

Hamilton Care Limited

St Helens

Inspection report

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North Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: St Helens provides residential and nursing care for up to 28 older people who may be living with dementia or mental health needs. Eighteen people were receiving support at the time of this inspection.

People's experience of using this service: People were at increased risk of harm because the provider and registered manager had not done everything they should to assess and manage risks.

Records about people's needs and in relation to accidents, incidents, mental capacity assessments and best interest decisions did not support staff and management to effectively manage risks.

Audits had not always been effective in monitoring the quality of the service and identifying where improvements were needed. Although the registered manager and provider were responsive to feedback and started to deal with concerns during the inspection this was reactive rather than proactive management.

CQC had not been notified of the outcomes of applications to deprive people of their liberty as legally required. It is important to send these notifications so that we can check appropriate actions had been taken. We are dealing with this matter further outside of the inspection process.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment and the governance of the service. Details of action we have asked the provider to take can be found at the end of this report.

Staff were kind and caring in the way they supported people. They were person-centred in their approach and showed genuine concern for people's wellbeing. People's personal care needs were met by attentive staff who listened to people and made sure they were comfortable and felt well cared for.

People responded positively to staff and enjoyed their company. Staff encouraged and supported people to take part in a range of activities.

There were effective systems in place to support staff to assess and meet people's wishes and needs approaching the end of their life.

The environment was warm, welcoming, clean and free from malodours. Improvements were being made to ensure there were appropriate facilities to dispose of waste and clean equipment.

People had access to a varied and balanced diet, which included regular drinks and snacks. Staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were encouraged to make choices about their care. Staff were respectful in their approach, they explained what they were doing and listened to people. People felt confident speaking with staff or the registered manager if they wanted to complain.

Staff understood how to identify and respond to safeguarding concerns. Staff were safely recruited, and enough staff were deployed to meet people's needs.

The registered manager was approachable and supportive of the staff team. They were responsive and keen to continue to improve the service in response to feedback.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection: The service was rated Good (report published 7 September 2016).

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

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will ask the provider to submit an action plan detailing the steps they intend to take to ensure the required improvements are implemented. We will also continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

St Helens

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service 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 CQC. 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:

Day one of our inspection was unannounced. We told the provider we would be visiting on the second day.

What we did:

Before the inspection we checked information, we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We asked for feedback from the local authority adult safeguarding and quality monitoring team and Healthwatch England; the national consumer champion for health and social care.

The provider completed the Provider Information Return. This is information providers must send us to give us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with three people who used the service, three visitors who were their relatives or friends, and two healthcare professionals. We spoke with the registered manager, deputy manager, the provider's nominated individual and five staff including care workers, the activities coordinator and head chef.

We reviewed documents and records related to the management of the service. This included four people's care plans, risk assessments, daily notes and medication administration records. We reviewed four staff's recruitment records, as well as induction, training and supervision records for the staff team. We looked at meeting minutes, quality assurance audits and other records associated with the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely.

- People were at increased risk of harm because of inconsistencies in how risks were assessed or managed. For example, fire safety issues had not been addressed in a timely way. We shared these concerns with North Yorkshire Fire Service who visited the service to make sure improvements were made.
- Care plans and risk assessments did not always include detailed, person-centred information to guide staff on how to consistently and safely support people.
- People were at risk from not receiving their medicines as prescribed. One member of staff had not completed the provider's training before supporting people to take their medicines.

People were at risk of harm as action had not always been taken to reduce risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong.

- Staff responded to accidents and incidents to make sure people received appropriate medical attention when needed.
- We spoke with the registered manager about developing record keeping to provide a clearer account of any investigation following an accident and actions taken to prevent a reoccurrence.

Preventing and controlling infection.

- The service looked and smelt clean; staff regularly cleaned communal areas and people's bedrooms, and used personal protective equipment, such as gloves and aprons, to reduce the risk of spreading germs.
- Staff did not have a properly equipped sluice room for disposing of waste and cleaning equipment; the registered manager explained the actions planned to address this.

Staffing and recruitment.

- Recruitment checks helped make sure suitable staff had been employed.
- Staffing levels were safe; care and support was provided in a patient and unrushed way. People told us, "There is always a member of staff around if you need anything" and "They are here in seconds as soon as I ring my bell."
- The registered manager monitored staffing levels to make sure enough staff were deployed, we spoke with them about how tools to assess people's dependency could help this process.

Systems and processes to safeguard people from the risk of abuse.

- Staff and the registered manager knew how to recognise and respond to signs of abuse or neglect to help

keep people safe.

- The provider had a policy and procedure to guide staff on how to safeguard people who may be at risk of abuse.

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.

The effectiveness of people's care, treatment and support was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- People gave positive feedback about the skills and experience of staff, who were observed providing effective care to meet people's needs.
- However, staff had not always completed adequate training or had their competency assessed before they supported people.
- The registered manager shared a training schedule and plans in place which would address this.
- Staff had regular supervision meetings, but had not always had an annual appraisal to monitor their performance and support their professional development.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People had choice and control over the support they received; staff encouraged people to make decisions.
- Appropriate mental capacity assessments and best interest decisions had been documented for some, but not all decisions.
- Applications had been made when necessary to deprive people of their liberty.

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

- The environment was welcoming and homely. People had been encouraged to personalise their bedrooms.
- Risks such as those associated with portable electric heaters and single paned windows above the ground floor were minimised as no-one was mobile around the service. We spoke with the registered manager about continuing to review these risks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to seek medical attention when needed. A person who used the service explained, "If you need to see a doctor you just mention it to staff and they come and see you."
- Staff worked with other agencies to make sure people's needs were met. A professional told us, "The staff are pretty good approaching us if there is any sort of problem. We have a good relationship with them."

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

- People had access to a varied and balanced diet; food served looked and smelt appetising.
- People were encouraged to have regular drinks and snacks. They told us, "The staff will try and find me something to eat to make sure I do. They are very good if there is anything I want, or I can't eat what they give me, they get me something else."
- Staff regularly weighed people and asked for advice from healthcare professionals when people were at risk because they were losing weight.

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.

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 felt well cared for; staff were caring in their approach and treated people with kindness. A person told us, "I couldn't wish for a better home. It's like having my own family around me, the staff are very helpful and very caring."
- People were supported in a patient and unrushed way; staff took time to speak with people, showed an interest in how they were feeling and a genuine concern for their wellbeing.
- People shared friendly caring relationships with staff. A person who used the service said, "The staff are good, I like them all. They are very pleasant and I have always got on well with them."
- Staff recognised people's individual and diverse needs and tailored their approach to ensure people were not discriminated against.

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

- People had choice and control over their daily routines; staff listened to people, patiently gave them time to respond and then supported them according to their wishes.
- Staff made sure people were comfortable and were careful to check people had the things they needed or wanted.
- People told us there were no restriction placed on them and they were supported to do what they wanted when they wanted.

Respecting and promoting people's privacy, dignity and independence.

- People felt respected and that staff maintained their dignity; staff spoke with people in a respectful way and were mindful, for example, when hoisting people about maintaining their dignity.
- People had privacy and their own personal space; staff knocked on people's bedrooms doors before going into their rooms and supported people in private to meet their personal care needs.
- Equipment and adaptations helped promote people's independence; staff encouraged people to complete tasks themselves. Regular exercise classes helped people to maintain their independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff were responsive to people's needs. A person explained, "Staff make sure you are comfortable and see to all your needs. They are there for you when you want them."
- Staff understood people's needs and how best to meet them; they were attentive in recognising and responding to requests for support.
- Care plans contained some person-centred information to help staff better understand what was important to people.
- Visitors were welcomed to the service and staff involved people's relatives or other important people in planning care and support.
- People had access to regular activities and opportunities for meaningful stimulation. A person said, "We've got a good activities team who are always there trying to push us in to doing things, they are a jolly lot all of them."
- Accessible information was available to people who used the service. For example, the registered manager displayed information about how to complain in an accessible way.

Improving care quality in response to complaints or concerns.

- People felt able to speak with staff or management if they had any worries, concerns or needed to complain.
- The registered manager listened and responded to people's feedback and complaints to improve the service.

End of life care and support.

- Staff explored any wishes people had for care and support approaching the end of their life; there were detailed systems in place to support staff to work with people and their families to assess and record preferences for end of life care.
- Staff worked closely with other professionals and made sure drugs people might need to remain comfortable and pain free were available.

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.

Service management and leadership was inconsistent. Systems of governance did not always support the delivery of high-quality care. Some regulations may or may not have been met.

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

- CQC had not been notified of the outcomes of applications to deprive people of their liberty as legally required. It is important to send these notifications so that we can check appropriate actions had been taken.

This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (part 4). We are dealing with this matter further outside of the inspection process.

- Risks were not always identified or managed; audits had not always been used effectively to identify where improvements were needed.
- People were at increased risk of harm because of poor record keeping around accidents, incidents, the handling of complaints, for mental capacity assessments and in relation to best interest decisions.

People were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager was responsive, and committed to making improvements in response to our feedback.
- Management were approachable and supportive of the staff team. A member of staff told us, "I feel I can approach [the registered manager and deputy manager] to discuss any issues or concerns."
- Management promoted an open and inclusive culture to changing and improving the service. A member of staff explained, "They are open to disagreements and do listen to what we say and change things."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People received coordinated and joined up care as staff worked closely with professionals to meet people's needs. A professional told us, "The staff are very approachable, and their knowledge is good. The manager as well; I can contact them anytime if I have any problems or issues."
- The registered manager used surveys to gather feedback from people, relatives and visiting professionals

about how they could improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered persons had not done all that was reasonably practicable to mitigate risks; they had not ensured persons providing care or treatment had the competence, skills and experience to do so safely. Regulation 12(2)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered persons had not established and operated effective systems to assess, monitor and mitigate risks relating to the safety of service users and to ensure accurate and complete records were maintained. Regulation 17(2)(b)(c)(d).