Acegold Limited

# Hamilton House Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

About the service
Hamilton House Care Home is a nursing home providing personal and nursing care for up to 53 people. At the time of the inspection there were 36 people living at the service. The registered manager told us there were 43 rooms available to people not 53 as registered. Some rooms had been double occupancy but had all been changed to single occupancy. This had reduced the number of rooms.

The home was over three floors all accessed by a lift. Some rooms were en-suite and for those that were not, there were communal bathrooms and toilets available. There was a courtyard garden which was easily accessed.

People's experience of using this service and what we found
People were supported by staff who had been recruited safely and were trained. There were sufficient numbers of staff available. Nursing staff managed the medicines and made sure people had their medicines as prescribed. Medicines administration records were kept which recorded what medicines people had and when. Risks had been assessed and management plans were in place which nurses reviewed regularly. The service was clean and good infection prevention and control practice was followed.

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. People's needs were assessed, and care delivered effectively. Food looked and smelt appetising and we observed people had the support they needed to eat. People had timely access to healthcare where needed and records demonstrated action taken. The environment looked dated in some areas. For example, one bathroom needed updating and some carpets needed replacing. Communal areas such as the dining rooms and some bathrooms had been refurbished which made them bright and fresh.

People were supported to maintain important relationships and friends and relatives were able to visit without restrictions. Refreshments were available, so relatives could help themselves. People were involved in their care where they were able, choice was promoted and respected by the staff team. People's independence was encouraged where possible, but staff were on hand to help if needed. Privacy and dignity was promoted and maintained by a staff team who respected and valued the people they were supporting.

People had their own personalised care plans which were reviewed regularly by the nursing team. Care plans had been written positively and contained guidance needed for staff to provide safe care. Where needed, monitoring was in place for additional needs and this was checked by nurses. End of life care was provided and staff had received many compliments about the compassionate care they had provided. Activities were available, and people were supported to engage with what they chose to do.

Quality monitoring systems were robust and identified improvement needed. The registered manager and provider had oversight of the service and monitored areas such as falls, training and people's weight. Staff

told us there was good team work and the registered manager was supportive. Staff felt able to speak up about any concerns they had. People's views were sought in 'resident meetings' and surveys. Action was taken in response to suggestions raised.

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 Good (report published 22 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Hamilton House Care Home

**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 Care Act 2014.

Inspection team
This inspection was carried out by two inspectors on day one and one inspector on day two with 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 Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we looked at information we held about the service. This included notifications received from the provider which they are required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who lived at the service and three relatives about their experience of the care provided. We spoke with eight members of staff, the registered manager and clinical deputy manager. We also spoke with two visiting professionals. We reviewed a range of records which included six care plans, multiple medicines administration records, risk assessments, four staff files and a variety of records relating to the management of the service.

After the inspection
Following our site visit we contacted one healthcare professional for their feedback about the service.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● There were sufficient numbers of staff deployed to meet people's needs. However, staff views on numbers of staff were mixed. Some staff told us at times there were not enough staff. We checked staff rotas and saw there were consistent numbers of staff deployed. The registered manager told us staff numbers were calculated by the provider's dependency tool. This enabled the registered manager to plan staff rotas according to people's needs. We saw there were staff available to respond to people when they needed assistance.

● People were supported by staff who had been employed safely. The registered manager made sure all staff had the necessary pre-employment checks carried out. This included a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and to avoid unsuitable people from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us people were safe. Comments included, "If I needed help I would find them [staff] or shout", "I have never felt so safe in my life as I do here" and "I have peace of mind knowing [family member] is safe here."

● People were protected from the risk of abuse. Staff were trained and had knowledge of different types of abuse, how to recognise the signs and report their concerns.

● Systems were in place to make sure any safeguarding alerts were notified to us and the local authority. Safeguarding was discussed at handovers and team meetings to make sure all staff maintained awareness.

Assessing risk, safety monitoring and management

● Risks to people's safety had been identified and assessed by the nursing staff. There were clear management plans in place which had been reviewed and updated as needed. One professional told us, "The team work well with me to assess risks."

● The registered manager had generic assessments in place to assess risks in the environment and for staff carrying out tasks. There were safe systems of work available for staff to follow to reduce risks of harm or injury.

● Systems were in place for the registered manager and provider to monitor risks. The provider organised health and safety based training for staff which was updated regularly.

Using medicines safely

● People had their medicines as prescribed. The service had safe systems in place to manage people's medicines. Medicines were stored in people's rooms which staff told us was safer and more efficient for them to administer. We observed staff administering medicines and saw their practice was safe.

● Medicines at the service were managed by the nursing staff. People's medicines administration records were completed in full, with no gaps in recording. Any hand-written entries were signed by two members of staff to reduce the risk of transcribing errors.
● Staff received training in medicines management and had their competence assessed. This was reviewed annually. Protocols were in place to guide staff on when to administer people's 'as required' medicines. These had been reviewed by nursing staff.

Preventing and controlling infection
● Staff received training in food hygiene and infection prevention and control which was regularly updated. Cleaning schedules were in place for staff to follow to ensure all areas of the service were cleaned.
● The service was clean and smelt fresh. Staff followed safe infection prevention and control practice such as washing their hands and wearing personal protective equipment.
● Kitchen and food hygiene standards had been inspected by the local authority in October 2018. They had rated the service as a '5' which meant it had very good food hygiene standards.

Learning lessons when things go wrong
● Accidents and incidents were reported and recorded. The registered manager and provider had oversight of all accidents and incidents and looked for any patterns or trends. The registered manager carried out an analysis of incidents such as medicines errors and serious injuries to help prevent reoccurrence.
● Staff had been encouraged to complete reflection to review their practice and identify learning. For example, staff had completed reflective accounts of their practice for medicines errors. They had reviewed the situation and recognised some improvements they could make. The registered manager told us the service encouraged staff to speak up when mistakes were made so everyone could learn.

Good

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was an adapted building with communal areas such as lounges, dining rooms and a conservatory. Some areas of the home had been refurbished and looked fresh. Other areas of the home needed an update. Some carpets needed replacing and we saw a bathroom needed refurbishment. The registered manager told us there was a planned refurbishment programme in place, but this had been put on hold whilst some provider changes were being considered.
- People were able to personalise their rooms with their own belongings and had put up pictures and photographs. People were encouraged to bring their own furniture to help them feel at home.
- A small courtyard garden was available for people and relatives to use. There was outdoor seating and many pots of flowers which were well maintained. This made the outdoor space pleasant for people to enjoy.

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 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 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.

- People who lacked capacity had been assessed and to support their decision-making, best interest meetings had been held. Assessments were in people's care plans alongside details of who had been involved in best interest meetings and what the outcome was. The service was working within the principles of the MCA.
- There were applications for DoLS waiting to be assessed by the local authority. The service had completed them where appropriate. One person had a DoLS authorisation in place. There were conditions attached, which the service was meeting.

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

● People's needs were assessed prior to them moving into the service. One relative told us, "Staff came out to see us, the process was very thorough." This made sure the service could meet people's needs and identify if additional equipment or extra staff training would be needed.

● Staff used nationally recognised assessment tools to assess areas such as nutrition and skin integrity. These were reviewed regularly by the nursing staff. The deputy clinical manager told us all nursing staff had access to up to date, evidence based clinical guidance online. They told us they regularly consulted this guidance to make sure care was being delivered effectively.

Staff support: induction, training, skills and experience

● People were being supported by staff who had an induction and regular training to make sure they had the skills they needed. A member of staff was the 'home trainer' and took responsibility for staff induction and mentoring of staff. One member of staff said, "I gained quite a lot from it [induction], I was placed with staff who are really good at their jobs, good at caring on a personal level."

● The registered manager and provider had an overview of training completed and where updates were needed. A monitoring system was in place to make sure the updates were booked and completed. Staff had regular supervision and an annual appraisal. Staff we spoke with felt supported in their jobs.

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

● People had sufficient food and drinks. People told us they were happy with the food. Comments included, "You can have whatever you ask for", "I like the food here, it is varied. I have a salad, they do a cracking salad" and "It is delicious."

● We observed there were snacks and drinks available to people throughout the day. Mealtimes were relaxed, and the food looked appetising. Staff were available to support people to eat where needed. Dining rooms were laid appropriately for meals with tablecloths, napkins and condiments. Menus were available on tables, so people could see what choices they had for the day.

● Staff monitored people's weight monthly, or more often if needed. Action was taken if people were at risk of malnutrition or had lost weight. For example, if people were at risk of losing weight the chef added calories to their food and made smoothies or milkshakes to help people gain weight. Staff consulted with people's GP or other professionals to seek guidance or other resources if needed.

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

● People were being supported by a staff team who communicated with each other. There were daily handovers for staff and a 'flash meeting' every morning. This enabled staff to be updated with any changing needs or learn about incidents, or planned visits from professionals.

● We observed, and records demonstrated people had access to a variety of healthcare services. The local GP visited every week and helped staff to refer to other professionals such as physiotherapists or occupational therapists. Staff made sure people could see a dentist where needed and a chiropodist. One professional told us, "The team listen to my guidance and help me assess people as I am not here all the time."

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a staff team who enjoyed their work and knew people well. People had developed relationships with staff and we observed staff treating people with kindness and respect. People and relatives were happy with the care received. Comments included, "The quality of care is exceptional", "I am cared for, I know most of the girls [staff], they are local" and "The staff are kind, there is a genuine feeling for the person."
- People's preferences, cultural and religious needs were recorded in their care plans. In the provider information return, the registered manager told us about a person from another country who was supported by staff who spoke their first language. Staff made sure the person was able to enjoy music and watch television programmes from their country.
- People's life history was recorded so staff had information to help them communicate with people.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to share their views and be involved in the planning of their care. The service had a 'resident of the day' system where people were identified as being a priority for a review of care. The registered manager told us it was a good system for making sure all heads of department visited the person to check everything such as maintenance and dietary needs.
- People could attend regular meetings. There were 'resident and relative meetings' and 'activity meetings'. These were open for anyone to attend and share their views. There was a suggestion box in the home for people or their relatives to share ideas or concerns.
- People's choices were respected by staff. We observed staff making sure people had choice of drink, food, where they wanted to eat and where they wanted to spend their day. We observed staff taking time with people to make sure they understood what was being offered. Staff made sure they were sat next to people to talk to them and spoke clearly to check understanding.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by all staff. We observed staff knock on people's doors and wait for a response before going in. People had signs they could put on their doors if they wanted privacy for any reason. This alerted staff and visitors to their wish for privacy.
- People's independence was promoted as much as possible. One person told us the staff always encouraged them to maintain their skills which had resulted in improved mobility for them. One member of staff told us, "I ask people if they would like me to do things or if they would like to do things independently. There are some that really want to be independent, I say that is fine, but I am here if you need a hand."

● Promoting privacy and dignity was reflected in people's care plans. We saw staff had written that people needed to feel listened to, respected and valued. Staff told us people's wishes regarding the gender of their care worker was respected. For example, if females only wanted female care workers this was respected.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's initial assessment had been used to develop their care plans. Care plans gave staff guidance on how to meet people's needs. Those seen were positively written and covered areas such as moving and handling, nutrition and personal care. One member of staff told us, "Care revolves around what people need, what they want and the best way to do things for a specific person, it is not one way for everyone."

● People's health needs were recorded with good guidance to make sure staff were aware of how to support people if they became unwell. For example, people with diabetes had good management plans in place to support staff to know what to do should the person become unwell. This included literature on diabetes management.

● Monitoring records were in place where people had additional needs. This included food and fluid, and re-positioning records. Nurses checked these daily to make sure there were no gaps in recording.

● Daily notes were written by staff to record what care and support people had received. We discussed these with the registered manager as we found they were basic and lacked detail on people's emotional well-being. The registered manager told us this was an area of the service which had been identified as requiring development and training was planned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs, and preferences had been assessed and recorded in their care plans.

● information could be provided in a variety of formats dependent on people's needs. The registered manager told us the service offered Braille to people who were visually impaired and talking books. Information could also be provided in large print or by use of flash cards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to maintain close relationships with relatives and friends. During our inspection we observed many visitors who were all welcomed. We spoke with one relative who told us they visited most days as there was no restrictions. They told us staff always offered them refreshments and made them feel welcome.

● People were able to take part in a variety of activities if they wanted to. Activities staff were employed and planned events depending on what people wanted to do. People were also able to follow their own

interests. For example, one person loved to garden and had taken the courtyard garden as a project. We observed them taking care of the plants and flowers which they did most days. Another person told us they were looking forward to starting meditation the next day. They said they had not done this before but wanted to try it.

● Activities audits were carried out by the service to monitor activity provision. We saw within audits people were asked what they had done during the week and whether they had been outside. Staff were also asked to share how many activities they had seen going on during the week and what they had done to socially include people.

Improving care quality in response to complaints or concerns

● People and relatives knew how to complain if needed. One relative said, "I know who the manager is, I would complain if I needed to, but I haven't needed to."

● Complaints had been recorded and shared with the provider. This enabled the provider to monitor the outcome of complaints to ensure responses were provided within the identified timescales.

● The registered manager kept detailed records of complaints and responses provided. People and relatives were signposted to the appropriate organisations should they feel they needed to escalate their concerns.

End of life care and support

● One person was receiving end of life care at the time of inspection. Their care plan had been reviewed and updated to give staff guidance on the care needed. The service had liaised with healthcare professionals to make sure the person was comfortable.

● People had the opportunity to record their wishes for the end of their lives. This information was recorded in their care plans and reviewed by staff. We saw that some people had requested to spend the end of their life at Hamilton House Care Home, as it was their home. These wishes were respected by staff.

Good

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were living in a service with an open and inclusive culture. The registered manager was passionate about providing good quality care and told us they believed the care provided at the home was "excellent".
- Nursing care was led by a clinical deputy manager who knew people very well. One professional told us, "I feel the nursing care is of a very high standard led by [clinical deputy manager]. Her leadership sets the tone for the rest of the staff to follow those standards of care."
- The provider values were on a poster visible at the service. During a meeting we observed the registered manager ask staff what the value of the day would be. Staff chose 'do it from the heart'. The provider had introduced new 'pacesetter' training which all staff had completed. This was training about the provider values and how they could be embedded into day to day work. The registered manager said, "Pacesetter is about our values and re-thinking about how we do things, could we do it better."
- Staff enjoyed working at the service and were proud of the care they provided. One member of staff told us, "We might not have the best building, but we have heart and compassion, if you want great care come here." Many compliments had been received, all giving praise and thanks to the staff for the care provided.

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 and the provider were aware of their responsibility to be open and honest with people and their relatives. All incidents were reported and investigated, where needed results were shared with people and their relatives. If an apology was needed the registered manager did this formally with a duty of candour letter.

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

- Systems were in place to monitor the quality at the service. There was an annual plan in place which outlined what audits were to be completed and when. The audits were detailed and effective in identifying improvement. Where improvement was identified, an action plan was produced which was monitored by the provider until completed. In addition to quality monitoring checks, the service had two whole home audits annually. One would be completed by senior management and one by another registered manager from another of the provider's homes. Quality monitoring systems were robust.
- There was a staff structure in place and all staff were aware of their roles and responsibilities. Staff knew who to go to if they needed help or guidance. Staff told us the registered manager was "supportive" and

"understanding". This approach was valued by staff. The registered manager was supported by the provider with a monthly operational visit. The registered manager told us, "I have a good relationship with the regional operations manager, she listens to me and is supportive."

● Staff were supported to share their feelings during reflections on incidents that had happened. The registered manager encouraged staff to support each other to provide good quality care.

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

● People were able to share their feedback about the service. Quality monitoring checks also included sections to prompt staff to speak with people and staff as part of the monitoring. There was a 'you said, we did' board at the service which recorded what the service had done in response to feedback. For example, people had said there were no hanging baskets of flowers at the home. In response, the registered manager bought some and they were hung in the garden.

● The provider carried out annual surveys which encouraged people, relatives and staff to share their feedback. A report had been produced and shared with people. The service planned to introduce a 'resident ambassador' to help with engaging with people. One person told us they were considering this role. They thought they would be good at communicating with others.

● Staff were able to attend many staff meetings. We reviewed minutes from meetings held in 2019 and saw items such as staff numbers, activities and training were discussed. Staff told us there was good teamwork at the service. One member of staff said, "We are a really good team, we are friendly and support each other." Another member of staff said, "The team are fantastic, everyone is passionate about what they do."

Working in partnership with others

● The service worked in partnership with many professionals to make sure people got the care and support they needed. Professionals told us they had good relationships with the staff at the service.

● The home had established links with the local community and had organised for local services to visit. This included local clergy. Links with local schools were maintained with children visiting the service weekly. One member of staff told us they were planning to give people the opportunity to learn Spanish with the children. They planned to start a 'lingo' club.