

Voyage 1 Limited

Hamilton Lodge

Inspection report

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Date of inspection visit: 15 July 2015
Date of publication: 18/08/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place on 15 July 2015 and was unannounced. The home was previously inspected in October 2013 and the service was meeting the regulations we looked at. However, the provider name was changed in July 2014 so this was the first inspection under the current provider name.

Hamilton Lodge is a care home for younger people with a learning disability. It can accommodate up to ten people. There are eight rooms with en-suites in the main house and two self-contained flats. At the time of our inspection we were told the flats were to be deregistered. There was

a communal lounge and kitchen and accessible well managed gardens. The service is situated in Doncaster, close to local amenities. At the time of our inspection there were seven people living at the service.

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

Summary of findings

People we spoke with liked living at Hamilton Lodge. They told us they felt safe living at the service and the staff were considerate.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

The Mental Capacity Act 2005 (MCA) includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive people of, or restrict their liberty. We found all staff we spoke with were very knowledgeable on the requirements of this legislation and had already assessed people who accessed the services to determine if an application was required.

People's health was monitored and individual risks had been assessed. We spoke with people who used the service, we found people's needs were met by staff who knew them well. However records did not always reflect this.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and had an up to date annual appraisal of their work performance.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager was aware of how to respond to a complaint if required, information on how to report complaints was clearly displayed in the service. People we spoke with did not raise any complaints or concerns about the service. Staff and people who used the service who we spoke with told us the registered manager was approachable, there was an open door policy and the service was well led. Staff told us this had improved since the new registered manager had been in post.

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 correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

People's health was monitored and individual risks had been assessed.

Medicines were stored and administered safely. People received medication as prescribed.

There was enough skilled and experienced staff to meet people's care needs.

Good



Is the service effective?

The service was effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act 2005 in protecting people and the importance of involving people in making decisions.

People were supported with their dietary requirements. People who were able did their own shopping and cooking with support from staff. People's likes and dislikes were recorded and their nutritional needs were met.

Each member of staff had a programme of training and were trained to care and support people who used the service safely.

Good



Is the service caring?

The service was caring

We spoke with people who used the service and staff and it was evident that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding and respect, and took into account people's privacy and dignity.

Most people told us they were involved in discussions about their care and we saw evidence of this in care files.

Good



Is the service responsive?

The service was not always responsive

We found staff were knowledgeable on people's needs and most people's needs were being met. However, documentation in care files was confusing, repetitive and not always completed to be able to properly review people's changing needs or identify a deterioration in their health.

People had access to varied activities and hobbies. People also regularly accessed the community with support from staff.

Requires improvement



Summary of findings

There was a complaints system in place. The complaints procedure was displayed in the home for people who used the service and visitors to access.

Is the service well-led?

The service was well-led.

There was a registered manager in post. Who was registered in July 2015.

There were systems in place for monitoring quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement. These had improved since the new registered manager had been in post.

Accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to.

Good



Hamilton Lodge

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.

This inspection took place on 15 July 2015 and was unannounced. The inspection team was made up of an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had completed a provider information return (PIR). The PIR 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 spent some time with people who used the service talking with them and observing support in the communal areas, this helped us understand the experience of people who used the service. We looked at some other areas of the home including kitchen, laundry and gardens. We looked at documents and records that related to people's care, including two people's support plans. We spoke with four people who used the service.

During our inspection we spoke with five care workers and the registered manager. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt very safe. One person, who we asked if they felt safe said, “Yes, I am safe.” Another person said, “It is good here, I like the staff.”

Interactions we observed between staff and people were appropriate and inclusive. People were comfortable and happy in the company of staff.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff told us they would report immediately to the manager or the local authority if required if they suspected abuse. Staff were also able to explain different types of abuse and how they would recognise abuse correctly. The training records showed that staff received training in safeguarding people from abuse. The registered manager told us they were organising for staff to attend the local authority safeguarding training. This would ensure they were aware of the local procedures to protect people.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people’s needs and some people had some hours each week where they received one to one support to meet their personal care needs or accessing the community. We saw when people had one to one support adequate staffing was provided to facilitate this. Staff we spoke with confirmed that there was always enough staff on duty. Although staff were working longer hours to cover shifts as the service was short staffed as the service needed to recruit more staff. Staff told us they covered shifts voluntarily as they did not want agency staff used who did not know the people who lived at Hamilton Lodge. However, we saw that some staff were working three additional shifts the week of our inspection to provide cover. The registered manager was recruiting new staff and when in post this would cease the need for staff to cover excessive hours.

People’s health was monitored and reviewed as required. People identified as being at risk when going out in the community had up to date risk assessments. During our

inspection we saw that people were supported by staff when they went out. We also saw other risks had been assessed for individuals and measures were in place to ensure people’s safety.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures, and records were kept for medicines received and administered. We found disposal of medicines followed procedures. However at the time of our visit the medication room was extremely hot. The window was opened and the blind shut and after an hour the room did cool. The registered manager told us they would monitor the room temperature and if this did not maintain at or below the required level they would look at alternative arrangements to ensure medicines were kept at the correct temperatures.

When we observed people being given their medication we saw staff followed correct procedures. They supported people appropriately to take their medication. Staff were able to explain to us the signs to look for when people were in pain or distressed to ensure they received their prescribed medication when required. We found people had protocols in place for medicine that was prescribed on an ‘as and when required’ basis. These explained how people presented when the medication was required to assist staff in identifying when to administer. These were being reviewed at the time of our inspection to ensure there was adequate detail to describe how people presented when in pain or when distressed.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at two staff files and found they did not have all the required information; one did not have references and the other a contract of employment. The registered manager contacted the providers HR department during

Is the service safe?

our visit and obtained the references, which were at head office and requested a contract of employment for the staff member identified. The registered manager told us she was in the process of auditing the files and ensuring all required documents were included so copies were available at the service. We found all new staff were subject to a probationary period and during this period had received regular supervision. Staff records we saw showed staff had received supervision in line with policies. Staff we spoke with also confirmed they had received regular supervisions and support. Staff also told us this had improved since the new manager had been in post.

Before our inspection, we asked the local authority commissioners for their opinion of the service. Officers told us they had positive experiences, staff understood people's needs and predominantly people's needs were met. They identified care records needed improving to be more person centred, however, felt the new registered manager was making improvements and staff felt confident in their ability.

Is the service effective?

Our findings

People we spoke with told us staff respected their choices and decisions. One person told us, “Staff help me.”

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Most staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had already reviewed people who used the service. Applications had been submitted and some people had a DoLS in place and all the appropriate requirements were followed.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people’s records and found they had received support from healthcare professionals when required.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included infection control, safeguarding of vulnerable adults, fire safety, and health and safety. Staff we spoke with had not all received first aid training, the registered manager told us this was booked and all staff would have attended by the end of August 2015.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. We saw training records that confirmed staff had attended training. We also saw records that staff had received regular supervision and all staff told us they felt supported by the registered manager.

People’s nutritional needs had been assessed and people’s needs in relation to nutrition were documented in their plans of care. We saw people’s likes, dislikes and any allergies had also been recorded. People we spoke with said they enjoyed the meals and helped with shopping and cooking. We found that people were supported to eat and drink sufficient to maintain a balanced diet.

Is the service caring?

Our findings

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and compassionate. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together. People were supported to access the community and activities.

People were supported to maintain family relationships and friendships. People's support plans included information about those who were important to them. On the day of our visit one person was supported to meet their family in town for lunch. Staff told us they did this once a month and they always looked forward to it. One person who used the service told us, "I have a girlfriend and staff help me with my relationship, I would like to live with my girlfriend and staff support me with my wish." The support plans also included information that told staff their likes, dislikes, choices and preferences.

People who used the service participated in activities most days and many were spontaneous. For example one person came into the office and said, "I want to go into town." Staff facilitated this with no hesitation. Staff told us, "If people want to go out they can." Another person went for a walk to the local shop as they wanted to post a birthday card for a relative. In the afternoon four people who used the service went to the park as they wanted an ice cream. When they returned they told us they had enjoyed the outing and one person said, "We go out a lot, I like it." Another person told us, "I do something every day, the staff support me but I choose what I want to do."

At the time of our visit three people who used the service were on holiday. One person had gone to Devon and the other two had gone to Blackpool. Staff told us the people had chosen where they wanted to go on holiday. A person told us they had been on holiday and really enjoyed it, they said, "I went to the seaside, I like the seaside."

The service had well maintained outside garden areas. Some people enjoyed gardening and took pride in the grounds looking nice. There were raised vegetable gardens and a greenhouse. People were supported to maintain this skill and interest. People who used the service picked some salad from the garden for lunch on the day of the inspection. The previous year the service had won an award from the provider for the vegetable garden. There were pictures displayed of people in the garden with the certificate.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked people if it was alright to assist them. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

The staff we spoke with were able to explain the importance of really getting to know the people they were supporting. One member of staff told us it was important to know how to deal with one person who could present with behaviour that may challenge; they said it is important to know what could trigger their anxiety to ensure it is managed so that the person's wellbeing was maintained.

We spoke with health care professionals who told us the staff were very good, understood people's needs, were open to any suggestions and followed advice given.

Although at the time of the inspection people who lived at Hamilton Lodge were young and healthy, the registered manager was looking at appointing an end of life champion. The registered manager told us that they could not only then support people who could have an illness that was life shortening but also support people who used the service if a close friend or relative was ill or died. The staff were also accessing end of life training and cancer awareness training. One staff member told us, "We supported one person through cancer treatment and it would be good to access specific training." This would give staff the skills and knowledge that may be required.

Is the service responsive?

Our findings

We found staff were knowledgeable on people's needs and most people's needs were being met. However, documentation in care files was confusing, repetitive and not always completed to be able to properly review people's changing needs or identify a deterioration in their health.

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person. However, we found staff were not always recording appropriately, which meant they were not able to effectively review. Therefore staff were not always responsive to people's needs. For example one person's mental health had deteriorated and staff were monitoring the person's behaviour, at times they presented with behaviour that challenged. We found staff were recording information on eight different monitoring forms. We found they were not always completed this meant the information was confusing and it was difficult to determine the persons behaviour triggers. This put the person at risk of further deterioration as the persons wellbeing was not monitored to be able to respond to their changing needs.

We discussed this with the registered manager who agreed to review the plan with the person's allocated health care professional. The registered manager has confirmed to us in an email that this has been completed. They told us they had simplified the monitoring and staff only had to complete two charts this was commenced on 17 July 2015.

The plans we looked at had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives.

However had not always been reviewed. The registered manager who was new in post told us they were aware care files required improvement. They also said they were in the process of reviewing all files with key workers and individuals who used the service. This would ensure all care needs were up to date and evidence staff were responsive to people's needs.

People's support plans we looked at contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities outside the home to ensure they were part of the local community. Staff supported people in maintaining relationships with their friends and family members and people told us that their visitors were made welcome.

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. The registered manager told us they had received one complaint this year which had been dealt with. This meant people were listened to and taken seriously.

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

The feedback we received from health care professionals who visited the service was generally positive they felt home provided a good standard of care and support, and were responsive to people's needs.

Is the service well-led?

Our findings

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. One member of staff said, "I like working here we are a good team." Another staff member said, "The new manager has helped, it is much better."

At the time of our inspection the service had a registered manager who had been in post since April 2015 and was registered with the Care Quality Commission in July 2015. The service had been without a permanent manager for over a year. This had affected staff morale. All staff we spoke with were very positive about the new registered manager and told us they hoped things would continue to improve.

Staff had told us that since the new registered manager had been in post they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open door policy, they always make time if you want to talk or discuss something."

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress. These had identified that requirements in regard to the care and support files and recruitment files. There was an action plan in place to follow to ensure the improvements were made and sustained.

The registered manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. We

saw the medication audit we found some checks were not carried out. For example the room temperature was not monitored. The registered manager agreed to add further checks to the audits. Since the inspection the registered manager has informed us that a cooling unit for the medication storage cupboard was to be purchased. This would ensure the temperature was maintained at correct levels.

The regional manager also carried out monthly audits; we saw the last audit undertaken was in June 2015. We saw that actions had been produced as a result of these audits; it was clear who was responsible to ensure the actions were completed. These actions were then checked at each visit to determine progress and completion. This helped to ensure actions were addressed.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of the last meeting dated 15 May 2015 and another was arranged for the day after our inspection. There were also key worker meeting each month involving the people who used the service, these had been implemented by the new registered manager in June 2015. One meeting with each person had taken place and July's meeting were due to take place. These ensured people had opportunity to raise any issues or concerns or just to be able to talk with their key worker communicating any choices or requests.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. However the monitoring of the incidents was not always effective, systems had been improved following our inspection.

There had been a high number of incidents in respect of one person. The registered manager since our inspection has improved the systems and procedures in place to ensure the persons safety. We have had confirmation from the allocated health care professional these have been implemented.