

Lett's Care Ltd

Hamilton's Residential Home

Inspection report

26 Island Road
Upstreet
Canterbury
Kent
CT3 4DA
Tel: 01227 860128

Date of inspection visit: 30 June & 01 July 2015
Date of publication: 10/08/2015

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection carried out on 30 June and 01 July 2015.

Hamilton's Residential Home provides accommodation for up to 17 people who need support with their personal care. The service provides support for older people some of whom live with dementia. The service is a large, converted domestic property in Upstreet. Accommodation is arranged over two floors; the two first floors are not connected and are accessed by separate

staircases. The service has 15 single bedrooms and one double room, which two people can choose to share. There were 15 people living at the service at the time of our inspection.

The service is run by the registered manager with a deputy manager. The registered manager was present on both days of our inspection. The registered provider was not present during the inspection. The registered

Summary of findings

provider is a 'registered person' who has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service and relatives said that their loved ones were safe. Staff understood the importance of keeping people safe. Risks to people's safety were identified and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff knew how to protect people from the risk of abuse.

Recruitment processes were in place to check that staff were of good character. People were supported by sufficient numbers of staff with the right mix of skills, knowledge and experience. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles. Staff were encouraged and supported to access ongoing professional development by completing vocational qualifications in care for their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

People were confident in the support they received from staff. People and their relatives said they thought the staff were trained to meet people's needs. People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People maintained good physical and mental health because the service worked closely with health and social care professionals including: doctors, podiatrists and community nurses. The registered manager was working closely with the local NHS lead clinical nurse specialist for older people for advice and support.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made when this was in their best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware of a recent judicial review which widened and clarified the definition of a deprivation of liberty. Staff knowledge on

MCA and DoLS was tested through regular one to one supervision and during staff meetings. DoLS applications to the supervisory body had been made in line with the guidance to ensure the restrictions in place were in people's best interests.

People and their relatives were happy with the standard of care at the service. People were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff were kind, caring and compassionate and knew people well. People were encouraged to stay as independent as possible.

There was a complaints system and people and their relatives knew how to complain. Views from people and their relatives were taken into account and acted on. The registered manager used concerns and complaints as a learning opportunity.

The design and layout of the building met people's needs and was safe. The atmosphere was calm, happy and relaxed. The risk of social isolation was reduced because staff supported people to keep occupied with a range of meaningful activities which included singing, baking and helping with household chores, such as, washing up.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager and deputy manager worked with the staff each day to maintain oversight of the service. People and their relatives told us that the service was well run. Staff said that the service was well led, had an open culture and that they felt supported in their roles.

There were systems in place to monitor the quality of the service, however, checks and observations on night staff had not been documented. The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We last inspected Hamilton's Residential Home in December 2014 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified. No breaches of regulations were identified during this inspection. We have made a recommendation that the service finds out more about current best practice on engaging and supporting the specialist needs of people living with dementia.

Summary of findings

Since the last inspection in December 2014 the provider and registered manager, with the staff team, had made a

number of changes to the service and improvements in the quality of the service delivered. We will check at our next inspection that these changes have been maintained.

Summary of findings

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 safe.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe. Risks to people were identified and staff had the guidance to make sure that people were supported safely.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Medicines were handled appropriately and stored safely and securely.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Requires improvement



Is the service effective?

The service was effective.

Staff had a good understanding of people's needs and preferences and knew people well. There was regular training and the registered manager held formal supervisions with staff. Staff communicated effectively with people and with each other.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People's nutritional and hydration needs were met by a range of nutritious foods and drinks. The building and grounds were adequately maintained.

Requires improvement



Is the service caring?

The service was caring.

Staff were patient, kind, caring and compassionate. Staff understood and respected people's preferences and individual religious and cultural needs.

People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Good



Is the service responsive?

The service was responsive

Requires improvement



Summary of findings

People received consistent and personalised care and support. Care plans were kept up to date to reflect people's changing needs and choices.

A range of meaningful activities were available which included singing, baking and helping with household chores, such as, washing up. We have made a recommendation that the service finds out more about current best practice on engaging and supporting the specialist needs of people living with dementia.

Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

The service was well-led

People and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

Staff told us that they felt supported by the registered provider and the registered manager. There was an open culture between staff and between staff and management.

The registered manager completed regular audits on the quality of the service; however, checks and observations on night staff had not been documented. The registered manager analysed their findings, identified any potential shortfalls and took action to address them.

Since the last inspection in December 2014 the provider and registered manager, with the staff team, had made a number of changes to the service and improvements in the quality of the service delivered.

Requires improvement



Hamilton's Residential 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.

The inspection took place on 30 June and 01 July 2015 and was unannounced. This inspection was carried out by two inspectors. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had received a list of contacts from the provider of visiting professionals but the registered manager told us that they had not received a request for any further information. We reviewed information we held about the service and looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with some of the people living in the service. We met six relatives & friends who were visiting. We spoke with a visiting health professional, five care staff, kitchen staff, domestic staff and the registered manager.

During our inspection we observed how the staff spoke with and engaged with people. Some people using the service were not able to talk with us because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed five care plans and associated risk assessments. We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was managed.

We last inspected Hamilton's Residential Home in December 2014 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified. We took enforcement action relating to care and treatment, safeguarding, dignity and respect and records. We followed up the previous shortfalls at this inspection. The provider had sent CQC an action plan to show what changes they planned to make and we looked at these changes during the inspection. No breaches of regulations were identified at this inspection. Since the last inspection in December 2014 the provider and registered manager, with the staff team, had made a number of changes to the service and improvements in the quality of the service delivered.

Is the service safe?

Our findings

People told us they felt safe living at the service. People's relatives said that they thought their loved ones were very safe living at Hamilton's Residential Home. One person said, "I feel very safe here, it's my home". Relatives commented, "She's in a safe environment where staff can make sure she gets what she needs" and "We don't have to worry about her anymore. She is safe and very well looked after".

At the last inspection in December 2014 the provider had not taken steps to identify the possibility of abuse and prevent it before it occurred. Some people had behaviours that may challenge others and were not supported in a consistent way. Health professionals had not been contacted to obtain support for people with their behaviour. At this inspection steps had been taken to identify the possibility of abuse before it occurred. Nine staff had received training in challenging behaviour to make sure that staff had the skills to support people in a consistent way. People had positive behaviour support plans in place which gave staff guidance on how best to manage people's behaviour if they became distressed or disorientated. Charts were completed and analysed to establish patterns of behaviour. This included what the triggers might be. There was information about activities people enjoyed so that staff could learn the best way to assist a person into a better state of mind for their well-being and to manage their behaviours in a positive way.

During our inspection people were generally calm and relaxed with each other and with staff. On a few occasions one person started shouting at staff. Staff responded by talking calmly and politely to the person and, when appropriate, added humour. The person became calmer and was then able to have a conversation with staff and sometimes started to laugh with them. Each time this happened the occurrence was over quickly and staff were consistent in the way they dealt with the situations. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose and the care given was consistent. The registered manager worked with external health professionals, such as, the local mental health service, community nurses and a local association for blind and deaf people. A visiting health professional told us, "Senior staff are very knowledgeable".

At the last inspection in December 2014 people's health, safety and welfare were not safeguarded because there were not enough suitably qualified, skilled and experienced staff employed at the service. At this inspection there were sufficient staff on duty and staff were patient with people, allowed them to do things in their own time and did not rush people. Relatives and staff told us that there were enough staff to support people and to spend time with them in a way that suited them best. Since the last inspection a housekeeper had been employed to complete duties, such as, cleaning and laundry. This had a positive impact, as these tasks had previously been carried out by care staff, and gave staff the opportunity to spend quality time with people. The staff rotas showed that there were consistent numbers of staff throughout the day and night to make sure people received the support they needed. There were plans in place to cover any unexpected shortfalls like sickness or bad weather. The registered provider and registered manager had reduced the use of agency staff to cover emergency shortfalls of staff. Individual needs assessments were in place and regularly updated so that, when needed, additional staff could be allocated, for example, if a person needed a member of staff to be with them on a one to one basis then an extra member of staff was added to the daily rota.

At the last inspection in December 2014 people were not protected from receiving unsafe care because the registered provider and registered manager had not taken action to ensure that staff were safe to work with people living at the service and that they had the skills and knowledge they needed for their roles. At this inspection the provider's recruitment and selection policies had been followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Any gaps in people's employment history had been explained. Written references from previous employers had been obtained and, when needed, these had been followed up with the referee to discuss it further. Checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support

Is the service safe?

services. When concerns from checks had been highlighted these had been discussed to make sure staff were monitored, supervised and safe to work with people living at the service.

Staff understood the importance of keeping people safe. There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. All staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff knew who they could report their concerns to both in the service and with external organisations, such as, the local authority. Staff said that they felt the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

Staff were aware of the provider's whistle blowing policy and said that they would not hesitate in speaking up if they had any worries or concerns. They felt that they would be listened to and that their concerns would be taken seriously and acted on. The registered manager reminded staff during staff meetings of the whistleblowing and safeguarding policies to make sure they were up to date.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. We observed staff supporting people to take their medicine and looked at the medicine administration records (MAR) for people. Some people were at risk because they would not always take their medicines, for example, keeping a tablet in their mouth. These risks were documented in care plans and staff did not leave people until they had seen their medicines had been taken. There were procedures which were followed in practice; this included staff wearing a red tabard to show that they were administering medicines and to reduce the risk of interruptions. Medicines were administered from a medicines trolley which was stored securely. Some medicines needed to be stored in a medicines fridge. The fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures. The area which stored the medicines was temperature checked each day. Medicines were handled appropriately and stored safely and securely. Senior staff administered

medicines but the registered manager had ensured that all care staff received training on handling medicines to make sure that, in unforeseen circumstances, there would always be a trained member of staff available.

When people received some medicines only now and then (PRN), this was recorded appropriately on the MAR. As a measure of good practice, staff also recorded further details which included the time and date and the reason why the PRN was given. Some people were not able to tell staff if they were in pain and this was documented in their care plans. Staff told us of the signs they looked for, such as, wincing or crying. Staff checked with people at various times, following PRN medicines being taken to make sure that the pain relief was working and to ensure that no further action to control the pain was needed.

Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. When people had difficulty moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them stay as independent as possible. When people were at risk of pressure sores there were special cushions and mattresses in place to protect people's skin. Some people were at risk if things, such as, toiletries being left in their room because they may try to eat them and cause themselves injury. Each person had a clearly labelled toiletry bag to put their toiletries in and staff made sure these were locked away when not in use. Specialist equipment, such as, hoists and pressure relieving equipment were checked daily to make sure they were kept in good working order.

On the days of our inspection it was extremely hot. There were risk assessments in place to make sure that people kept hydrated. Drinks and ice lollies were offered frequently throughout the day to help people stay hydrated. Additional electric fans had been purchased to keep the air circulating and keep people cool. If people chose to sit outside staff made sure they had adequate protection from the sun by using sun lotion and wearing hats.

People were supported to live in a safe environment. The service was clean, tidy and free from odours. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets

Is the service safe?

and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were clean and were well maintained. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

There were procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Additional fire drills were completed when new staff began working at the service. Staff were clear of what to do in the case of an emergency. The registered manager had met with the local fire and rescue service and discussed evacuation processes and what to do in the case of fire. A fire safety inspection had recently been completed. Records which showed what support people would need with their mobility and communication were in place if people needed to leave the service in an emergency. An evacuation chair was available to evacuate

people from the first floors of the building. The safety strap was stored with the chair. Emergency equipment, such as, fire doors and smoke detectors were checked on a regular basis to make sure they were kept in good working order.

Accidents and incidents were recorded and reported. The registered manager analysed these to check if there were any identifiable themes or patterns which were contributing to the accidents, and if there was any action which could be taken to reduce the risks. When a pattern had been identified the registered manager referred people to other health professionals, such as GPs for medicines reviews, to minimise risks of further incidents and keep people safe.

Since the last inspection in December 2014 the provider and registered manager, with the staff team, had made a number of changes to the service and improvements in the quality of the service delivered. We will check at our next inspection that these changes have been maintained.

Is the service effective?

Our findings

People were confident in the support they received from staff. People and their relatives said they thought the staff were trained to meet their needs or the needs of their loved ones. We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs.

Staff worked effectively together because they communicated well and shared information. A visiting health professional told us, “There is a real team approach. The communication between staff is excellent”. Additional time was added in to each shift to ensure there was sufficient time for staff handovers. This made sure that staff were kept up to date with any changes in people’s needs. Staff told us that they felt supported in their roles by the registered manager.

Staff had an induction into the service when they first began working at the service. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people’s needs effectively. Following a service specific induction, a new member of staff had started to work towards the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their working life and aims to ensure that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A new member of staff told us that they were training for the Care Certificate and that they were enjoying it. They said that they had been able to shadow staff and had received a four day induction. They told us that they felt well supported by the staff team as they were learning.

At the last inspection in December 2014 staff had not all received the appropriate training to enable staff to deliver effective care. At this inspection there was regular and on-going training for staff. The registered manager kept a schedule which showed when training had been undertaken and when refresher training was due. Some training was completed on-line and other, such as, moving and handling incorporated practical sessions. Staff told us that they had completed training and that this included

specialist training relevant to their roles, such as, dementia and challenging behaviour and end of life care. The registered manager and senior staff had attended specialist training on oral care at a local hospital. The registered manager told us that she had discussed with the facilitators the challenges they have with people’s referrals to dentists and that they had found it difficult to get a dentist to visit the service. They had also had a problem with people choosing not to sit in a dentist’s chair. The registered manager was working closely with health professionals to find the best way to support people living with dementia to have their teeth looked after and had arranged for nurses to spend a study day at the service. A visiting health professional told us, “Staff are always polite, helpful and knowledgeable”.

Staff were encouraged and supported to access ongoing professional development by completing vocational qualifications in care for their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard. One member of staff commented, “I am doing my vocational qualification and they [registered manager and provider] are really supportive”. A visiting health professional said, “Staff talk to us about areas where they can increase their knowledge, like wound management. They take a genuine interest”.

The registered manager coached and mentored staff through regular one to one supervision and annual appraisals. Staff told us that they undertook regular formal supervision with the registered manager and were able to discuss matters of concern and interest to them and training needs on these occasions. Staff said that they would go to the registered manager at any time to discuss concerns or ask questions and that there was an ‘open door’ to the manager’s office.

Staff explained that people and their relatives were involved with planning their care and that when someone’s needs changed this was discussed privately with the person and their loved ones.

At the last inspection in December 2014 the registered provider and registered manager did not have arrangements in place to obtain and act on people’s

Is the service effective?

decisions or the decisions of people's relatives who were lawfully able to act on people's behalf. The registered provider and registered manager had not made sure they took action, with others, in people's best interests.

When people were unable to give valid consent to their care and support, staff at the service acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. At this inspection, when people were not able to make major decisions, appropriate consultation was being undertaken with relevant people such as GP's, advocates and relatives to ensure that decisions were being made in the person's best interests. The registered manager was able to show us examples of when these 'best interest meetings' had been held. When mental capacity assessments had been carried out they were about specific decisions, such as, to cease further investigations and treatment with a medical condition and these assessments had been carried out with people's relatives and health professionals. Some people had made advanced decisions, such as Do Not Attempt to Resuscitate (DNAR); this was documented so that the person's wishes could be acted on. When the registered manager spoke to staff during staff meetings she asked them questions about the MCA to make sure that they understood the principles of the Act. Staff were able to demonstrate a good understanding of the principles of the MCA and told us about the best interest meetings that had been held. Staff told us that sometimes people had intermittent capacity and that, for day to day decisions, they just had to wait until people regained their capacity so that people were empowered to continue to make their own decisions.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager was aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. The registered manager had checked staff's knowledge of DoLS during their most recent supervisions

to make sure staff understood how people's rights should be protected. DoLS applications to the supervisory body had been made in line with the guidance to protect people's rights.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Some people chose not to eat the meal provided and staff offered them alternatives which were then provided. People and their relatives were offered choices of hot and cold drinks throughout the day. Drinks were kept within easy reach for people. When we asked people about their meals their comments were positive. A relative said, "Since [our relative] has been here she has been eating really well and just looks so bright". During the day plates of fresh fruit, such as, kiwi fruit, strawberries, grapes and nectarines, cut into small pieces were offered to people. Plenty of other snacks were offered during the day, including, scones and jam, cakes and biscuits. There were risk assessments in place to make sure that people kept hydrated. Drinks were offered frequently throughout the days and ice lollies were offered to people as an alternative to help people stay hydrated. A visiting health professional told us that they regularly visited the service and said, "I have seen people at meal times. The food looks good and there is always plenty of fresh fruit".

Kitchen staff told us how they managed people's nutritional requirements. They knew people's particular food likes and dislikes and explained that some people had specific dietary requirements which they took into account such as, soft food diets or low sugar diets. There was clear information about people's specific needs displayed in the kitchen and this was regularly reviewed and updated. People were asked if they would like to help choose a new menu and people were supported to make choices, with the help of pictures. One person had said they would like "Fish and chips every day!" and another had pointed to 'toad in the hole'. On the first day of the inspection 'toad in the hole' was on the menu.

People were offered a choice of whether they wanted to eat together in the dining area, in their own room or in the lounge. One person was watching the tennis on the television and they were asked if they would prefer to stay in the lounge so that they could continue to watch the tennis match. We observed lunchtime and people appeared to enjoy their food. One person said, "Homemade pasties, they are very good". There was a relaxed atmosphere. Throughout lunch staff were attentive

Is the service effective?

and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's dining experience. Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and received appropriate support. Those who could not express their needs received the right level of support, for example, in managing their food and drink. Staff, including the cook, brought out a choice of desserts for people to look at so they could choose what they wanted. Staff commented, "It's like a family here", "Sometimes we [staff] eat with the people living here. It depends on how much support people need" and, "People can have snacks whenever they want – like you do at home".

The design and layout of the service was suitable for people's needs. The building and grounds were adequately maintained. All the rooms were clean and spacious. Lounge areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. Some chairs in the lounge were placed around the edge of the room and others placed in small groups to allow people the choice if they wanted to be in the company of others or be on their own. There was adequate private and communal space for people to spend time with visiting friends and family. People were encouraged to make their rooms homely by taking in personal items. There was clear signage throughout the service to make it easy for people to find their bedrooms or the bathroom. During our inspection the patio doors from the lounge to the garden were open and people were able to come and go as they pleased. People walked around the garden and sat at tables in the grounds and chatted with their relatives.

People maintained good physical and mental health because the service worked closely with health and social

care professionals including: doctors, podiatrists and community nurses. The registered manager was working closely with the local NHS lead clinical nurse specialist for older people for advice and support. People were supported by staff to attend appointments with their doctors and other health care professionals if the person agreed. People's health was monitored and care provided to meet any changing needs. People had the relevant equipment in place to reduce the risks of pressure sores to keep their skin as healthy as possible. When people's physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals, like physiotherapists and occupational therapists, to meet their specific needs. A visiting health professional told us that they had a positive relationship with the registered manager and staff and that their recommendations and guidance were acted on in people's best interests.

Care plans were reviewed for their effectiveness and reflected people's changing needs. People were weighed on a regular basis and any fluctuation in weight was noted. Staff contacted the relevant health professionals, such as dieticians, if they noticed any change in weight. Prompt action was taken to make sure people had the care and support they needed. All telephone calls and discussions with health professionals were logged in the senior staff handover book to make sure that staff were up to date with people's changing needs. Care plans included an overview of people's health conditions and this noted any involvement with other health professionals, such as, specialist nurses or GPs.

Since the last inspection in December 2014 the provider and registered manager, with the staff team, had made a number of changes to the service and improvements in the quality of the service delivered. We will check at our next inspection that these changes have been maintained.

Is the service caring?

Our findings

People were happy living at the service and said that they were well cared for. People's relatives were happy with the care their loved ones received. One person told us, "They [staff] are wonderful. It doesn't matter what you ask for. They provide good care. They get me everything I ask for, everything I need". Relatives commented, "Since [our relative] has been here she has really picked up. She laughs and chats. It's been a long time since we saw her like this". "She looks so settled and happy" and "Moving here has put the quality back in her life. She is so happy here. The staff are fantastic. She's spoilt rotten!" A relative wrote to the Care Quality Commission (CQC) in May 2015 and commented, "[Our relative] is very happy, comfortable and settled in this home and we, as a family, are extremely impressed by the excellent care she receives from all the staff". The registered manager said, "We see beyond the dementia. They are all individuals and that's how they are treated".

At the last inspection in December 2014 the registered provider and registered manager had not taken action to make sure that people were treated with respect and were involved at Hamilton's Residential Home. People were not given privacy and were not helped to remain independent. People were spoken to in an inappropriate manner.

At this inspection people were able to move freely around the service and spend time in communal areas or in their rooms. Staff provided positive support and encouragement when assisting people to move around the service. One person was helped up from their chair and was encouraged and supported to stand with two staff who used a 'handling belt' to make sure the person was safe. A handling belt is a piece of specialist equipment which fits around a person's waist and is held by staff so that they can support people with their movement. They can prevent injuries that can be caused by holding sensitive limbs.

Staff were patient and had a friendly approach and showed consideration towards people. People were addressed by staff using their preferred names. Staff chatted with people and their relatives and staff spoke with people in a sensitive and kind way. People were relaxed in the company of each other and staff. The registered manager and staff knew people well. Staff displayed a caring, and compassionate approach towards people and their relatives and they were sensitive to people's needs. When one person was talking

to herself and showing signs of distress a member of staff walked over to the person and spoke to them in a reassuring way. The person relaxed and started to have a conversation with them. They began singing together and the person smiled and laughed.

Staff told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. One relative said, "We come whenever we want to and nothing is too much trouble". Another relative commented, "There are no rules about visiting times. We are always offered drinks when we arrive". Staff were welcoming and polite and spent time updating people about their relatives. Relatives spoke highly of the level of care their loved ones received.

People were encouraged to stay as independent as possible. Individual support plans gave staff guidance of what people could do for themselves, what assistance was needed and how many staff should provide the support. Staff told us that they supported people to do as much as they could for themselves, such as, encouraging people to apply their own skin care creams. Staff understood, respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. Personal care was given in the privacy of people's bedrooms or bathrooms. Staff told us how they supported people to maintain their dignity, privacy and confidentiality.

Staff communicated in the way that suited people best. We asked staff how they found out about people's preferences, particularly those unable to communicate verbally. Staff explained how they used 'flash cards' to give people choices in a way they could understand. For example, when staff were offering people drinks they showed people pictures of juice, tea and coffee so that they could pick which they preferred. Staff were patient with people, they spoke slowly and waited for people's responses.

Care plans and associated risk assessments were stored securely, to protect people's confidential information, and were located promptly when we asked to see them. People discussed aspects of their care with staff. People and their

Is the service caring?

relatives were involved in making decisions about their care and where possible care plans were signed by people to show that they had been involved in the planning of their care.

People's preferences and choices for their end of life care were clearly recorded and kept under review. Relatives told us that they had been involved in the planning of their relative's end of life care. People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy when requested. The registered manager identified that some staff may never have seen people at the end of their life and told us that they understood that this could be a

disturbing experience. She had liaised closely with an undertaker and supported staff to spend time with them. Additionally some staff had received special training with a local hospice on end of life care.

People were clean and smartly dressed. Staff were reminded in staff meetings about the importance of making sure people were well presented and given choices of what to wear. People's personal hygiene and oral care needs were being met. On occasions people refused to be supported with their personal or oral hygiene and this was acknowledged by staff and documented. People's nails were trimmed and gentlemen were neatly shaved. This promoted people's personal dignity. A hairdresser visited the service regularly and knew people well. People seemed to like her and were laughing and chatting with each other and the hairdresser. Even those who were not having their hair cut were watching others and smiling.

Is the service responsive?

Our findings

People felt they were supported in a way that met their needs. One person told us that they rang a call bell if they needed staff and said, “They [staff] come as soon as they can. They don’t leave me waiting for long”. Another person commented, “I’m alright at the moment”. Relatives told us that they thought staff were responsive. A relative wrote to CQC in April 2015 and said, “[My relative] is very happy with the care and attention he receives. He could not get better care anywhere. Since the new people took over it has got better and better with all the new furniture, new flooring, it’s like a 5 star hotel. He wants for nothing; in fact he is very spoilt”. We spoke with this relative when they were visiting their loved one and they told us that they “Can’t fault the home. The staff and management are amazing. [My relative] is very happy here. He is able to spend time where he wants and there are always enough staff to help him if he needs it”.

At the last inspection in December 2014 people did not all have care plans in place. Care plans that were in place had not been kept up to date. At this inspection each person had a detailed, descriptive care plan which had been written with them and their relatives. Staff supported people to keep relationships with people that mattered to them, such as family and friends. Relatives told us that they had been involved in the planning of their loved one’s care and support needs. Care plans contained a ‘pen portrait’ detailing people’s life history to help staff to get to know people. Photo books were used by staff to sit and look through with people. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. Plans included details about people’s personal and oral care needs, communication, mental health needs, health and mobility needs. When people’s needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support and care. A new member of staff told us that they had found the care plans very useful in getting to know people. Risk assessments were in place and applicable for the individual person.

At the last inspection in December 2014 people’s needs had not been assessed before they moved into the service. At this inspection we spoke with a relative whose loved one had recently moved to the service. They told us that an

assessment of their relative’s needs was completed when they were considering moving into the service. The care plans we reviewed showed that a pre-assessment had been completed when a person was thinking about using the service. This was used so that the provider could check whether they could meet the person’s needs or not. Relatives told us that staff always kept them up to date with any changes in their relative’s health and what action had been taken to maintain their health.

Some people enjoyed helping around the service with things like making drinks and washing up. Photos of people doing these tasks showed people smiling and enjoying them. The service had a large kitchen which was used by the cook to prepare all the meals. A small ‘prep room’ was used by staff to make drinks. This area was disorganised and cluttered. The prep room was used when staff supported people with household tasks. They were not supported to use the main kitchen which had more space.

We recommend that the service finds out more about current best practice on engaging and supporting the specialist needs of people living with dementia.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. One person was supported by a member of staff to paint a hanging glass decoration. Staff made sure that people who were in their rooms were offered the activities that they preferred. Staff spent time with people in their rooms doing things, such as, reading newspapers to them.

Activities for each day were written on a board for people and their relatives to see. The registered provider co-ordinated activities in the service and recorded, as guidance for staff, how people could benefit from different activities. For example, if the activity was good for people’s hand-eye co-ordination, promoted the stimulation of muscle tone or was good for manual dexterity and concentration. The registered manager and staff had taken photos of people enjoying activities, such as, icing cakes, playing cards, making jam tarts and having a pamper session. A board had been purchased to put the photos on and a member of staff was looking forward to doing this. They told us, “It will be really nice to be able to show relatives photos of what their loved one’s have been doing”.

Is the service responsive?

During the day there was old-time 1940's music playing softly in the background. People looked alert and looked as though they were enjoying listening to it and were humming or singing along. A member of staff noticed two people singing along and encouraged some more people to join in. 'Memory Lane' picture boards were displayed throughout the service & staff told us that they supported people to choose which pictures / newspaper cuttings they would like to see.

In the lounge there was a string of painted handprints with a sign above saying, 'Together we are a family'. The registered manager told us that one person had passed away since the banner was made and that they had removed this person's handprint from the banner and sent it to their loved one. Their relative had been very emotional on receiving this and said how much they appreciated having something so personal to be able to hold on to.

Staff started people singing old-time songs, such as, 'White Cliffs of Dover' and 'Daisy, Daisy'. A relative said, "Last week they had a lady here with a microphone singing. People really loved it". People joined in and were smiling and enjoying themselves. The registered manager told us that they had arranged 'Come Dancing' event to raise money for Dementia UK and that everybody had a pamper session and dressed up for the occasion. She showed us photos of the event and people looked as though they were really enjoying themselves. She told us that they were planning a sports day and inviting the neighbours.

Staff told us that they had organised an 'Ascot Ladies Day'. A relative commented, "They had an 'Ascot Ladies Day'. The photographs are wonderful. [Our relative] had her nails painted and her hair cut. They all wore lovely hats".

Staff were observant and responsive. When people became agitated during the course of lunch staff intervened and used appropriate de-escalation techniques, supporting people, to ensure the safety and welfare of people and staff. One person was walking around the lounge and then the dining area. A member of staff began to walk with them, talking with them and guiding them to the table containing drinks. The person was offered a choice of drinks and then the staff chatted with them whilst they drank. The person appeared very reassured by this action.

People and relatives told us that they knew how to raise any concerns or complaints. They said they would talk to the staff if they had any concerns and felt that they would be listened to. One person said, "If I had a concern I would talk to the manager". Relatives said they had no complaints but if they did have they said that they would discuss it with the registered manager and that they would take the appropriate action.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. There was a complaints procedure which had been sent to relatives. When people made any negative comments or suggestions these were followed up and addressed so people's comments were listened to and acted on quickly. For example, changes in menus and activities. Staff told us that they were aware of their responsibilities of dealing with comments, concerns and complaints.

Is the service well-led?

Our findings

People and their relatives knew the registered manager and staff by name. Each member of staff wore a uniform and a name badge so that people could identify them easily. A visiting health professional who regularly visited people in living in the service said, “The staff are always smart and well presented”.

At the last inspection in December 2014 the registered provider had not taken action to protect people and others who may be at risk, against the risks of unsafe or inappropriate care, by means of the effective operation of systems designed to regularly assess and monitor the quality of the service delivered.

At this inspection staff told us that they were involved with improving the quality of the service provided at Hamilton’s Residential Home. They told us that they had been asked in staff meetings for their ideas and that these had been acted on. Minutes of a staff meeting confirmed that staff had been asked about how to make improvements and one member of staff had commented on the fact that, because they had to do housekeeping and laundry duties, they were not able to spend as much quality time with people as they would like to. The registered provider asked staff if they felt that employing a housekeeper would help and staff stated that this ‘would be a great help and would free up staff to interact with residents a lot more’. The registered manager had employed a housekeeper and staff told us that it had made a huge difference to the service and meant that staff had time to spend doing meaningful activities with people.

Most people were not able to take part in meetings to discuss any changes they would like to see but the registered manager held a meeting with those who wanted to take part. Minutes of these meetings were signed by the people who attended and people were able to talk about things like changes in the menu. For those who were unable to actively participate in meetings there were quality questionnaires completed by people, supported by relatives or staff, to make sure they were happy with their meals and choices of food and drinks. Another one had been completed to find out if people were happy with the music that was played during the day. Both of these questionnaires had received positive feedback and comments, such as, enjoying the afternoon tea “Especially the scones” and enjoying the music, “Very much so. I really enjoy singing”.

People, their family and friends were regularly involved with the service in a meaningful way, helping to drive improvement of the quality of the service delivered. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The registered manager welcomed open and honest feedback from people and their relatives and from staff. Relatives told us that, following our last inspection in December 2014, the registered provider wrote to them to inform them of the actions they were taking. They told us that they had also had meetings when they were kept up to date with the quality of service being provided, what changes they had made and to see if relatives were happy with the service delivered. Records of these meetings confirmed that the quality of service had been openly discussed with relatives to ensure they were involved with the improvement of the service provided to their loved ones.

There was a clear management structure for decision making. The registered provider met regularly with the registered manager to discuss driving forward improvement on the quality of service being delivered and to raise any concerns and discuss actions. The registered manager received regular one to one supervision from the registered provider.

The registered manager and deputy manager worked alongside staff each day to provide guidance for staff and to keep an overview of the service. One member of staff said, “I love my job. The manager, deputy manager and the provider are all very supportive. If I have any concerns I speak to the manager or deputy manager. I know that they will listen to me and take action if it is needed”. The registered manager held regular meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. When lessons could be learned from concerns, complaints, accidents or incidents these were discussed. If a member of staff had not been able to attend a meeting they read and signed a copy of the minutes so that they were kept up to date with any changes. The registered manager had introduced team building events which included trips to the cinema and meals out to promote cohesiveness within the staff team.

The registered manager and staff worked closely with visiting health professionals, such as, community nurses and mental health teams; the local hospice and dental

Is the service well-led?

advisors to keep up to date with guidance and to make improvements to the service as a result. The registered manager regularly attended the local care homes forum and had been asked to be a spokesperson.

Staff were clear what was expected of them and their roles and responsibilities. One member of staff was identified on each shift as the appointed person for first aid, fire safety and medicines and a senior member of staff was available at weekends on an 'on-call' basis. Some staff had specific responsibilities which they took ownership of, such as, continence assessments and ordering incontinence pads. This ensured consistency and made sure there was always plenty of stock in place. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Staff understood the culture and values of the service which included encouraging people to remain as independent as possible, respecting people's dignity and making sure people felt safe. Staff told us they were happy in their jobs and that they felt supported by the registered manager. They felt that if they had any concerns they could raise them and that they would be listened to. Staff said, "I love it here" and "I have been here a long while, since before the new owners took over. It has changed a lot. It is so much better now". Staff told us that the owners of the service regularly visited and that they were approachable.

A visiting hairdresser told us that she had been visiting the service for over seven years and said, "It has changed so much". We asked her what sort of things she thought had changed and she commented, "Staff are very happy and so the clients are happy and settled. The atmosphere here is lovely. The home never smells. It is just a lovely home".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. At the last inspection in December 2014 the registered provider had failed to notify the CQC of such events. At this inspection the registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. However, checks and observations on night staff had not been documented. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and highlighted who was responsible for taking action.

Since the last inspection in December 2014 the provider and registered manager, with the staff team, had made a number of changes to the service and improvements in the quality of the service delivered. We will check at our next inspection that these changes have been maintained.