

E Dawson

# Hamilton House

## Inspection report

21-23 Houndiscombe Road  
Mutley  
Plymouth  
Devon  
PL4 6HG

Tel: 01752265691

Date of inspection visit:  
15 March 2016

Date of publication:  
11 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 and 10 June 2015. Breaches of legal requirements were found. This was because people's care plans did not detail people's individual care needs sufficiently and people's risk assessments did no link to their care plans.

After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements. We undertook this comprehensive inspection on 11 and 15 January 2016 to check they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Hamilton House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Hamilton House provides care and accommodation for up to 35 older people, some of whom are living with dementia. On the day of the inspection 33 people lived at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

One person said; "They are all very good at helping me." A relative said; "If all homes were run like here we wouldn't need any inspections!"

People were busy and were enjoying the company of the staff. There was a calm and relaxed atmosphere within the service. Comments included; "Staff are very kind." A survey returned to the home said; "I think the care is exceptional." People said they were happy living at the service.

People, relatives and visiting professionals were happy with the care the staff provided. They agreed staff had the skills and knowledge to meet people's needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

People were better protected from harm as staff had completed safeguarding of vulnerable adults training. Staff had the knowledge on how to report any concerns and what action they would take to protect people. The registered manager had taken action where they thought people's freedom was being restricted. Applications were made and advice sought to help safeguard people and respect their human rights

People were protected by safe recruitment procedures. Staff were supported with an induction and on-going training programme to develop their skills and staff competency was assessed. Everyone felt there

were sufficient staff on duty.

People had visits from healthcare professionals. For example, GPs and district nurses, to ensure they received appropriate care and treatment to meet their health care needs. Professionals confirmed staff followed the guidance they provided. People received the care they needed to remain safe and well. For example, people had regular visits by district nurses to change dressings. A relative survey recorded; "I can't believe the difference in his health since he moved in here-it's great."

People's medicines were managed safely. Medicines were stored, and disposed of safely. Senior staff administered medicines, they confirmed they had received training and understood the importance of safe administration and management of medicines.

People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected. Staff worked with other professionals in their best interests.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals and there was plenty of food available. We observed people, who required it, being supported at mealtimes.

People's care records were of a good standard, were detailed and held people's preferences.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People and staff described the registered manager as approachable, available and supportive. Staff talked positively about their jobs and took pride in their work. Visiting professionals and staff confirmed the registered manager made themselves available and was very good.

The registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People's opinions were sought formally and informally. There were quality assurance systems in place. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

## 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.

People told us they felt safe living at the service.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

### Is the service effective?

Good ●

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

People's privacy and dignity was promoted by the staff.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

### Is the service responsive?

Good ●

The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure. People and their families knew how to use if they needed to.

### Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was approachable and people spoke highly of.

Staff confirmed they felt supported by the registered manager and the management team. There was open communication within the service and staff felt comfortable discussing any concerns with the registered manager.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to help ensure risks were identified and acted upon.

# 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 checked 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.

We undertook an unannounced inspection of Hamilton House on 11 and 15 January 2016. This inspection was done to check that improvements to meet legal requirements after our comprehensive inspection on 9 and 10 June 2015 had been made.

We reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with 16 people, the registered manager and nine members of staff. We spoke with two relatives and two health care professionals who had all supported people within the service.

We looked around the premises, observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at six records which related to administration of medicines, three staff recruitment files and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

We inspected Hamilton House in June 2015 and found a breach of legal requirements, including the inaccuracy in some records relating to the administration and the management of medicines. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People who lived at Hamilton House were safe because the registered manager had arrangements in place to help make sure people were protected from abuse and avoidable harm. People told us they felt safe. One person, when asked if they felt safe replied; "Yes I have no concerns." Another said; "Yes I am." A relative said; "Dad is safe and well looked after."

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

Medicines administration records (MAR) were completed appropriately. Other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had completed safeguarding training and they were able to access policies and procedures on safeguarding and whistleblowing. Staff said they knew what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager, or providers would act on issues or concerns raised. Staff said they would take things further, for example contact the local authority's safeguarding teams if this was required.

People lived in an environment that was safe, secure, clean and hygienic and regularly maintained. Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. This helped ensure staff knew what to do in the event of a fire. People had individual emergency evacuation plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People identified at being at risk had up to date risk assessments in place and people, or their relatives, had been involved in planning their risk assessments. Risk assessments identified those at risk of skin damage and falling. These showed staff how they could support people to move around the service safely. There was clear information on the level of risk and any action needed to keep people safe. Staff showed they were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people confined to bed needed two staff to support them turning, this was actioned.

This helped to ensure people were moved safely.

People and relatives said there were sufficient staff to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. Staff were observed supporting people appropriately at all times. For example, at mealtimes and during activities. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe.

People were supported by suitable staff. The service had safe recruitment processes in place. The registered manager confirmed checks were completed before staff started work at the home. For example, disclosure and barring service checks. This ensured the registered manager could minimise any risks to people as staff were competent and safe to work with vulnerable people.

Accidents were recorded and analysed to identify what had happened and noted action staff could take in the future to reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

We inspected Hamilton House in June 2015 and found a breach of legal requirements, including the no record to demonstrate capacity assessments had been undertaken. Also whether people had consented to their care and treatment or evidenced best interests meetings where required. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People received effective care and support from staff that were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Staff knew the people they supported well, and this helped ensure their needs were met. One person said of the staff; "Lovely staff." Another stated, "Staff look after me well."

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's records recorded best interests meetings held. . 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 a care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's mental capacity had been assessed which meant care being provided by staff was in line with people's wishes. We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had completed MCA training. Staff were aware of the process to follow if it was assessed people needed to be deprived of their liberty and freedom.

Records confirmed the service continually reviewed individuals to determine if a DoLS application was required. Additional records confirmed people had been subject to a DoLS application to keep them safe.

The registered manager and staff supported and encouraged people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in the activities provided or eat in their own rooms. People's care plans showed people were involved in their care and where able, were consenting to the care taking place.

Staff completed an induction. They confirmed they had sufficient time to read records and worked alongside experienced staff to fully understand people's care needs. Training records evidenced staff had completed training to effectively meet the needs of people. For example, dementia training. The registered manager confirmed new staff would complete the Care Certificate (A nationally recognised set of skills training). On-going training was planned to support staffs continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control and fire safety. One staff member said; "All my training is updated."

Staff received appraisals and regular supervision. Team meetings were held to provide staff the opportunity to discuss areas where support was needed. Ideas were encouraged on how the service could improve. Records showed staff discussed topics including how best to meet people's needs effectively.

People's individual nutritional and hydration needs were met. People could choose what they would like to eat and drink. People had their specific dietary needs catered for and a menu was displayed. Care records provided guidance and information to staff about how to meet individual dietary needs. Records identified what people disliked or enjoyed. A nutritional screening tool was used when needed to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and staff confirmed food and fluid charts were completed when needed. The catering staff said they had information on people's dietary requirements. People had access to drinks and snacks 24 hours a day. People and visitors made positive comments on the food provided, these included; "I have gone from 11 stone 4 pound to 13 stone 2 pound, so I enjoy my food! It's very good!", "The food is really good and plenty of it" and "I enjoy the food". We observed mealtimes were unrushed and people and staff were engaged in conversation.

People were relaxed during mealtimes. People who required additional assistance were given the support they needed. Nobody appeared rushed and all were able to eat at their own pace.

People accessed healthcare services. Local GP's and district nurses visited and carried out health checks. People whose health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk assessments for people. For example, the tissue viability nurse. If people had been identified as being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals confirmed staff kept them up to date with changes to people's medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

## Is the service caring?

### Our findings

People were supported by kind and caring staff. People told us they were well cared for, they spoke well of the staff and the good quality of care they received. One person said; "Like a 1st class hotel here." Relatives spoke well of the staff and the quality of the care their relative received. One said; "Dad is very happy- this makes us happy." Another said; "Fantastic care." A survey returned to the service recorded; "A very nice home-very caring." Visiting professionals agreed the staff were caring and were aware of people's wellbeing and commented that staff went the extra mile for people.

People were involved as much as they were able to with the care and treatment they received. Staff were observed treating people with kindness, patience and compassion. Staff asked people for consent before they provided any support and asked if they were comfortable with the support being offered. For example, when people required assistance moving around the service. Staff were observed telling people what they were doing and completed at people's own pace. All staff knew what was important to people such as how they liked to have their care needs met.

People were supported by staff who knew them well. We observed people. Staff were attentive and prompt to respond to people's emotional needs. For example, people who became confused. Staff responded promptly to assist people and reassure them. A visitor said; "I cannot believe what they have done for him (their relative) since he came home from hospital. They have done wonders-fantastic care." Staff interacted with people in a caring and supportive way. Staff responded to people's needs in a dignified manner. For example, when people were assisted with their personal care. Staff went over to them and supported them discreetly. This showed staff were able to recognise people's needs and respond to them in a caring manner.

Staff showed concern for people's wellbeing. For example, one person was now confined to bed due to their deteriorating health. Staff displayed kindness whilst maintaining people's dignity. . The care people received was well documented and detailed. For example, people had turning charts in place to prevent their skin becoming sore. Other records showed staff recorded regular personal care was carried out including hair care.

People told us their privacy and dignity were respected. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. Staff said how important it was that people were supported to retain their dignity and independence. Relatives, visitors and professionals said they had never seen staff being anything other than respectful towards the people. One survey recorded; "We are happy leaving dad because we are satisfied he is treated with dignity and respect."

People's care files held information on people's wishes for end of life care. This helped ensure people's wishes on their deteriorating health were made known. Files also held a treatment escalation plan which documented people's wish on resuscitation. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests.

## Is the service responsive?

### Our findings

We inspected Hamilton House in June 2015 and found a breach of legal requirements. Records lacked the personal details necessary to help ensure the care they received was appropriate and as desired. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People were cared for and supported by staff who were responsive to their needs. People had pre-admission assessments completed before admission to the service. The registered manager confirmed this enabled staff to assess if they were able to meet and respond to people's needs. Records showed information had been recorded on people's health and social care needs. This provided staff with up to date information on people which was used to develop a full care plan.

People, where possible, were involved with planning their care. When people's needs changed care plans were reviewed and altered to reflect this change. For example, where people's health had deteriorated, staff responded by contacting the other professionals for advice and support. A relative said the service; "Kept them informed on any changes" to their loved ones needs. Healthcare professionals confirmed the service was responsive to people's needs when they became unwell and contacted them promptly and appropriately.

People's care records included a life history. This included detailed information about their health and social care needs and personal care needs. For example, if a person needed staff support and equipment to mobilise. The care plans had information including the name of other services involved. For example, dentists and chiropodists. Staff ensured people had pressure relieving equipment where required, for example special mattresses were in place to protect one person's skin integrity. Additional information clearly recorded how staff could respond to people's emotional needs. For example, people who lived with dementia and required extra support.

Care records included people's faith, social and recreational needs and detailed how they could be supported. Records had been regularly reviewed with people or, where appropriate, with family members. A relative said they had been involved in updating their relatives records where needed.

People's care plans included a person's lifetime history, medical history and relationships important to that person. This provided staff with information so they could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People had access to call bells including in their own bedrooms. This enabled people to call for assistance from staff when required.

People were provided choice on a day to day basis, for example being offered a choice of drink with their

meals. Staff offered people a choice of drinks throughout our visit. Activities were provided and people who wished to participate were encouraged to. Staff understood people's individuality when arranging activities and ensured people had a variety to choose from. People said they were happy with the activities provided.

People, their relatives, visitors and health care professionals knew who to contact if they needed to raise a concern or make a complaint. They went onto say they felt the registered manager would take appropriate action to address any issues or concerns raised. Relative said they had; "Never needed to make a complaint." One person said; "I have no complaints at all. It's all very good."

The service had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access. The registered manager fully understood the complaints process.

## Is the service well-led?

### Our findings

We inspected Hamilton House in June 2015 and found a breach of legal requirements, including that the service had not returned any of the required notifications to CQC, which included death notifications. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

Hamilton House was well led and managed effectively. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the registered provider.

People, relatives, staff and health and social care professionals all spoke positively about the registered manager. People said; "Absolutely fantastic manager." Other comments included; "Tremendous manager" and, "Wonderful."

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People were involved in the day to day running of the service. Residents' meetings and surveys were completed. If there had been issues highlighted, the registered manager confirmed they would be addressed and fed back to people. This showed the service listened and acted upon people comments.

People said the registered manager and senior staff were visible, kind and compassionate. The registered manager and senior staff made themselves available to talk and meet people and visitors. Staff spoke highly of the support they received from them. Staff felt able to speak to the registered manager if they had any issues or were unsure about any aspect of their role. Staff described the staff team as very supportive and said; "I love it here" and "Lovely place to work".

There was a clear management structure in the service. Staff were aware of the roles of the registered manager, deputy manager and other senior staff. The registered manager and deputy manager made themselves available to us during our inspection. They demonstrated they knew the details of the care provided to people which showed they had regular contact with the people and staff.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits including audits on medicines and people's care records. Surveys were sent to people who were able to complete them. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided.

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity

to discuss any areas of concern they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service. Staff said they were happy in their work, the registered manager motivated them to provide a good quality service and they understood what was expected of them. Staff said the registered manager and senior staff had an open door policy and often worked alongside them by providing care to people. Staff said they felt their concerns were listened to and acted upon. The home had a whistle-blowers policy to support staff.

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

The home had the "Dementia Quality Mark", a locally recognised award for homes that undertake care for people living with dementia. This helps the staff to have a better understanding of the care needed to support people living with dementia.