

Hamilton Community Homes Limited

Hamilton House

Inspection report

31 Highfield Street
Leicester
Leicestershire
LE2 1AD

Tel: 01162540724

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hamilton House provides accommodation and personal care for up to 19 adults with mental health needs, including alcohol and substance misuse. There were 17 people using the service at the time of the inspection. The property spans over two converted houses, with all areas being accessible to people using the service.

People's experience of using this service and what we found

People were protected from abuse and avoidable harm. People said they felt safe living at Hamilton House and knew how to raise any safeguarding concerns.

There were sufficient staff available to effectively meet people's needs and they had been recruited safely. People said staff were always available when they needed them.

Risks associated with people's care and support needs had been assessed and planned for. Staff had a positive and supportive approach with how known risks were managed. Health and safety checks of the environment and premises were regularly completed.

People were well supported with their prescribed medicines. Medicines were managed and stored safely.

The home was clean and hygienic. Improvements had been made to the environment, including redecoration and new flooring and this was ongoing. People had a choice of communal rooms and a safe and secure external rear garden with a smoking shelter and seating.

Before people moved to Hamilton House, they had an assessment of their care and support needs completed and were invited to visit the home. The provider had policies and procedures that reflected current legislation and best practice guidance.

People were supported by staff who were trained and supported. People were positive about the care and support they received and were confident staff understood their individual needs.

People received choices of meals and had continuous access to hot and cold drinks. People said they were happy with the meal choices and they received sufficient to eat and drink.

Health care needs were known and understood and monitored by staff. People said how staff supported them to attend health appointments if this was required. Positive feedback was received from a health care professional in how staff supported people with their health and welfare needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

New and improved systems and processes that assessed, monitored and reviewed safety and quality had been implemented. The provider had a service improvement plan to support further development and improvements.

People, relatives and staff received opportunities to share their experience of the service. People were positive about living at Hamilton House. Staff said they felt the management team were supportive.

There was a positive staff culture. Staff were kind, caring and compassionate. Staff understood and practiced the provider's values. People were supported to achieve positive outcomes. This included developing their independence to enable them to live a more independent life in the community.

The staff worked well with external health and social care professionals. Positive feedback was received about how well staff supported and advocated for people and how care and support was person centred.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 25 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focussed inspection of this service on 8 and 9 March 2022. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the support for staff.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also checked whether the Warning Notice we previously served in relation to Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good, this is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hamilton House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hamilton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hamilton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hamilton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 1 relative about their experience of the service. We also observed staff engagement with people and spoke with additional people informally during the inspection days.

We spoke with the registered manager, deputy manager, and 5 support workers. We reviewed a range of records. This included four people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment. Plus, a variety of records relating to the management of the service, including the staff rota, training and supervision matrix, audits and checks on quality and safety and meeting records.

After the inspection we spoke with a healthcare professional about their experience about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection, the provider had failed to ensure there were sufficient staff deployed to meet people's individual care and support needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People were supported by sufficient numbers of competent staff. People told us staff were always available and they understood their individual needs. A person said, "The staff know me well; I know all the shift patterns and times." Another person said, "Yes, there are enough on duty each day."
- People's individual needs were assessed and regularly reviewed to determine staff deployment needs. Night-time staff arrangements had changed to ensure staff were readily available to support people. The management team and agency staff covered any staff shortfalls.
- The provider had staff recruitment procedures to ensure staff were suitable to work with vulnerable people. This included Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe living at Hamilton House. A person said, "It's a nice place to live." A relative said, "Hamilton House is a safe place to live everything is fine there."
- Staff had received safeguarding training and had access to the provider's policies and procedures. Staff understood their responsibilities to protect people. A staff member said, "Any safeguarding concerns or allegations are recorded, reported and investigated. Generally, people living here all get along."
- The management team followed the local multiagency safeguarding procedure. This included completing investigations and taking action to protect people if required.

Assessing risk, safety monitoring and management

- Risks associated with people's individual care and support needs had been assessed and planned for. The management team were in the process of reviewing guidance for staff to ensure it was sufficiently detailed. We found staff to be knowledgeable and there was a positive approach to managing risks.
- Health and safety checks and monitoring of the environment and premises were regularly completed. This

included fire safety. Personal emergency evacuation plans were in place and available to support staff and others, in the event people needed to be evacuated. Fire drills and checks were also completed.

- People were protected from risks associated with water. Water temperatures were regularly taken, and water outlets checked to protect people from scalding risks and risks of legionella. This is a water-based bacteria that can cause ill health.

Using medicines safely

- People received their prescribed medicines safely and when required. A person said, "I receive my medicines when I need to take them." Some people were supported to self-administer their medicines, this had been assessed and was monitored to ensure safety.

- The process for administering medicines had been reviewed and changed. People attended the medication room individually to receive their medicines. Whilst this was safe practice it also promoted privacy, dignity and respect.

- Staff had received relevant training and had their competency assessed. The registered manager had oversight and responsibility for ordering, booking in, returning any medicines and completed monthly audits and checks. Best practice in the management, administration and storage of medicines were followed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following national visiting guidance and supporting people to receive visitors and maintain contact with friends and family.

Learning lessons when things go wrong

- Learning when things had gone wrong had improved. The management team gave examples and records confirmed, of actions they had taken to make improvements.

- For example, the management team identified care records used to record the staff daily handover and people's individual daily records, needed to be improved upon. The management team had developed and tried several different formats before agreeing upon the current ones used. Staff had been involved and consulted and had received training and support.

- Incidents were recorded and reviewed for any patterns, trends and learning opportunities. Records reviewed showed there had been minimal incidents since we last inspected.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, the provider had failed to ensure their staff had received sufficient training and supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Staff received opportunities to complete training the provider had identified as required. Improvements had been made and were ongoing, to ensure staff received required training in a timely manner. In addition to accredited training, the management team had been creative in ways of supporting staff to develop their knowledge and understanding. This included bespoke training by the registered manager about how to support some people's emotional needs. Video's had been developed to support staff of tasks required with cleaning.
- Staff competencies in areas such as medicines and understanding support plans and risk assessments were completed. The management team was in the process of implementing additional competency checks in areas such as dignity in care.
- Staff received opportunities to discuss their work, training and development needs. Staff were positive about the support they received. One staff member said, "The manager is very supportive and knowledgeable, I've learnt such a lot from them." Another staff member said, "I feel well supported and have regular one to one meetings which I find really helpful."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual care and support needs were assessed prior to moving to the service. Improvements had been made to the assessment process. This included people visiting prior to moving, to enable them to make an informed choice about the placement. Staff experience, skills, and compatibility with other people living at the service were all taken into consideration.
- Support plans and risk assessments were developed and reviewed with people. Staff were provided with guidance about people's personal life history, routines and preferences. This supported staff to understand people's individual care and support needs and promoted person centred care.
- Recognised assessment tools were used to monitor people's health care needs. For example, a malnutrition universal screening tool was used to monitor people's weight. Health needs, including oral

health care were assessed and monitored.

Supporting people to eat and drink enough to maintain a balanced diet

- People received sufficient to eat and drink and a menu provided options, promoting choice. People told us they were happy with the meal choices, how they had access to hot and cold drinks at all times and they received sufficient to eat. A person said, "The food here is fine, if I don't like the choices, I ask for something different."
- The menu was displayed, and vegan and vegetarian options were available. People's preferences and any dietary needs were known and understood by staff.
- Food stocks were good and stored as required. The service had a current 5-star rating with the food standards agency. This is the highest award granted and confirms all expected food safety requirements had been met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with external health and social care professions to ensure people received consistent care. If people were admitted to hospital, information was shared with ambulance and hospital staff.
- Staff made timely referrals to health and social care professionals for further assessment and support when required. Positive feedback was received from a healthcare professional. This included how well staff met people's individual health and welfare needs. They also expressed how well staff communicated with them and supported people to achieve positive outcomes.
- People received support to manage and monitor any health care needs and to attend health appointments. This was confirmed by a person who said, "I am able to see outside health care and others when I need to, either a member of staff takes me or I go by taxi."

Adapting service, design, decoration to meet people's needs

- The environment met people's needs. Since our last inspection, bedrooms and communal areas had been redecorated and flooring replaced, this work was ongoing. People had been involved in choosing colours.
- People had access to a safe and secure rear garden with a smoking shelter and seating.
- Internally, people had a choice of 2 lounges and a dining room to spend their time.

Ensuring consent to care and treatment in line with law and guidance 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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- At the time of our inspection, no person had a DoLS.
- People had mental capacity to consent to their care and support. Two people required support to manage their finances. A mental capacity assessment had been completed and a best interest decision made. Records showed all required action had been completed to ensure the best interest decision was required.

- Staff understood the principles of the MCA. The management team were aware how some people's capacity could fluctuate and assured us of the action they would take at these times.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, the provider had failed to have robust systems and processes that assessed risks and monitored quality and safety. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- New and improved systems and processes to assess, monitor and review quality and safety had been implemented. A service improvement plan had also been developed that confirmed actions planned to further develop the service.
- Daily, weekly and monthly audits and checks were completed to ensure people received safe and effective care and support.
- Support plans and risks were regularly reviewed to ensure staff had detailed and up to date information. Unannounced spot checks were completed to ensure staff provided consistent good quality and safe care. Improvements had been made to staff training and support.
- The addition of a deputy manager role had been a huge support to the registered manager. They worked well together and had made significant improvements. During the inspection the management team were open and honest and showed great energy and commitment to further develop and improve the service.
- The provider's greatest challenge had been the recruitment and retention of competent staff. Whilst, staff recruitment was ongoing the management team had been creative in the ways they had supported staff to understand their roles and responsibilities. This included developing new procedures and working alongside staff to develop their awareness and skills.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner. The last inspection report rating information was on display at the service.
- Positive feedback was received from people, a relative and an external healthcare professional about how well the service was managed. A person said, "This is a brilliant place to live I go out when I like, and it is much better being here, than in mental health services." A healthcare professional said, "In my experience this is a good service, better than many others I know. Staff genuinely care and work hard to get to know

people in their care."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the care and support they received. A person said about staff, "If I need any help, they will always help me."
- People were supported to achieve positive outcomes. Staff told us how they supported people to develop their independence and gave examples how some people had left to live a more independent life in the community.
- We observed there to be a calm and relaxed atmosphere during our inspection. Staff worked well together and had time to spend with people. Staff were positive, showed respect towards people and promoted an inclusive, person centred approach to care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received opportunities to share their experience and make suggestions about the care and support they received. A suggestion box was available, there were regular resident meetings and an annual feedback questionnaire was sent inviting people to share their views.
- People confirmed they received opportunities to share their experience. A person said, "At meetings I say what I think and that's ok." Meeting records confirmed people were consulted on various things such as meals, activities, safeguarding and house rules were discussed, such as no smoking, alcohol or illicit substances at the home.
- Staff were positive about working at the service. They told us they could raise concerns and make suggestions in staff meetings, during supervision meetings and daily handover meetings, but could also approach the management team anytime.

Working in partnership with others

- Staff worked well with other organisations and health and social care professionals. Care records, speaking with people, staff and feedback from a healthcare professional confirmed this.