

Parkcare Homes (No.2) Limited

Hamilton House

Inspection report

Leigh Sinton
Malvern
Worcestershire
WR13 5DZ

Tel: 01886832456
Website: www.craegmoor.co.uk

Date of inspection visit:
13 February 2018

Date of publication:
05 June 2018

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 House is a care home which supports people who have a learning disability. We inspected this service on 13 February 2018. This inspection was unannounced, which means they did not know we were coming.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

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. Hamilton House accommodates six people in one adapted building. There were five people who were living at the home on the day of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We found the provider followed these values to ensure people lived as ordinary life as possible.

People continued to receive safe care as they were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining the person's independence. Staffing was arranged based on people's individual needs and what activities were happening in the home. Staffing remained flexible to suit the people living at the home.

The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people, which was in-line with best practice. People receive care and support that was in line with their consent. People were supported by staff who knew their individual dietary requirements and how to support them in the right way. People had access to healthcare professionals when they required them.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated well which had a positive impact on their well-being. People were supported by staff who were kind and caring towards them. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People and where appropriate their family members were involved in the planning and review of their care and support. People were supported to continue with their hobbies and interests and further activities were being put into place which reflected people's individual interests. Information was provided to people should they wish to raise a complaint.

The registered manager had worked at the service for three months prior to this inspection. They were in the process of registering with us at the time of inspection, during the writing of this report that manager is now registered with the CQC.

There were opportunities for people and relatives to feedback their views about their care and this was used to improve the service. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. The provider had systems were in place to monitor and assess the quality and safety of the care provided. These checks focused on people's experience of care. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve the service delivery.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Hamilton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and took place on 13 February 2018 and was unannounced.

The inspection was carried out by one inspector and a specialist advisor who is an Occupational Therapist with a learning disability specialism. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We met four people who lived at Hamilton House, we spent time with them in the communal areas of the home, and where a person agreed we visited them in their bedroom. Staff supported us to translate people's individual communication and body language styles. The specialist advisor communicated with one person through sign language. We spoke with the relatives of three of the people who lived in the home. We spoke with three support workers, one team leader, the manager who was in the process of applying for their registration with us, a compliance manager and the area manager. We requested feedback following our inspection from external healthcare professionals and received feedback from a person's doctor and a person's social worker.

We reviewed aspects of five people's care records and medication records. We also looked maintenance records, the complaints policy and compliments, one staff members recruitment record and provider audits and checks.

Is the service safe?

Our findings

At this inspection, we found people continued to stay safe, with sufficient staffing to meet people's needs as we found at the previous inspection in October 2016. The rating continues to be Good.

All people we met felt safe from harm and that they felt safe with the staff who supported them. One person said, "Yes" when we asked them if they felt safe. We spent time in the communal areas of the home and saw people were comfortable when they were with staff. We spoke with staff about how they kept people safe from harm. Staff shared examples, such as supporting a person to safely cross the road. A staff member told us that staff completed specialist training for low level restraint, the staff member told us these were not used, however should it a situation arise they could be sure it would be done in a way which kept them and the person safe. The registered manager told us that new staff only supported people on their own in the community once they were experienced to do this. New staff we spoke with confirmed that they worked alongside more experienced staff while they were out.

Staff had received training in safeguarding people. Three staff we spoke with knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. Staff told us they would raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations.

Staff understood people's individual risks as these had been assessed and reviewed as required. We saw an example where one person's hobby had identified potential risks of harm or injury. We met the person who showed us how they stayed safe. Staff told us how they supported the person to continue with their hobby safely. We saw the person's care records were robust risk assessments and checks had been put into place to ensure the person could continue with their hobby and remain as safe as possible.

People received one to one support during the day time and we saw this was the case when we visited. Staff told us there were enough staff to support people. The provider was in the process of recruiting more staff to with a varied skill mix to ensure all people's needs were being met. For example, it had been identified that more staff who could drive was needed and we met new staff who had this requirement. We saw that the registered manager ensured there was a suitable skill mix of staff on duty, with senior and experienced staff supporting new staff members. During the day we saw people were supported to go into the community to do things they enjoyed and newer staff joined them to learn how to support people in the community safely.

Staff told us there were two staff members at night and that this worked well. They shared examples of times when more staff were required at night to support a person and the provider had ensured additional staff were sourced. The registered manager confirmed that should any staff take unplanned leave, such as sickness, they had staff support from the provider's other service, who could provide staff that people knew.

We spent time with one person while they were supported to take their medicine and saw this was done in a

safe way. Records of medication administered and the staff's knowledge were checked by the provider to ensure people received their medicines as required.

People cleaned their own rooms and communal areas and did their own laundry. We saw the home was clean and tidy and personalised with people's own possessions and furniture.

Staff understood the need to record and report any incidents and accidents. The registered manager told us these would be investigated to identify what had happened, and any learning was discussed and shared with the staff team and with other homes managed by the provider. We saw examples of learning from these, such as having a night staff member sitting upstairs so they could support people if they came out of their bedroom.

Systems were in place to manage the safety of the environment. Risk assessments had been completed to identify any hazards such as the management of fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. Staff carried out a range of checks to ensure the environment remained safe. Fire alarm systems were tested regularly by staff and serviced by external contractors.

Is the service effective?

Our findings

At this inspection, we found staff continued to meet people's needs as effectively as we found at the previous inspection in October 2016. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The registered manager had begun working at the service three months prior to our inspection and had used this time to have individual discussions with people and their relatives to ensure the support being offered was accurate and reflected the person's preferences. Relatives we spoke with felt that the new ideas the registered manager had suggested were in line with their family member's care and support needs. We saw assessments had been completed with the person, their key worker and where identified external health care professionals were involved. Through spending time with people we could see staff involved people in daily decisions about their care and support.

Staff knew people well and what support they required. Staff told us the training they had received was useful and related to the people they cared for. One staff member told us they had refreshed their first aid training and said, "We haven't had any emergencies, but it is good to keep up to date with this". We spoke with a new staff member who told us they had received training, and had the opportunity to, "Meet people, to bond with them". They continued to tell us that they had read people's care plans, and where able to tell us about some people's individual likes and dislikes and their current care support needs. We saw new staff were given varied roles throughout the day to give them the opportunity to support people in different situations, such as out in the community. Staff's competency levels were checked during supervisions or spot checks on their practice, where additional learning was identified this was put in place.

People were supported by staff with meal planning, shopping and preparation. People were supported by staff in the kitchen to prepare their meals and were offered choices of healthy foods they enjoyed to eat. Staff told us they were aware which people were on special diets, such as a low calorie diet. A staff member told us that visual aids had been put in place to help people understand what foods were better for their health. Throughout the day we saw people had drinks when they wanted. People had access to the kitchen and made their own drinks with staff to support them.

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).

People's views and wishes were respected and staff sought people's consent first. Staff we spoke with understood their roles and responsibilities in gaining people's consent and what this meant or how it affected the way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent.

Where the registered manager had identified people were being restricted they had applied and been granted DoLS approvals, so they were supporting people in the right way. Staff and the registered manager

understood who had a DoL in place and what it meant in the way staff supported the person.

People were supported to access health care professionals when they needed this, we could see from people's records that they were supported to attend their annual health check. Through assessments of people's care referral requests had been made, for example, to the speech and language therapist to ensure a person was receiving the right support with their meals. Staff told us they had the information needed to ensure the person was attending their scheduled appointments. Staff explained how they had a good network and knowledge of healthcare professionals available to support people. People's care records showed that people had accessed healthcare professionals where required. A healthcare professional told us that people were supported to attend their planned appointments with a staff member who knew them well. They told us this ensured that the right information was being shared, for the most appropriate treatment could be planned for the person.

People had their own private bedrooms and had access to their own bathroom's which had adaptations to support people's individual needs. People had access to communal areas and could move around freely and independently. People had access to a garden area where they had begun growing their own vegetables for them to eat.

Is the service caring?

Our findings

We found people continued to be supported by staff in a kind and caring way as we found at the previous inspection in October 2016. The rating continues to be Good.

People we met confirmed staff was kind towards them. We spent time in the communal areas of the home and saw that people were relaxed in their surroundings. One person showed us their bedroom which was filled with items that were important to them. We saw how staff acknowledged the person's interest and respected their space and their personal items. Staff worked together to ensure people's wishes and requests were acknowledged and responded to. For example one person enjoyed going out in the car, staff told us they often went out for drives, but had recently found a driving simulation experience, which the person had really enjoyed.

We saw how staff acknowledged the importance for people's routines. There was a strong, person centred culture within the home and people's wishes and choices were respected by staff. Staff empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible.

The atmosphere in the home was calm and relaxed. Staff interactions with people were kind and respectful. Staff had a good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Relatives we spoke told us they were welcome to visit and people were also supported by staff to maintain relationships with friends and family outside of the home.

People privacy and dignity was respected by staff and other people living in the home. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. All staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs. Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information around where people who were not authorised to do so could read it.

Is the service responsive?

Our findings

At this inspection, we found people continued to have responsive care as we found at the previous inspection in October 2016. The rating continues to be Good.

We spent time with people to understand if their needs were met in a timely. We saw staff knew people well, anticipated their requests, understood their preferred routines and responded to these. Relatives we spoke with felt their family members received care that was reflective of their individual needs. One relative we spoke told us how staff recognised when their family member became anxious and staff had worked with them positively to reduce their anxiety. They said, "It is really positive, as the frequency of their agitation is a lot less". The registered manager told us and we could see that they had reviewed all people's care records. They had worked with the person alongside those who knew them best, such as family members and experienced staff members.

People were supported by staff to maintain their interests and hobbies. People's activities varied according to their personal preferences and wishes. Staff told us that one person enjoyed football and their room was decorated with football memorabilia. The registered manager told us that the person was being supported to go and support their local football team which they had really enjoyed. People enjoyed meeting up with friends and going for walks, listening to music, swimming, and visiting local attractions. A relative we spoke with felt that the new registered manager had taken the time to understand their family member interests and were working with the person so they could provide a variation of activities. The relative told us, "This is positive move for [the person's name], as it shifts their focus". The registered manager told us how they were increasing links within the community so people could get involved if they wished. The registered manager told us how one person living in the home loved animals. They told us how they were talking to the staff who worked at the local animal shelter to see the person could spend time there to help the staff. The registered manager told us that some raised beds had been put into the garden as some people who lived in the home enjoyed more outdoor work. Staff told us that the registered manager had good ideas and felt this was a positive move for people. Staff told us they were supported and encouraged to be out and about with people.

Staff told us they worked well as a team and had good communication on all levels. They told us that they were allocated people to support based on their needs, which meant they had sufficient time to support people throughout the day and had the scope to respond to situations in a timely way.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as picture books, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and a communication board.

All the people, relatives and staff we spoke with did not express any concerns or complaints to us about the service provision. A relative told us they felt the new registered manager listened to them and they felt

positive about the way the service was moving forward. The provider shared information with people about how to raise a complaint about the care they received. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format suitable for people who used the service. We looked at the provider's complaints since our last inspection and complaints that had been received had been responded to in line with the provider's complaints policy.

Is the service well-led?

Our findings

At this inspection, we found service was well-led at the previous inspection in October 2016. The rating continues to be Good.

At the time of our inspection there was a new manager in post who has since registered with us. 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.

Hamilton House has been through a period of change with different managers supporting the home over the past few years. Relatives and staff we spoke with told us this had been an unsettling period of time. We spoke with relatives and staff about the new registered manager; all those we spoke to were positive about the registered manager and shared examples of the changes they had made for the better. For example, staff felt listened to and appreciated that they involved themselves in the care and support to people. One staff member told us, "[The registered manager's name] is good. The staff are settled. They have a lot of experience". A relative told us that the registered manager had introduced themselves and had either met them or was arranging to meet them and introduce themselves. They told us this had given them assurances for the management of the home.

People knew who the registered manager responded positively towards them. We saw the registered manager put people's requests first and ensured the staff followed the same approach. Staff told us that those in a management role were approachable and regularly visible in the home.

We saw the provider involved people in the running of the service and this was reflected within the home. For example, the recent decoration of the lounge reflected people's interests and personal tastes. Regular resident meetings were held, which covered topics such as meals for the following week, up and coming activities and what people would like to do in the near future. Staff we spoke with felt involved in the service and felt able to share ideas with the registered manager. Staff told us they felt supported and had regular meetings and updates to discuss any changes. Relatives and staff we spoke with were optimistic about the registered manager and felt they had made positive changes during the short space of time they had worked there.

There were systems in place which gave staff responsibilities for the checks and running of the service, such as medicine and maintenance checks within the service. These were reviewed and where necessary actioned by the registered manager or escalated to the provider. The provider had further systems and checks in place to ensure their vision in the way the service was to be run was upheld. We spoke with the area manager who told us that as a provider they had identified there were areas for improvement for people's experiences. The area manager told us that the registered manager had been very responsive to the identified areas for improvement. We saw the action plan that they had in place and were working with the registered manager to address the identified shortfalls. These had been prioritised and could see that

these had been responded to in line with the provider's expectation.