Sentimental Care Limited

Hamilton Park Nursing Home

Inspection report

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Date of inspection visit:
08 March 2016

Date of publication:
05 April 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 8 March 2016 and was unannounced.

The last inspection of the service was carried out on 12 August 2014. No concerns were identified with the care being provided to people at that inspection.

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

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

Care plans did not evidence that people were involved in planning and reviewing the care and support they received. We found one care plan which had not been updated to reflect the changes in the care they received. This could place people at risk of receiving care which was not in accordance with their assessed needs and preferences.

Staff sought people's consent before assisting them and people told us they were never made to do something they didn't want to do. One person told us "There is no pressure to do anything. It's very relaxed here. I enjoyed a nice lie in this morning. That's never a problem." Staff had received training about how to protect people's human rights and we found the service followed the correct procedures where people were unable to consent to important decisions about the care and treatment they received. The service needed to make sure the principles of the Mental Capacity Act were followed for all decisions where a person was unable to give their consent.

People were cared for by a staff team who were well trained. A registered nurse was on duty during the day and at night. They were supported by a team of senior care staff and care staff. Staff were confident and competent in their interactions with people and people told us they felt safe living at the home. One person told us "I feel safer here than I did at home. There is always somebody about to help you." Another person said "It's very peaceful here and I feel very safe."

People told us staff treated them with kindness and respect. One person said "We are like a family here. The staff are all lovely and very kind." Throughout the day we heard staff checking whether people were happy where they were and with what they were doing. One person said "I am always treated with respect and it's a comfort to know that they [staff] know what's important to me. It makes me feel special."

There were procedures in place to reduce risks to the people who lived at the home. Staff had received

training and they knew how to recognise and report any signs of abuse. All were confident in reporting concerns and felt confident concerns would be taken seriously to make sure people were safe. Checks were made on prospective staff to make sure they were appropriate and safe to work with vulnerable people.

People received their medicines when they needed them and medicines were stored securely. Medicines were managed and administered by registered nurses whose skills and knowledge were regularly monitored.

People saw their GP and other health care professionals when they needed. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person said "They are very good here. If you feel unwell, the nurses or matron [registered manager] will ring the doctor."

People were provided with opportunities for social stimulation and they were supported to maintain contact with their friends and family. People told us they could see their visitors whenever they wished and that they were always made to feel welcome. This was also confirmed by a visitor we met with.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed.

We found the service to be in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Is the service effective?

Good

The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their interactions with people and their visitors.

People were treated with dignity and respect.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People could not be sure they would receive care and support in accordance with their needs and preferences because they were not always involved in planning and reviewing their care.

Care plans had not always been updated to reflect changes in people's needs.

People were able to take part in a range of group and one to one activities according to their interests.

Is the service well-led?

Good

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

Hamilton Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 8 March 2016 and was unannounced. It was carried out by two adult social care inspectors.

Before the inspection we looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home.

At the time of this inspection there were 32 people using the service. During the inspection we spoke with 15 people and a visitor. We spoke with the registered manager, two kitchen staff and five care workers. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of five people who lived at the home. We also looked at two staff recruitment files and records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "I feel safer here than I did at home. There is always somebody about to help you." Another person said "It's very peaceful here and I feel very safe."

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

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

There were enough staff to help keep people safe. People did not have to wait long for staff assistance. For example call bells were answered promptly and staff responded quickly when people requested assistance with their personal care needs. However; one person who preferred to remain in their bedroom told us they sometimes had to wait for "a considerable time" before staff responded to their call bell. Another person said "If I need the staff they are there to help me."

Care plans contained risk assessments which helped to minimise risks to people. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair. We found the settings on two airflow pressure relieving mattresses were not in accordance with the individual's weight. This could increase the risk of pressure damage to the skin. We brought this to the attention of the registered manager who said they would ensure this was rectified and discussed with staff.

People's medicines were administered by registered nurses whose competency had been assessed on a regular basis to make sure their practice was safe. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used printed medication administration records. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately

stored and clear records were in place. We checked records against stocks held and found them to be correct.

Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff.

The premises were well maintained. A maintenance person was employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay. There were risk assessments in place relating to health and safety and fire safety.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. This included caring for people living with dementia, diabetes and epilepsy. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. Staff were positive about the training opportunities available to them. They told us they were never asked to perform a task they had not been trained to do. They also told us they could ask for additional or refresher training if they did not feel confident.

Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have.

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person said "They are very good here. If you feel unwell, the nurses or matron [registered manager] will ring the doctor." People also saw other healthcare professionals to meet specific needs. Examples included speech and language therapists, dieticians, opticians and chiropodists. On the day we visited one person told us "I'm going to the hospital today to have some physiotherapy. Hopefully that will help to get me back on my feet."

People were supported to have enough to eat and drink. People were positive about the quality, quantity and choice of food available. One person told us "I get more than enough to eat. Sometimes I don't fancy what is on offer. They know I like salads and they are always happy to make me what I want." When we arrived people were eating or arriving for breakfast. Some people had chosen a cooked breakfast while others had chosen cereals, porridge, toast and sandwiches. A member of the catering staff told us "People have whatever they want. There are no restrictions." Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. However; where people had been assessed as being at high risk of choking or had swallowing difficulties, care plans did not clearly state the consistency the food should be prepared other than "soft." A member of the catering staff told us where people were at risk of choking, they blended their food in a liquidiser. We discussed this with the registered manager who told us they would discuss this with the staff team. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals where needed. People had access to jugs of squash and a choice of hot and cold drinks were offered regularly throughout the day and on request.

Staff asked people for their consent before assisting them with a task. People told us they were never made to do something they did not want to do. One person said "I am very happy with everything and I can do as I please." Another person told us "There is no pressure to do anything. It's very relaxed here. I enjoyed a nice lie in this morning. That's never a problem."

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. The application procedures for this in care homes and hospitals are 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 were being met. Applications were in the process of being made for people to be cared for under this legislation. Staff had received training in how to protect people's legal rights and they knew about the need to involve other people when making decisions in a person's best interests. Care plans contained evidence that significant decisions had been made in people's best interests however we found for some decisions, for example the use of photographs, the person's relative/representative, had signed a consent form. There was no evidence that this had been discussed with the person or whether they had the capacity to consent to this. There was no documentation to show that decisions had been agreed to be in the person's best interests.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said "We are like a family here. The staff are all lovely and very kind." Another person told us "The staff are very nice. We have a laugh about all sorts of things." A visitor said "I visit regularly and I find the staff are very nice and friendly."

Staff were competent and confident when assisting and interacting with people. They communicated with people in a very kind and respectful manner. They were patient where people had difficulties in communicating and were knowledgeable about how to support people. For example using objects of reference to enable people to make a choice, making sure they were sat facing someone who had difficulty in hearing. People responded positively to staff interactions.

People were treated with dignity and respect. Staff spoke about people in a warm and respectful way. Staff supported people to make choices about their day to day lives and they respected their wishes. For example one person asked a member of staff to help them to their bedroom and this was responded to straight away. Throughout the day we heard staff checking whether people were happy where they were and with what they were doing. One person said "I am always treated with respect and it's a comfort to know that they [staff] know what's important to me. It makes me feel special." Where people required assistance with personal care needs, they were supported in a discreet and dignified manner. We observed staff assisting people to transfer with the aid of a mobile hoist. Staff explained what was happening and reassured the person throughout the transfer.

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. One person told us "I prefer to stay in my room. I have my television and I'm more comfortable here. The staff respect my wishes." All bedrooms were used for single occupancy and were personalised with people's belongings, such as photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

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

The home had received numerous cards complimenting the staff and standard of care provided. Comments included "Thank you to all the staff for their kindness and caring attitude" and "I can't thank you enough for the care and kindness you showed [person's name]. You are all amazing."

Requires Improvement

Is the service responsive?

Our findings

Care plans did not demonstrate that people had been involved in developing and reviewing their plan of care. There was no evidence that people had been consulted about their care or had agreed to the plan of care which had been developed. Care plans had not always been updated when people's needs changed. For example, one care plan had not been updated to reflect that, following a number of falls from bed, the person's mattress had been placed on the floor. There was no information for staff as to how to support this person during the night. This could place the person of receiving care which was not reflective of their needs. We read the care plan for a person who was having their food and fluid intake monitored. However; there was no rationale or care plan in place to reflect this and the person had been assessed as being at low risk of malnutrition. Records showed the person had not been offered fluids at regular intervals. Gaps between entries ranged from three to six hours. This showed that staff were not following a consistent approach as there was no plan of care for staff to follow.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff made entries about people during the day and at night. The daily records we read only contained information about the tasks staff had performed for example "washed and dressed" and "bed changed." There was no information about the person's mood, well-being or how they had responded to the level of support they received. This would make it difficult to review the effectiveness of a plan of care which could mean people received care and support which was not responsive to their needs or preferences.

Before people moved to the home the registered manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. One person told us "I was in hospital so my [relative] came and had a look around the home for me. I have been very happy with everything."

People were supported to be as independent as they could be. A member of staff told us "It's really rewarding when we can support people to get better and stronger and be able to go back home." They gave several examples of this and we spoke with three people who were hoping to improve their mobility so they could move back to their home. One person told us "I couldn't walk at all when I came here. I've had physio and the staff here have helped and encouraged me to keep moving. Now I can walk around with my zimmer frame." Another person told us how their mobility was improving with physiotherapy sessions at the hospital and with the support and encouragement of staff at the home.

Daily activities were offered by care staff. On the afternoon of our visit, some people were helped by staff to make Easter bonnets. Others were observed reading, watching television or watching what was going on. One person told us "I didn't what to make bonnets but I do like watching other people doing things. I'm a people watcher." People told us outside entertainers visited the home and they also enjoyed occasional trips out. One person told us "Somebody comes in and we have a sing-a-long which is fun." Another person

told us they and others had enjoyed visiting the local flower show during the summer."

People were supported to maintain contact with their friends and family. People told us they could see their visitors whenever they wished and that they were always made to feel welcome. This was also confirmed by a visitor we met with. Some people had their own mobile telephone and we observed many chatting with their families. A member of staff brought a cordless telephone to one person so they could speak to their relative.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. One person told us "If I had any worries I would tell matron [registered manager]. I know she would sort it out." A visitor told us when they had discussed some issues with the registered manager they had been "sorted out straight away." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Good

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was available throughout our inspection.

People who lived at the home, staff and visitors described the registered manager as very approachable, supportive and always willing to listen. Through our discussions with the registered manager and through our observations it was evident that they were committed to ensuring people received the best care possible. They spoke with great compassion about the people who used the service and it was evident they knew people very well.

The registered manager was very visible in the home. On the day we visited they were providing registered nurse cover. They explained they regularly covered shifts and this was helpful as they had up to date knowledge about people's needs and could monitor staff performance and the quality of care people received.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager and clinical manager there was a team of care staff who were supported by more senior care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative and maintenance staff were also employed.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. There was also a handover meeting at the start of every shift to ensure all staff were kept up to date with people's care needs.

Annual meetings were held for people who lived at the home and their representatives. These were also attended by the directors of the company. The minutes of the last meeting showed a range of topics had been discussed. These included staff changes, planned maintenance and actions taken in response to people's requests. An example included a revised menu. The registered manager told us people's views were sought on a day to day basis as more frequent formal meetings were not appropriate. We observed people were relaxed in the presence of the registered manager and with the staff who supported them and they looked relaxed and comfortable when communicating with them.

Two of the provider's directors visited the home each month to monitor the quality of the service provided. The report of their last visit showed they had sought the views of the people who lived at the home, visitors and staff. They had also looked at care plans, the management and administration of medicines, staff training and recruitment and health and safety. There were no identified areas for improvement at that visit.

Significant accidents/incidents were recorded and, where appropriate, were reported to the relevant

statutory authorities. The registered manager reviewed incidents to see if there was any learning to help improve the service. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who use services were at risk of receiving care which was not reflective of their assessed needs or preferences because they were not involved in the planning and review of the care they received. Care plans were not always updated to reflect the care people received. Regulation 9(1)(a)(b)(c).