

Sentimental Care Limited

# Hamilton Park Nursing Home

## Inspection report

6 Hamilton Road  
Taunton  
Somerset  
TA1 2EH

Tel: 01823256650

Date of inspection visit:  
24 March 2017

Date of publication:  
07 April 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

Hamilton Park Nursing Home provides accommodation with nursing care for up to 34 people. Accommodation is arranged over three floors and all bedrooms are for single occupancy. The home is staffed 24 hours a day and a registered nurse is on duty at all times. The home is located within a short distance of the town.

At the time of the inspection there were 33 people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People remained safe at the home. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. Risks to people were reduced because there were systems in place to identify and manage risks such as reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin.

People continued to receive effective care. People told us their healthcare needs were met. One person said "My doctor visited me here when I felt poorly." Another person told us "When I came out of hospital I had a blister on my leg. Since I have been here they have taken good care of it and it has all healed up. I think they do an amazing job." People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The home continued to provide a caring service to people. One person told us "The staff are great and we have great banter. I am very happy here." Another person said "I find all the staff very pleasant and caring." A visitor said "I am very happy with everything and the staff are lovely." The atmosphere in the home was relaxed and people were supported in an unhurried manner. Staff interactions were kind and respectful.

Improvements had been made to ensure people received care which was responsive to their needs and preferences. People had been involved in planning and reviewing the care they received and we found care plans were reflective of people's needs and preferences. One person told us "When I first came here I was asked all about the help I needed and the things I liked or didn't like. They [the staff] wrote it all down so all the staff can see it."

The service continued to be well led. The registered manager was very visible in the home and knew people very well. People told us the management within the home were open and approachable. The registered

manager and provider continually monitored the quality of the service and made improvements where needed.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service has improved to Good

### Is the service well-led?

Good ●

The service remains Good

# Hamilton Park Nursing 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 checked 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 was an unannounced comprehensive inspection carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

During this inspection we spoke with 14 people living at the home and four visiting relatives. We also spoke with six members of staff. The registered manager was available throughout the inspection.

We looked at a number of records relating to individual care and the running of the home. These included four care and support plans, two staff personal files and records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide safe care. People told us they felt safe at the home and with the staff who supported them. One person said "I've been here for years. I feel safe here and the staff are lovely and kind." Another person told us "It's very nice here. I have no worries and the staff are great."

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. We saw staff responded promptly to any requests for assistance. One person told us "Sometimes at night I have to use my call bell. They [the staff] come pretty quickly really."

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Staff had been trained how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People's medicines were safely managed and administered by registered nurses. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. During the inspection we saw these medicines being offered to people. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Risks to people were reduced because there were systems in place to identify and manage risks. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair.

# Is the service effective?

## Our findings

The service continues to provide effective care. People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training in health and safety topics and subjects relevant to the people who used the service. The majority of the care staff had achieved or were working towards nationally recognised qualifications in care.

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for. After completing the home's induction programme, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

A registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. A person who lived at the home told us "When I came out of hospital I had a blister on my leg. Since I have been here they have taken good care of it and it has all healed up. I think they do an amazing job."

People saw health care professionals when they needed them. On the day of our visit the registered manager had arranged for a person's GP to visit them as they were unwell. Another person was visited by an occupational therapist to assess their mobility. One person said "My doctor visited me here when I felt poorly."

Staff followed advice given by health and social care professionals to make sure people received effective care and support. One person had been seen by a speech and language therapist who had recommended their food and drinks were served at a specific texture to minimise the risks of the person choking. At lunch time we saw this person received their meal in accordance with the recommendations made.

People were generally complimentary about the food and all said they received plenty to eat and drink. People told us staff knew about their preferences. One person told us "It's fish today and they know I don't like fish so I am having sausages instead." People who were at risk of malnutrition were weighed at least monthly. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals where needed. People had access to jugs of squash and a choice of hot and cold drinks were offered regularly throughout the day and on request.

Staff sought people's consent before they assisted them. One person told us "I can do what I want when I want. The staff have never made me do anything I didn't want to do." Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where

appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example the provision of some equipment, a best interest decision had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.



## Is the service caring?

### Our findings

The home continues to provide a caring service to people. People were complimentary about the staff and they looked content and relaxed when staff interacted with them. One person told us "The staff are great and we have great banter. I am very happy here." Another person said "I find all the staff very pleasant and caring." A visitor said "I am very happy with everything and the staff are lovely."

The atmosphere in the home was relaxed and people were supported in an unhurried manner. Staff interactions were kind and respectful. A member of staff said "I think it's very nice here. It's homely and relaxed which is how it should be; it's their home."

Where people required assistance with personal care needs, they were supported in a discreet and dignified manner. We observed staff assisting people to transfer with the aid of a mobile hoist. Staff explained what was happening and reassured the person throughout the transfer.

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. One person told us "I am happy with my room and I can go there when I want to." Another person told us "I was in my bedroom this morning watching television but I've decided to spend some time down here [in the lounge] this afternoon."

Staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The registered manager made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free. A book of remembrance was available in the lounge for people and staff to write messages about people who had passed away.

## Is the service responsive?

### Our findings

At the last inspection of the service we found improvements were needed to ensure people were consulted and involved in developing and reviewing their plan of care. We also found care plans had not always been updated when people's needs changed. For example, one care plan had not been updated to reflect that, following a number of falls from bed, the person's mattress had been placed on the floor. Another person was having their food and fluid intake monitored. However; there was no rationale or care plan in place to reflect this and the person had been assessed as being at low risk of malnutrition. At this inspection we found these shortfalls had been addressed.

The care plans we read demonstrated that people and their representatives had been involved in reviewing their plan of care. One person told us "When I first came here I was asked all about the help I needed and the things I liked or didn't like. They [the staff] wrote it all down so all the staff can see it."

Staff made entries about people during the day and at night and at our last inspection the records we read only contained information about the tasks staff had performed for example "washed and dressed" and "bed changed." This would make it difficult to review the effectiveness of a plan of care which could mean people received care and support which was not responsive to their needs or preferences. At this inspection improvements had been made and staff recorded more detailed information about the well-being of people and how they had responded to interactions.

People were assessed in their own home before they moved to the home. This helped to ensure the home could meet a person's needs and aspirations. One person said "The matron [registered manager] saw me at my house. She told me all about the home and asked about my health and what I needed help with. It's a good service I think."

Care and support was responsive to people's changing needs. One visitor told us "My [relative] came here from hospital and had improved so much since being here. They are walking again now and will be back home soon I expect."

People told us there were some activities they could join in with if they wanted. However some people said they were sometimes bored. There was a programme of activities which included in-house activities provided by the care staff and some activities provided by external entertainers. One person told us "We had a lovely lady visit last week. They read poems and it was very enjoyable." Another person said "I like the giant snakes and ladders and the sin-a-longs best of all." One person was keen to show us the Easter bonnet they had made with staff.

The provider had a complaints procedure which was displayed in the home. People said they would talk with a member of staff if they were not happy with their care or support. One person told us "I wouldn't keep quiet if I wasn't happy. They'd listen alright." Another person said "I haven't got any worries at the moment but I'm pretty sure the staff would sort things out for me if I wasn't happy."

## Is the service well-led?

### Our findings

The service continues to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had managed the service for a number of years and had an excellent knowledge of the people who used the service and the staff. The registered manager was very visible in the home and regularly worked shifts as the registered nurse. They said "It is so important to know what's going on and how the residents are." This also enabled them to work alongside other staff to monitor practice and address any shortfalls. People told us the registered manager was approachable and they could always speak with them if they needed advice or support.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager and clinical manager there was a team of care staff who were supported by more senior care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative and maintenance staff were also employed. A member of staff told us "It's a great place to work and we have a good team. I get all the training and support I need."

Annual meetings were held for people who lived at the home and their representatives. These were also attended by the directors of the company. The minutes of the last meeting showed a range of topics had been discussed. These included some planned upgrading of the home and feedback on recent activities.

The provider had quality assurance system which monitored the quality of the service provided. They regularly visited the home and carried out audits and checks on the running of the home, staffing, the environment and the care people received. Their visits also included talking to people who lived at the home, staff and visitors to seek their views about the home and the service they received. The report from their most recent visit did not identify any areas for improvement. Annual satisfaction surveys completed by people and their representatives showed a high level of satisfaction with the quality of the service provided.

The registered manager was member of local provider groups which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. They told us in their completed provider information return (PIR) "We liaise with other external agencies for information sharing and access to best practice guidelines. We respond to actions/improvement notices from other organisations such as Environmental Health. We are members of the RCPA [Registered Care Providers Association] and attend their quarterly and annual meetings for updates to ensure that we continue to promote good practice and ensure that we comply with the latest legislative changes."