Acegold Limited

Hamilton House Care Home

Inspection report

West Street
Buckingham
Buckinghamshire
MK18 1HL

Tel: 01280813414
Website: www.brighterkind.com/hamiltonhouse

Date of inspection visit:
30 January 2017
31 January 2017
01 February 2017

Date of publication:
21 February 2017

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 unannounced inspection took place on the 30 and 31 January 2017 and 1 February 2017.

The home is registered to accommodate up to 53 older people who required accommodation and or nursing care. The home is situated close to the town of Buckingham. The registered manager has been in place since November 2015.

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.

At the last inspection in January 2016 we asked the provider to take action to make a number of improvements. These included their recruitment practices and medicine practices. We also requested improvements in the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards DoLS, and the correct use of pressure relieving equipment, these action have been completed.

During the inspection we spent time with staff who worked well together and who understood the needs of the people they were caring for. They were aware of the values of the service, and from what people told us and our observations we could see they were embedded in their practice. There were sufficient numbers of staff to meet people's needs. Staff knew what people's individual needs were, including their preferences. People spoke positively about their relationship with staff and described them as "Empathetic" "Kind" "Calm" and "Nice". We observed positive interactions between people and staff and it was apparent, people enjoyed spending time with staff.

Staff showed respect for people and preserved their dignity and privacy. People acknowledged this was the case and valued this aspect of their care. For example, people told us they felt comfortable when staff provided personal care.

People felt safe and supported in the home, risk assessments related to care and the environment were in place. Care plans were in place that guided staff to provide appropriate care, these were reviewed on a monthly basis. Staff were able to demonstrate their knowledge and received training in how to identify and report concerns related to abuse.

People's consent had been obtained where possible and people were supported to have maximum choice and control of their lives. Staff understood the MCA and how this applied to their role. Where people required their liberty to be limited, staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Appropriate applications for DoLS had been made to the local authority.

Medicines were safely administered and stored by trained staff. Records associated to the administration of medicines were up to date and accurate.

Staff were supported through regular supervision and appraisals. Training for staff was provided and kept up to date. New staff completed an induction and the Care Certificate training. Staff spoke positively about the registered manager and the support they received. Staff meetings also took place to encourage feedback from staff and to drive forward improvements to the service.

People told us the food was good but not great. The registered manager and the new chef were in discussions about how the food could be improved. It was still work in progress as the chef had recently taken over the catering from an external catering company.

Staff were aware of people's nutritional needs and how to support them. Where required charts were completed showing people's food and fluid intake, this enabled to staff to monitor if people were at risk of malnutrition.

Staff had recorded and monitored the pressure in the pressure relieving mattresses used to alleviate the risk of skin damage. Other health needs were identified and where required, external professionals worked alongside people and staff to assist people to maintain or improve their health.

People joined in a variety of activities which they reported to us they enjoyed and visitors were made to feel very welcome. The "Wishing Well Project" enabled people to share their wishes and for the staff to attempt to make them a reality. These are things that people really want to do. This had happened for some people.

The home practiced safe recruitment in relation to new staff. Employment checks were carried out and records kept. This minimised the risk of inappropriate staff working with people.

The registered manager had put systems in place to encourage and motivate staff and to recognise their contribution. Checks were made on the safety of the home and the quality of the service provided. The registered manager had an overview of the home and was working towards continuous improvement. Both staff and people in the home spoke positively about the registered manager and the senior staff.

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.

Where people required assistance with medicines these were administered by trained staff.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed.

People told us they felt safe and the provider had systems in place to make sure people were protected from abuse and avoidable harm.

Is the service effective?

Good

The service was effective.

People could make choices about what they ate and drank.

People were protected from receiving care from untrained staff as staff had received training to carry out their roles. The training was on-going and relevant to the care being provided in the home.

People rights were protected as staff understood how the MCA and DoLS applied to their role and the lives of the people they were caring for.

Is the service caring?

Good

The service was caring.

Staff were described as caring and kind by people who lived in the home.

People were respected by staff. We observed how staff cared for people and found it to be appropriate, respectful and courteous.

People had input into the running of the home during residents meetings and reviews of their care.

Is the service responsive?

Good

The service was responsive

A range of activities was available for people to participate in. This protected people from social isolation.

Care and support was planned and delivered in a way that ensured people's safety and welfare.

The provider had in place a complaints procedure. This enabled people to raise complaints or concerns. The complaints procedure was accessible to people.

Is the service well-led?

Good

The service was well led.

Staff told us the registered manager was accessible and they felt comfortable raising issues or concerns with them.

A number of audits took place at the home. These were used to assess the quality and the safety of the service provided.

Care provided to people was consistent and caring as the staff worked well together as a team. The registered manager was aware of the day to day culture in the home.

Hamilton House Care Home

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.

This inspection took place on 30 and 31 January and 1 February 2017and was unannounced which meant the home did not know we were coming on the first day.

The inspection was carried out by one Inspector. Before the inspection, we asked the provider 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 reviewed the completed PIR and used this to inform our inspection.

Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We obtained information about the service from speaking to four people living in the home, four relatives, and thirteen staff including the registered manager, the deputy manager, the regional manager, three senior nurses, care staff, the chef and the maintenance person.

We examined care records for six people including documents related to the management of people's medicines. We read the recruitment documents for the employment of three staff. We examined records related to the operation and safety of the home. We carried out a short observational framework for inspection (SOFI 2). This is a tool that helps us assess the care of people who are unable to tell us verbally about the care they receive. We observed how care was provided to people, how people reacted and interacted with staff and their environment.

Good

Is the service safe?

Our findings

During the previous inspection in January 2016 we had concerns staff were unaware of the correct settings of the pressure relieving mattresses people were lying on in bed. We reported a breach of Regulation 12 of the Health and Social Care Act 2014. Prior to this inspection we received information from the registered manager in the PIR that "We did a full audit on our pressure relieving mattresses with an external company and replaced 14 mattresses." Assessments had been completed to ascertain what the correct pressure in the mattress should be in relation to the person's weight. This information had been recorded in people's rooms. Records showed daily checks of the mattress setting were completed. We found one person's mattress had been set to a higher setting than was necessary, there had been no impact for the person, this was rectified immediately. Improvements overall had been made.

During our last inspection we found there were gaps in the information obtained when recruiting staff. These were important pieces of information which ensured staff were safe to work with people. We made a recommendation the provider considered current guidance on safe recruitment practices and updated their practice accordingly. During this inspection we found our concerns had been addressed. Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address.

During our last inspection we had concerns about the way medicines were administered and stored. We made a recommendation the provider considered current guidance on the storage and administration of medicines and take action to update their practice accordingly. During this inspection we found the practice had improved. Medicines were stored securely, and only appropriately trained staff had access to them. One person chose to self-administer their medicines. They were supported to do so once a competency assessment had been undertaken and authorisation had been given by the GP. For these people their medicines were stored securely in their own room. The person told us "I self-medicate, it is important to me and I understand it is important to keep the medicines safe, hence the three door filing cabinet."

Where people were prescribed "As required" medicines, we observed how people were asked if they required any. One person was prescribed laxatives. Prior to administering the nurse checked the person's records to ensure it was appropriate to administer.

We undertook checks to ensure the storage, administration and records related to medicines were safe. Controlled drugs were stored in a secure locker and records were kept up to date in a controlled drug register. Where medicines were required to be stored in a refrigerator we found temperatures of the fridge and room were recorded accurately.

The Medication Administration Record (MAR) charts were up to date, properly maintained, appeared complete and were easy to follow. Records showed where people required homely remedies such as over the counter lotions, these were authorised by the GP. Medicine amount balances were recorded and were correct at the time of this inspection. There were policies and procedures for following up any errors or

mistakes in the administration of medicines. These were identified through medicines audits completed daily by the senior nurses and monthly by the registered manager. Each person's MAR chart was checked every morning and evening to ensure people received their medicines appropriately and safely.

The home was working on improving the service to people with health conditions by engaging in the Medicines Review in Care Homes project, supported by the Aylesbury Vale and Chiltern Clinical Commissioning Group. This involved a review of people's medicines by a pharmacist and the GP. This ensured that people were only receiving medicines which would enhance their health, and any subsequent side effects were reviewed. In doing so people were protected from the risk of taking inappropriate medicines.

At this inspection, people told us they felt safe living at Hamilton House Care Home, comments included, "I do feel safe yes. It is the fact that I have professional people on hand to support me with what I need." "Yes I feel safe the staff are very good."

Staff received training in how to safeguard people from abuse. They were able to identify indicators of abuse and knew how to report concerns. The home had a safeguarding policy and reporting guidance was available for staff. The home had reported safeguarding concerns to the local authority and had sent us notifications.

Each person who was able to had a pendent alarm to enable them to call for help from staff if needed. One person told us when they pressed their bell for staff to attend it had felt like a long time before they responded. We asked them to press their bell to enable us to see how long it took for staff to respond. The staff appeared within two minutes. We were aware of call bells ringing throughout the inspection and staff responding to them.

We asked staff, relatives and people if they felt there were enough staff working in the home. The response was varied. One relative told us they did not feel there were enough staff. The rest of the respondents stated they thought on the whole there was, but there were periods of time during the week where staff appeared rushed. One staff member told us there were days when they could stop and have a chat with people whilst at other times the demands to meet people's needs meant they didn't have time. We spoke with the registered manager and looked at the staff rota. The staff rota showed the required staffing levels over the previous four weeks had been met. The registered manager used a dependency tool to calculate the number of staff required to meet the individual needs of people. They were aware there were times during the week when staff felt rushed and in response were in the process of employing hostess staff. It was understood the hostess staff would be responsible for assisting kitchen staff and care staff to provide food and drinks to people. From our observations there appeared to be sufficient staff to care for people adequately. However, with the additional hostess staff in place this would enable care staff and kitchen staff to be able to pace themselves and would take some of the pressure off them during busy periods.

Both environmental and personal risk assessment were in place. Records demonstrated how these risks had been minimised to ensure people's safety. Care plans directed staff in how to ensure people were safe whilst carrying out care. For example, using a moving hoist to transfer people. Where people required special diets, equipment or resources to ensure their safety and wellbeing these had been documented for staff to be aware of. Through talking to staff it was apparent they were aware of how to deliver safe care.

Good

Is the service effective?

Our findings

During our last inspection in January 2016 we had concerns that neither the staff nor senior staff understood or the Mental Capacity Act 2005 or its application. We reported a breach of Regulation 11 of the Health and Social Care Act 2014.

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.

During this inspection we found the level of understanding of the Act by staff members had improved. Since the previous inspection all staff had received training in the area of MCA and DoLS. They were able to explain to us how the Act impacted on their work and the lives of people. People's mental capacity had been considered by staff when decisions related to care had to be made. For example we saw records related to the use of bed rails. The person had been assessed as not being able to decide as to whether bedrails should be used to protect them from falling out of bed. A best interest process had been followed and an application to obtain authorisation from the local authority on the use of the bedrails had been made. Although in this instance they were being used to protect a person from harm, they could also have been used as a restrictive measure which would have been an illegal act. The home had made 10 applications to the local authority of which one had been authorised. The home were waiting for authorisation of the other nine.

People told us they believed staff were adequately trained to carry out their roles skilfully. One relative told us they did not think staff were sufficiently trained. The person they were related to who lived in the home had dementia. They believed staff were not trained to work with people with dementia. We observed staff working with the person throughout the three days we were present in the home. We observed over lunch time when staff supported the person with their meal. The staff positioned themselves well. They kept language to a simple level. They encouraged the person to eat and showed patience and consideration. The person was not rushed and the staff attended to their needs. When the food trolley arrived the person was verbally offered five choices of dessert. This was clearly too much for the person to be able to choose. A staff member who appeared to know the person well made a decision on their behalf. The person appeared to enjoy their dessert. We discussed with the registered manager how resources within the home could be improved for people with dementia. The registered manager told us and records evidenced staff had received training in dementia awareness. Future training was planned to build on these skills.

Staff told us they believed they had received sufficient training to carry out their role. Records showed eighty five percent of staff had completed the training for the care certificate. The care certificate is an identified set of 15 standards introduced in April 2015 that health and social care workers should use in their daily working life. During our inspection staff training was underway for both new and experienced staff. We spoke with two staff one of which had not started work at the home and was completing their induction and the other who had been employed for a few months. They both told us they were enjoying the training and had gained valuable information from it.

One person who had a specific health condition told us how they received support from a specialist community nurse. They told us how the staff had reacted to this. "They [staff] asked questions and wanted to learn. I have been pleasantly surprised at how interested they have been."

From our observations and through discussions with staff, we found staff to be knowledgeable about the people they were caring for and the care they required. Staff were also supported through regular supervision and annual appraisals. Staff told us they found the supervision useful.
Comments included " I do find it useful because you can express yourself, if there is anything you need to know you can ask them [supervisor]. " "You discuss your progress, what you could do better, what training you want or need. If you have any worries you can talk about them."

On the first day of the inspection we joined people in the dining room during lunch time. We saw how staff served people their lunches. Each person was able to choose from the menu, their choices were made the day before. If people did not like what was on the menu they were offered an alternative of their choice. We spoke to the chef on duty who showed us information on people's food preferences together with details about any allergies and dietary needs.

People told us the food had improved and there was always sufficient food and drinks available. Comments about the food included "I get too much food….I find dinners overwhelming. I often cancel supper because of the size of the lunch. The food is good but not great." "The food is not bad it could be better." Since the previous inspection the catering arrangements in the home had changed from an external contractor to an in house chef. The chef was still in the process of establishing a service to people which met with their preferences and needs. During our observation we saw people were served freshly cooked food, and people appeared to enjoy their meals. We spoke with the registered manager about the response from people about the food. They were aware of the difficulties the chef had experienced after taking over from the external contractor. New ovens had been purchased and some changes had been made to improve the cooking facilities. On the first day of the inspection, one person was asked what they would like to drink with their lunch. They stated they would like a whisky, although they were only joking, they were provided with it they appeared to thoroughly enjoy it.

People's records included information about dietary requirements and we could see that GP and dietitian's advice was sought. Staff showed that they had knowledge of dietary requirements for older people. Records showed people's needs for food and drink had been assessed. Malnutrition Universal Screening Tool (MUST) assessments had been completed. These indicated where a person may be malnourished or be obese. These guided staffs on how to ensure people's health was maintained. We observed people were regularly offered drinks and were able to choose what they would like to drink. For people with diabetes or other health related conditions for example swallowing problems, food was prepared in such a way as to protect their health. Where people required a soft or pureed diet this was provided. Where required records were completed daily on people's fluid and food intake to ensure they maintained good health.

Records showed people had access to health professionals when they needed them. There was evidence in

the care plans regarding their visits, the outcomes and advice from their interventions. For example, GP visits. For people who lived with diabetes, this had been included in their care planning. Records showed people had their health needs assessed and monitored. At the time of the inspection the senior nursing staff were working to improve the service to people with diabetes. They were working towards the implementation of the good practice standards laid down by the Aylesbury Vale and Chiltern Commissioning Groups. Staff were working towards each person having a personalised diabetes care plan. A hypo box had been introduced. This contained glucose products to be administered to people who may experience a drop in their blood glucose level. Other standards were being implemented. For example care staff will be trained to check people's skin on a daily basis. When full implementation is completed, the resources will be in place to ensure people will receive high quality care in relation to their diabetes, which could prevent hospital admissions and protect their health and wellbeing.

We observed an activity including exercises for people. One of the two activities coordinator told us of the importance of people maintaining their mobility. One relative told us how staff encouraged a person to walk to try to regain their mobility. One person told us "I enjoy the exercises. It is good to meet up with the others and get to know them."

Some renovation to parts of the home had taken place since our last inspection, for example some bedrooms and bathrooms had been decorated and new parking spaces had been created at the front of the home. Planning was in place for the whole home to be refurbished. We found some parts of the home required redecoration and improvements for example, the kitchen required re tiling. The regional manager told us the development plan for the home was in place, and following meetings between the planners and the provider the work would take place, although no actual start date had been confirmed. We were told people would be involved in choosing décor prior to the work beginning. This enabled people to be involved in the decisions related to the décor of the building.

Good

Is the service caring?

Our findings

People spoke positively about the attitude of the staff and the quality of the care being provided to them in the home. Comments included "I am pleasantly surprised by the vast majority of staff, they are empathetic, most of them listen and understand." "Staff know how to care for me, they are kind." "The way they care, nothing is too much trouble."

We observed positive interactions between people and staff. We listened to conversations between people and staff which were very relaxed and informal but at the same time confirmed the respect the staff had for people. On one occasion we observed a senior nurse administering medicines to a person. The nurse was patient and kind. They used humour to encourage the person to take their medicines. When they refused they left the person and returned. During this period they told the person what each medicine was for, they offered them a choice of drinks and offered pain relief. The nurse remained calm and did not rush the person. They offered explanations and treated the person with respect.

We saw that people's privacy, dignity and independence were respected. We observed on numerous occasions that staff knocked on people's doors and did not enter until asked to do so. One person told us "They [staff] very much respect that I like to keep the door closed." They went on to tell us of their first experience of receiving support to have a shower." I dreaded the experience; I have to say it wasn't as bad as I had thought. They [staff] were very caring and very pleasant. I was almost moved. They entirely preserved my privacy and dignity." A relative of a person told us "He is very comfortable with staff when having his shower." Staff respected people; they told us the importance of speaking nicely to people and being polite to their family and friends. One staff member told us "I always ask the person about what they would like to do. We can encourage people, but we are not pushing them into doing anything, it has to be their decision." Consideration had been given to people's appearance; they had been supported to look clean and smart and dressed in co-ordinating clothes.

People were recognised as individuals, with individual needs, wants and preferences. Staff were familiar with people's family arrangements, what was important to them and their chosen lifestyle. For example, one person who reportedly suffered from agoraphobia kept their bedroom door open during the day and night, their curtains open and their light on throughout the night. A relative of a person with dementia told us how a staff member had taken the person to the church on remembrance day, as this had always been important to them prior to moving into the home. Another person told us "Living here is convenient for my family, so they can visit. I have my own room and I can do what I want really." A relative spoke about how the person in their family who lived with dementia was supported with their independence by staff organising events that were familiar to them, for example a cheese and wine afternoon. They told us "It is the little things that help people to remain independent."

We asked people about the attitude of the staff. On the whole people spoke positively about their experiences of the staff. One relative told us of how difficult it had been coming to terms with their spouse moving into the home. They told us about the senior nurses. "A few times I have been upset and I have been given a hug by them and a cup of tea." Another relative told us "He doesn't understand why he is here, and

he gets so frustrated, but the staff just have a way with them, they are able to calm him down….They spoil him." One person told us "The staff are very nice, they are altogether very good."
Staff told us the way they cared for people mattered. Comments included "There is great teamwork; everyone puts the residents at the centre of what we do. It means a lot to them. They feel happy that someone is there to help them. When they smile I know what I am doing is right." "I absolutely love my job" "I love this place, I love the residents, I love the staff, I hope we do well." "We are trying hard and doing it from our hearts. We love our job, all of us. It is not always easy to keep it simple, but we try."

From the way staff spoke about the people living in the home and their families we had a sense of a team of staff who not only supported people but each other. The values of the service were embedded in their knowledge and practice and this enhanced the quality of the care to people.

Good

Is the service responsive?

Our findings

People told us they were involved in how their care was provided. An open dialogue with staff enabled people or their relatives to share their concerns and any changes they required to the delivery of care. One person who had recently moved into the home confirmed they were involved in the pre admission assessment and they were aware of the contents of their care plan and associated risk assessments. They told us "These are work in progress." Relatives of some people told us they had read the person's care plans and risk assessments and had approved of their contents. Documents showed some people had signed their care plans to indicate their agreement with the contents and the care they received. More involvement from people was a planned development in the home in relation to care documentation.

Risk assessments and care plans, covered recognised risks to people. These included physical social and psychological needs. Also included were moving and handling risk assessments, the likelihood of developing pressure injury and nutritional screening. Actions were in place to try and decrease risks, such as the provision of pressure relieving equipment. Staff we spoke with confirmed that two staff always carried out any moving and handling of people that required the use of a hoist. Care plans were regularly reviewed and kept up to date. Care plan audits took place each month to ensure the contents were appropriately recorded. Care plans were focussed on individuals and their particular needs.

Where people chose to they participated in activities organised in the home. People enjoyed a variety of activities depending on their interests. One person enjoyed painting, and also participated in group exercise sessions. There were two part time activity coordinators who provided activities seven days a week. Where people chose or could not participate in group activities they were provided with one to one sessions. The activity coordinator told us they spoke with the person or their relative to find out what their interest were, they also read the care plans. They told us one person enjoyed going shopping, every week they assisted the person to go into town shopping. Other one to one sessions included reading the newspaper to one person, music sessions and dominoes amongst others. They used music and sensory objects to work with people who lived with dementia along with exercises where appropriate. There were shared experiences for people for example, holding parties, visiting places of interest and a pantomime at Christmas. Church services were also available to people. This protected people from the risk of social isolation.

The home also had in place a "Wishing Well Project". This project involved finding out from people what they wished for. For one person they wished to correspond with a music celebrity, they were pleased to receive a reply. The person was extremely pleased to receive a surprise telephone call from the celebrity on their birthday. Another person had previously had an interest in horses. The home arranged for a pony to visit the home. From the film footage we saw it was obvious the delight and excitement on the person's face showed they had appreciated the visit. This was also shared by other people living in the home. Further plans were in place to find out more wishes from people, no matter how large or small, so they could become a reality and create happy memories for people.

Families and friends were also welcomed into the home. We spoke with some of the relatives, the majority said they had been made to feel very comfortable when visiting their loved one, and were offered drinks on

each visit. Staff understood the importance of maintaining family relationships for people and worked with relatives to ensure the person's needs were met.

The home had a complaints policy. People told us they knew how to make a complaint. One relative told us they had made complaints and these had been acted upon, but the improvement was not maintained. We reviewed 10 complaints had been made in the last year. These had been responded to and where appropriate learning had taken place. All complaints had been reported to the provider's quality team for their overview and to ensure appropriate action had been taken by the registered manager. The home had a compliments log. There were too many compliments to read and record, however the themes were of gratitude for the care provided to people and the support given to their families.

Good

Is the service well-led?

Our findings

Most people and their relatives were very complimentary about the way the home was run. Comments included "On the whole it is well managed." "I am confident he is getting the care he needs. They [staff] are considerate of each other. It is a first class place." "They [staff] seem very organised, very friendly and all the staff seem very good. The laundry always comes back nice. If he wants something they always get it, I don't think I could get a better place."

Staff morale appeared to be good and we witnessed how staff supported each other and communicated effectively with each other. One relative told us "I heard one person [staff] on the floor directing others to do jobs." We could also see the senior nurses were effective at leading their shifts and ensuring tasks were completed when needed. We were also aware of a change in attitude between the staff from previous inspections. During previous inspections we observed how the staff team appeared slightly fragmented. During this inspection we observed a team of staff who appeared to care about each other and worked well together with shared values and a respect for each other.

Staff were aware of the provider's values, and we found this had been embedded into most of the staff practice. For example, one of the values for staff is "Choose to be happy." One staff member told us "It is really nice to see people who are happy to see you. It is nice when you make someone happy; it means you have done a good job." Another told us "They [people] feel happy that someone is there to help them. When they smile I know I am doing something right. I know deep down inside the residents are happy." One relative told us "The ones we come across [staff] are well trained. There might be times when they might be tired, but whatever they do they do it with a smiling face and that is important."

The registered manager had put in place a system of recognition of staff practice which included the implementation of the provider's values. This was "Staff of the month." Staff told us they were nominated by other staff; they were given a certificate and a small gift voucher. This encouraged good practice and improved staff morale.

Safety checks were carried out in the home by the maintenance man. These included checks on fire equipment, and fire drills were held regularly. Each person had a personal protection evacuation plan in place. Gas and electricity equipment was checked and serviced in line with requirements. Carbon monoxide checks were undertaken monthly and ladder safety, window restrictors and call bells checks were carried out regularly to ensure they were safe to use.

Audits were carried out to check the quality of care plans, the kitchen environment and a Human Resources audit was completed by the provider. Other audits included a tissue viability audit, a health and safety audit and a recreation and activities audit. We saw where necessary action plans were in place with timescales for completion. This demonstrated the registered manager frequently checked the overall quality of the service and could drive forward improvements when necessary.

Feedback was sought from people, their relatives and staff through surveys which were completed in 2016.

The actions taken to improve the running of the home were displayed on the notice board near the entrance. For example, complaints about the quality of the food had resulted in the change from a contracted catering company to an in house chef. Extra staff were being employed as a result of comments about the numbers of staff available to people. There were also opportunities for people and families to feedback via the residents and relatives meetings which were held every three months. Staff were also involved in team meetings, one staff member told us they felt comfortable to discuss how things in the home could be improved during the team meetings.

People and staff told us they had confidence in the registered manager. Staff comments included "The manager is always available to me. If you ask the manager about something, she always tries her best to get it done, even though she has a million and one things to do…I have improved a lot because of the manager, she has always been there for me." "A lot of things have improved since the last time you visited. We had issues with the lift, this had now been mended. When you talk about concerns to the manager, she will reassure you and put something in place." "The manager always has time for me, if I want to talk or we have any issues, we discuss them and we are going to find a way to work it out. She is always helpful. If something is annoying me, for example, we had problems with the batteries for the hoist, she ordered new ones. She is trying her best." We observed the registered manager was accessible to people, visitors and staff.

People and relatives told us they had a good relationship with staff, and this increased their confidence in the care being provided. Comments included "I don't have to worry about him; I know he is well cared for. If needed they will call me. I think they tell me everything." " It seems very well run, I was pleased with the maintenance man and the speed of getting things done when asked. He has real pride in what he does. I had a tap running; it was dripping and was like Chinese torture. I showed it to him, within half an hour he had changed the tap, but the job turned out to be much bigger and it turned into a four hour job. There were no excuses or complaints, he just got on and did it."

Staff spoke positively about each other. Comments included "We all seem to run the home together as a team, we all knuckle down to get the job done, if we didn't it wouldn't run very well. We are all just one big family. I am proud to work at Hamilton House, most of the time the staff love it here." "We work as a team, we can go for help from a colleague, we have a good team."
"They [staff] care about the resident….Everyone is very friendly, the way they approach you, not only the carers but the relatives, it makes it easy to work here."

The registered manager told us "There is a general culture of making every moment matter. I try and make them [staff] reflect on what they do. The three senior nurses are passionate about care, they contribute to the care home and make suggestions I can rely on them." Overall we could see from our observations the care staff and the nursing staff were committed to providing the best service to people they could. They worked well as a team, which enabled a consistent approach to the care people received. It was apparent from listening to people and staff the registered manager had implemented changes that had benefitted everyone. They had a clear oversight of the service and were planning to constantly review and improve the quality of service for people.