Where issues were identified, staff documented follow-up actions taken to address them. One member of the management team commented, "If I see a concern I highlight it in yellow, then we highlight in red when it has been actioned. It's a good way of monitoring progress with issues."