Doncaster Metropolitan Borough Council

Hamilton Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 21 and 30 December 2016. Hamilton Court is a supported living service. It provides support for people with learning disabilities and autistic spectrum disorder living in the community. Accommodation is based in a small housing complex owned by South Yorkshire Housing Association. At the time of the inspection 15 people were using the service. Three people lived in single occupancy flats, and there were also three houses which provided accommodation to four people who used the service. The service has one vacancy for a person to be accommodated in a single occupancy flat.

This is the first inspection of the service since its registration with the Commission in December 2015.

The service has recently appointed a manager who has indicated that they will be submitting an application to be the registered manager. 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.

People we visited told us that the service had really helped them to achieve their independence and confidence. They were complimentary about the staff that supported them. People we spoke with said they would definitely recommend the service to others.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

The acting manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being place on them.

The arrangements for handling medicines were safe and people received their medicines as prescribed. People had access to a good range of health care services and staff actively advocated for people if they felt health care services were not as responsive as they should be.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities.

We observed good interactions between staff and people who used the service. People were happy to discuss the day's events and one person told us about their likes and interests. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

They had systems in place to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents. Where action plans were in place to make improvements, these were monitored to make sure they were delivered. We saw copies of reports produced by the acting manager and by peers from other services. The reports included any actions required and these were checked each month to determine progress.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed

Medicines were stored and administered safely. Staff were appropriately trained to support people with this task.

Is the service effective?

Good

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff that had the necessary skills and knowledge. Staff received regular supervision to ensure they were given the opportunity to discuss their development and training needs.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with had good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Is the service caring?

Good

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were

happy with the support their family member received.

People had been involved in deciding how they wanted their care to be given and relatives told us they discussed this before they stayed at the home.

Is the service responsive?

Good

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them moving into their rented accommodation. People told us the acting manager was approachable and would respond to any questions they had.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views, and staff used the views to make improvements at the service.

Accidents and incidents were monitored monthly by the acting manager to ensure any triggers or trends were identified.

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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 was 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 21 and 30 December 2016 and was announced and was carried out by one adult social care inspector. The provider was given 48 hours' notice because we needed to be sure that someone would be available to assist with the inspection. At the time of the inspection 15 people were using the service. Three people lived in single occupancy flats, and there were also three houses which provided accommodation to four people who used the service. The service had one vacancy for a person to be accommodated in a single occupancy flat.

We visited three people in their home and we spoke on the telephone with the relatives of five people who used the support service. We spoke with the acting manager and proposed new manager, the deputy manager and several support staff. We also spoke with a quality monitoring officer from Doncaster council.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We had not asked the provider to submit 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 looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in their own homes and staff were available to offer support when needed, to help them maintain their independence. One person said, "I am independent, staff wait for me to let them into my house." A relative we spoke with told us that staff were respectful when they visited their family member. One relative told us that staff had helped their family member to become independent while still maintaining links with relatives. They said, "I feel reassured knowing that staff are around if needed, especially when they are out in the community."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the acting manager. We saw staff had received training in this subject.

Staff we spoke with told us that there were sufficient staff available to make sure people were safe and that their needs were met and the service operated in a flexible way. We were told by staff that if they needed additional help then this was available. The acting manager told us that on some occasions some people needed additional support to take part in activities in the community. This was provided. The acting manager also worked some shifts so that they could have hands on experience working and supporting people.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

Where it had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively.
There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The acting manager explained how staff were recruited and documents in relation to references and Disclosure and Barring Service (DBS) check had been undertaken. They said that they were notified by the central office that all the required checks had been received before arranging a start date. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Medicines were stored and administered in people's homes. One person was able to undertake this task without support from staff. A through risk assessment had been undertaken prior to the person being supported to self-administer their medication.

There was an audit system in place to make sure staff had followed the provider's medication procedure. We saw the senior team leader had carried out regular checks to make sure medicines were given and recorded correctly. Staff had received training in the safe management of medicines and regular competency checks were undertaken by managers to ensure staff were adhering to policies and procedures.

Good

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. People who used the service told us that they were supported by staff who understood their needs. People told us that staff helped them to plan their meals and they were supported to go shopping. One person we spoke with told us they liked to cook but needed staff support to ensure the meal was cooked safely.
Some people also received nutritional support from their family. Part of the social activities also included meals out at restaurants and cafés of their own choice.

People we spoke with told us that staff helped them to develop their person centred plans (PCP) which detailed the support they would need to undertake certain tasks. For example, assistance with personal care, likes/dislikes and things they enjoyed doing. Relatives we spoke with told us that they were satisfied with how support was delivered at Hamilton Court. One relative we spoke with told us that their family member had grown in confidence with the help and support from staff. They said, "They now like to go to the theatre and on holidays which they had not done while living with parents."

People told us that staff also supported them to make and attend doctors' appointments. One relative we spoke with told us that support staff assisted their family member with doctors and hospital appointments, but always feedback the outcome which was agreed with their family member. Records showed that people were supported to also access other specialist services such as chiropody and dental services.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The care plans we saw demonstrated that people's mental capacity had been considered. Throughout the care plan we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

Records we looked at confirmed staff were trained to a good standard. Senior support workers and support workers had obtained nationally recognised certificates in learning disabilities. The deputy manager told us all staff completed a comprehensive induction which included, care principles, service specific training such

as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people that used the service. It was clear from our observations that the training staff received was fully integrated into the way people were supported. Relatives we spoke with told us that the staff really understood how to treat people as an individual.

The acting manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the acting manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the acting manager was always approachable if they required advice or needed to discuss something. They said regular staff meetings and handovers were also used to support staff and they felt able to discuss any problems they may be experiencing.

Good

Is the service caring?

Our findings

Staff working with people who used the service ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was consistently good. Relatives we spoke with told us that they thought the service respected people's wishes while offering encouragement and support to enable their family member to be as independent as possible. One relative said, "Staff understands their needs and they have made a big difference."

The support plans for people who used this service were established using information from the placing authority, family members and each individual. One relative we spoke with told us that staff were caring and supportive. They said they were satisfied with the care provided and felt involved in their family members care. Another relative said, "They [staff] keep me in the loop we have regular face to face and telephone meeting and I would recommend the service to anyone."

People told us that staff were respectful and kind. One person we spoke with said, "Staff respect my wishes, staff encourage me to make decisions about how I spend my time." Another person we spoke with told us that staff always maintained their dignity and they never felt embarrassed when staff were assisting with personal care. They told us that this was important to them.

Relatives we spoke with told us that they thought their family members were happy living at Hamilton Court and staff knew them and supported them appropriately. We saw that staff interacted and supported people with care and patience. Although the people living at Hamilton Court were receiving on-going support from staff, we saw that there was opportunity for people spend time in private if they were able to. People had their own bedroom and could spend time away from the communal area if they wished.

We saw that the relationships which people had with friends and family were well maintained. They were encouraged and enabled to visit friends and family and to keep in touch. One relative told us how they were spending Christmas at Centre Parks, while others said their family members were spending time with them at the family home over the Christmas period.

People's information was treated respectfully. We noted that the records relating to the individual people living at the home were kept confidentially and that they were only accessible by the staff.

Staff retention was good, and staff knew people well and had built good relationships. They came across as committed and there was a nice, relaxed atmosphere. One staff member we spoke with said, "We all work to the same set of values, we all make sure the care is centred on the individual."

We found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans.

There was information available on the noticeboard about advocacy services. We saw in the care files that most of the people living in the home had relatives who supported them so did not need independent

advocacy services. People were encouraged to seek their relatives' involvement in decisions relating to their care, when necessary. We saw records of meetings and other communications with relatives, whose views were taken into account.

Good

Is the service responsive?

Our findings

We found people who used the services received personalised care and support. They were involved in planning the support they needed. We looked at three support plans for people who used the service. It was clear that the plans were person centred and reviewed as the persons support needs changed. Support plans included things medical staff should know if the person became ill and needed hospital attention.

People we spoke with told us they knew what was written about them by staff and staff always discussed how they could support them better. The plans also told us the activities that people were involved in on a daily basis, what was working well and things that may have changed.

The plans were kept under constant review as well as a formal review every 12 months when all health care agencies were involved. We saw records of reviews which had taken place which were detailed. Relatives we spoke with confirmed that they had been involved in the review process.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One relative we spoke with told us their family member liked to watch Doncaster Rovers play. Staff were made available to ensure this could take place. One person said, "Staff supported me to go to the theatre and on holidays." A relative we spoke with told us that staff had helped their family member to be more confident when they were out in the community. They also helped with developing household tasks like cooking and cleaning their home. A staff member told us how they had supported a person who loved the band Status Quo. They arranged to take them to see a concert in Manchester.

People were provided with information about the service. This is called a 'Service User Guide'. The information was set out in different format such as easy read format which included photographs and pictures used to illustrate the main points.

The acting manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. We looked at the records which also included a section for compliments. The acting manager told us that they met regularly with staff, people who used the service and relatives to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the manager if they needed to raise any issues.

Staff told us if they received any concerns about the service they would share the information with the team leader or the provider. They told us they had regular contact with their manager both formally at staff

meeting and informally when the acting manager carried out observations of practice at the service. This ensured good communication and sharing of information.

Good

Is the service well-led?

Our findings

The service did not have a registered manager at the time of the inspection. However, there was a long standing acting manager in post. A registered manager from another service within the organisation was at the service during the inspection and she told us that she was in the process of also becoming the registered manager for Hamilton Court.

The acting manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

People who used the service were actively encouraged to give feedback about the quality of the service. We saw the outcome from recent service user surveys which were mainly positive. The acting manager included actions taken to make improvements where needed. Relatives we spoke with told us they had regular meetings where they were encouraged to raise concerns and to talk about things like outings, holidays, activities and food. Without exception everyone we spoke with told us that the communication within the service was good.

Observations of interactions between the acting manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people staying in the home. They told us the acting manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team. Most of the staff have worked here for quite a while so that says we all love working with the people we support." Another member of staff told us how they felt supported by the team leaders and the acting manager who was always available if needed for advice.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who used the service. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

The provider had effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included looking at how the acting manager audited things like health and safety, infection control and medication. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained.

Accidents and incidents were monitored by the acting manager to ensure any trends were identified. We were shown how accidents or incidents were monitored to reduce the risk of their reoccurrence. The acting manager confirmed that they knew all notifications that should be reported to the Care Quality Commission.

We asked how the service worked in partnership with other organisations and the acting manager gave examples of working with mental health professionals, GPs and social work teams to ensure the people's whole care package helped them to remain independent.