

E Dawson

# Hamilton House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Hamilton House is a care home which offers care and support for up to 36 predominantly older people. At the time of the inspection there were 36 people living at the service. Some of these people were living with dementia. The service occupies a house over three floors with a passenger lift and stair lifts for people to access the different floors.

This unannounced comprehensive inspection took place on 9 and 12 April 2018. The last inspection took place on the 11 and 15 March 2016 when the service was found to be meeting the legal requirements. The service was rated as Good at that time. At this inspection we found breaches of the regulations. The service rating has therefore changed to Requires Improvement.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager and at the time of this inspection there was a registered manager in post, although they were on leave at the time of first visit of this inspection. We returned for a second day to spend time with the 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 and associated Regulations about how the service is run.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes.

The premises were well maintained, clean and with no malodours. The service was registered for dementia care. There was some pictorial signage to support people, who were living at the service with some early dementia, who may require additional support with recognising their surroundings. The premises were regularly checked and maintained by the provider. Equipment and services used at Hamilton House were regularly checked by competent people to ensure they were safe to use.

Care plans were organised and contained information about each person's needs. However, some information was not always accurate and complete. Care planning was reviewed regularly. Daily notes were completed by staff. Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible. However, three fire escape doors were not opened easily and immediately and were not usable "without a key and without any specialist knowledge" in a fire situation as directed in the Regulatory Reform (Fire Safety) Order. This posed a potential risk to people living downstairs. The registered manager had addressed this concern on our

second visit and ensured all fire escapes were easily opened in an emergency.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. There were no staff vacancies at the time of this inspection. There was a happy stable team of staff working at Hamilton House.

There were systems in place for the management and administration of medicines. People received their medicines as prescribed. Regular medicines audits were being carried out but these had not effectively identified that over 30 handwritten entries on to the medicine administration records (MAR) were not signed by two staff as directed in the medicines policy. This meant there was a potential risk of errors being made in the manual recording of medicines.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People had access to activities. Staff provided a planned programme of activities supported by external entertainers. Some people went out into the local area.

The use of technology to help improve the delivery of effective care was limited. Mobile call bell pendants were not available to people. However, call bells were available in lounges, corridors and peoples bedrooms.

Staff were supported by a system of induction training, supervision and appraisals. Mandatory training was provided to all staff with regular updates provided. The manager had an overview of staff training needs.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies and procedures. However, these had not been reviewed or updated for some years. This meant there was a risk that staff were not always provided with current guidance.

People told us, "I feel very safe here," "The bells are answered straight away" and "I don't use the bell, I shout, but there is always someone there." One staff member told us, "I am particularly aware of the residents with dementia and mental challenges and make sure I regularly check on them."

Staff and management did not always act in accordance with the Mental Capacity Act 2005. There was some understanding of the principles of the Deprivation of Liberty Safeguards, however they were not always applied correctly. Records relating to this legislation were not always accurate.

The manager was supported by the provider and a team of motivated and long standing staff. The staff team felt valued and morale was good. Staff told us, "I love my job and we are a big family here" and "I feel I can always get the support I may need, the door (to the registered managers office) is always open."

There were some quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the registered manager and a member of the senior management team.

Not all people and their families had been asked formally for their views and experiences of the service provided. Some relatives and healthcare professionals had been asked to complete a survey of their views.

A few people had personal money held by the service. This allowed them access to small amounts of money

to enable them to purchase items such as chocolate, cigarettes and toiletries etc. The records held did not tally with the amount of money held by the service. The registered manager had left an amount of their own private funds for people to access if needed.

Some records relating to recruitment were in the process of being transferred to a computer based system and had been taken out of the service for this to be done. We were given assurances by the registered manager that their recruitment processes were robust.

We found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not entirely safe. Three fire escape doors were secured from the inside, in three different ways, and could not be opened in the event of an emergency, without staff being present.

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was not entirely effective. The management had an understanding of the Mental Capacity Act 2005 and the related Deprivation of Liberty Safeguards. However, this legislation was not always applied correctly and the records held were not always accurate.

Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people in a calm and patient manner.

Staff respected people's wishes and provided care and support in line with those wishes

**Good** ●

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to a variety of activities.

### Is the service well-led?

Requires Improvement ●

The service was not entirely well-led. Some records held at the service were not accurate and complete. The breaches of the regulations found, had not been identified by the service prior to this inspection. DoLS authorisations that were in place at the time of this inspection had not been notified to CQC as is legally required.

There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported

There were some systems in place to assess and monitor the quality of the service provided. A full survey of the views of all people living at the service had not been carried out. This was planned in the near future.

# 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 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 9 and 12 April 2018. The inspection was carried out by one adult social care inspector and an expert by experience. This is a person who has experience of using this type of service, or has cared for a person who has used services.

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

We spoke with five people living at the service. Not everyone we met who was living at Hamilton House was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with eight staff, the deputy manager and a representative of the provider. We spoke with four family members and an external healthcare professional.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for six people living at Hamilton House, medicines records for 36 people, three staff files and other records relating to the management of the service.

# Is the service safe?

## Our findings

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults. However, they were not aware that the local authority were the lead organisation for investigating safeguarding concerns. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit. This provided information to people, their visitors and staff on how to report any concerns they may have. The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. This meant people were safeguarded from the risk of abuse.

People told us, "I feel very safe here," "The bells are answered straight away" and "I don't use the bell, I shout, but there is always someone there." One staff member told us, "I am particularly aware of the residents with dementia and mental challenges and make sure I regularly check on them."

The service did not hold a policy on equality and diversity, this was in the process of being introduced to the staff so that they were aware of this legislation. Staff were not being provided with training on equality and diversity. We were told this was in the process of being sourced. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely. Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people living at the service. However, care records did not always contain clear direction for staff on how to avoid this occurring and what to do when incidents occurred. This meant consistency of staff approach could not be assured.

Fire escape doors did not open automatically in the event of the fire alarm sounding. They could not be opened in the event of an emergency evacuation, without staff being present to operate the device securing the doors. We identified three fire escape doors which were secured, in three different ways, from the inside. One required a key, held by staff. One required a code known to staff, but not displayed for people, and the third had a manually operated lever at the top of the door which prevented the door from opening. A staff member operated this lever for the inspectors but the door did not open easily, as there were two large dustbins behind the door obstructing it from opening wide and easily. This posed a risk to people living in these corridors. The last fire assessment carried out at the service was dated 2013. When we visited for the second day of the inspection we were assured by the registered manager that the fire doors were no longer secured from the inside and would open easily when needed. A fire assessment was being requested.



We recommend that the service take advice and guidance from appropriate professionals about the fire safety system at Hamilton House.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced by external contractors to ensure they were always safe to use.

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed over 30 medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed but had not been witnessed by a second member of staff. This meant that the risk of potential errors was not reduced and did not ensure people always received their medicines safely. Regular internal audits were carried out to help ensure the medicines management was safe and effective. However, these audits were not entirely effective as they had not identified the handwritten entries on to the MAR. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item and when the item would need to be disposed of. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. Records of people's medicines travelled with them when they went to hospital. People told us, "I always have my medication on time" and "They never miss my medications."

Hamilton House were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured. The service had ordering, storage and disposal arrangements for medicines.

Some people required medicines to be given as necessary or occasionally (PRN). One person had PRN medicine held at the service. However, this medicine was not shown on their current MAR. A staff member told us this medicine was handwritten on the previous MAR but had not been carried forward to the current record. This meant that staff did not have current written authority available to administer this medicine, if it was needed, at the time of this inspection. We were assured that the pharmacy would be contacted immediately and a printed MAR would include the PRN medicine for this person.

We recommend the service take appropriate advice and guidance on the safe management and administration of medicines.

Staff training records showed all staff who supported people with medicines had received appropriate training. The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records were sent with them. However, care records were not always entirely accurate and did not always contain key information. Further information about this concern can be found in the Effective section of this report.

Care records were stored securely but accessible to staff and visiting professionals when required.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visit.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a four star rating. Actions had been recommended following the last inspection, and we were assured by the registered manager that these had all been carried out.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises. However, the information provided on the first day of inspection was not accurate and did not tally with the names and room numbers inspectors were provided with at the beginning of the inspection. This meant there could be confusion in the event of an emergency evacuation. On the second day of the inspection the registered manager provided an accurate list of personal evacuation plans. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment processes were in place and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references. However, the references for the two newest members of staff were not present at the time of this inspection. We were told they had been taken out of the service to be entered on to a new computer based system to be installed in the near future. The registered manager confirmed to us that all staff had references checked before they worked at the service.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. The service was fully staffed at the time of this inspection and did not use agency staff. During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively. People told us, "The alarm is answered straight away" and "I don't use the alarm, I always shout but there is always someone there".

The staff rota showed there were four care staff in the morning and four in the afternoon supported by a senior carer on each shift. The deputy manager and registered manager also supported staff in the provision of care. There were two staff who worked at night. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the management team was very supportive.

The registered manager was open and transparent and always available for staff, people, relatives and healthcare professionals to approach them at any time. The manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary.

## Is the service effective?

### Our findings

People's need and choices were assessed prior to them moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

Hamilton House had a good working relationship with the local GP practices, district nursing teams and other health and social care professionals. District nurses were visiting the service daily to see people with nursing needs. Other healthcare professionals visited to see people living at Hamilton House when required. One person told us, "They (Doctors) look at you properly and take everything in."

Many people living at Hamilton House were not able to be involved in their own healthcare management. Staff closely monitored people's health and well-being and referred to external healthcare professionals as needed. During the handover between the morning and afternoon shift we heard that one person's health had been causing some concern to staff and they had identified that the person had an infection. A call to their GP had resulted in them receiving appropriate treatment in a timely manner.

The use of technology to support the effective delivery of care and support and promote independence was limited. Pendant call bells, for people who moved around to ensure they could call for assistance at any time, were not available. Pressure mats were not in use, to alert staff when people were moving around if they had been assessed as being at risk of falling. However, call bells could be accessed by people in lounges, corridors and their own bedrooms. The service was in the process of installing an electronic system to support care and all aspects of the running of the service.

The service was well maintained, with a good standard of décor and floor covering. Some people were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was some pictorial signage which clearly identified specific rooms such as toilets and shower rooms. Corridors were decorated in such a way as to differentiate each one from another. People's bedrooms displayed a number and some had a small picture. This could help some people with dementia to find and recognise their own room independently. One person told us, "Its not dirty here, the manager is very strict on cleaning."

Training records showed staff were provided with mandatory training. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care and arthritis care.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There were no new staff undertaking the Care Certificate as they had all joined the service with experience. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work

alone. One person told us, "New staff are introduced and also new residents." A relative told us, "The staff seem well trained and are good at handling my husband's care".

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the management and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The service did not have an equality and diversity policy in place. The manager told us this would be put in place to help ensure people were protected from the risk of discrimination. Training in relation to the Equality Act and human rights was not provided for staff at the time of this inspection. The registered manager assured us this would be sourced and addressed in the near future.

In care files we saw there was specific guidance provided for staff. For example, Crohns disease information was present in the care file for a person who had this condition. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

Meals were prepared on the premises. People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences.

People told us, "The food is good and there is enough choice. I ask the manager if I want something special and she will get it for me." Another said, "It's good food when it's hot but it's not like home. They do diabetic food". A relative told us, "If I am not here to help, the staff encourage my husband to eat."

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. The service's MCA policy was in need of updating to ensure it provided accurate up to date guidance and information for staff. Staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied for some people to have restricted care plans authorised. However, there was no evidence of capacity assessments or the best interest process having taken place prior to this application being made. This meant it was not possible to establish if this was in the person's best interests and the least restrictive option.

One authorisation, which was in place at the time of this inspection, had conditions attached to it which the service were required to support. The registered manager was not aware of this authorisation and that it had required review on the 1 April 2018. The registered manager did not have a robust process in place to ensure the service was working in line with the legislation. Copies of agreed DoLS authorisations were not always held in people's care files, neither was it always clear in their care plan, or their hospital passport, that a DoLS restriction was in place. This meant people's rights may not always be protected at all times.

The local authority DoLS team provided information to us about the applications they held from Hamilton House. This did not tally with the records held by the registered manager.

People's right to privacy was not always respected. One person's bedroom was being used by the hairdresser for people to have their hair done. This took place every few weeks for up to a day each time. Three people were sitting in this bedroom at the time of our tour around the service, at various stages of having their hair done. This meant the person, whose room it was, could not return to use their own room during this time should they wish to. The person, whose room it was, did not have the capacity to agree to this use of their room. The registered manager agreed to change this practice.

People were given the opportunity to sign to show they had read and agreed to their own care plan. Some people, whose care plan stated they did not have capacity to understand such records had been asked to sign their care plans. Where people were unable to consent themselves due to their healthcare needs, family members were asked to sign on their behalf. It had not always been checked that these family members had the legal authority to consent on behalf of another person. This demonstrated the management team was not entirely clear on how consent should be obtained.

The registered manager had recorded which people had appointed lasting powers of attorneys to act on their behalf when they did not have the capacity to do this for themselves. The names of these people were clearly recorded in people's care files. However, the information did not specifically state whether families had power of attorney for finance and property or health and welfare or both. Care plans stated that some family members had legal powers to make decisions about their family members care. We checked with two of these families and they did not hold this specific power of attorney. This meant family members could be asked to make decisions that they did not have the legal powers to make. The registered manager accepted this needed clarification and assured us this would be addressed.

We identified one person, living at the service, who met the criteria for a DoLS application to be made for a restrictive care plan. This had not been carried out. The registered manager had completed this application on the second day of our inspection.

The above is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not always support this practice.

People chose when they got up and went to bed, what and then they ate and how they spent their time. People were able to go out in the grounds and local area as they chose. Some people required support to do this and this was provided by staff. There was also secure outside spaces that people could enjoy.

## Is the service caring?

### Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People told us, "I like it here, I really like it here" and "It's lovely here, it's like being in my own home."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Hamilton House. Relatives and healthcare professionals told us staff and management were kind and caring. One person became anxious, in the corridor, and asked staff to help them. This was done quickly with no fuss and lots of patience. Staff were seen to gently hug people and one person just affectionately grabbed one of the staff and kissed her on the cheek.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Staff and management accompanied people to their medical appointments. This had led to staff remaining for many hours past their shift time, supporting people, in the emergency department when necessary. We were told by one person, "The staff here really do go the extra mile."

People's dignity and privacy was respected when staff provided personal care. Staff ensured doors and curtains were closed. If people required the use of moving and handling slings these were provided, solely for their use each day and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. People told us, "They (staff) always knock before entering my room and then ask to come in" and "They (staff) call people by their first name, and they remember."

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People were well cared for.

When people came to live at the service, the registered manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. However, staff were able to tell us about people's backgrounds and past lives.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines. The registered manager was aware of the change in the data

protection guidance due in the coming months and was planning to review what information was held at the service relating to staff and people who lived there.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms. One person had been provided with keys to their bedroom which they could lock if they wished.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. One relative told us, "I can't fault it in any way. It's bright and clean and the staff are wonderful."

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their care plans and they would be invited to attend any care plan review meeting if they wished.

The service had held residents meetings which provided people with an opportunity to share information and raise any ideas or concerns they may have.



## Is the service responsive?

### Our findings

People and their relatives were very positive about living at Hamilton House and the staff and management. People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was mostly tailored to meet their individual needs. However, one care plan contained information that related to another organisation, was out of date and could lead to confusion. Some care plans lacked key information about people but we judged this did not impact on the care they received as staff and management knew people's needs well. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed. One person told us, "They (staff) regularly review my care plan and I sign for it six monthly."

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met. However, this was not always clear in their care plans. For example, one person had experienced a decline in their health in recent weeks. Their care plan had not been updated to record this. We judged this did not have any impact on the person as we saw staff were meeting their needs.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. However, mattresses which were in use at the time of this inspection, were not all set correctly for the person using them. The deputy manager confirmed there were no regular checks of the settings of these devices but this would be put in place. We judged this had not had any impact on people's well-being at the time of this inspection. No one at the service had any need for nursing care for any skin damage. By the second day of our inspection we were shown that all mattresses had been checked, correctly set and would be audited regularly to ensure they remained correct.

Some people required regular monitoring by staff and this was recorded according to the direction in the care plans.

People were supported by staff to maintain their personal relationships. This was based on staff understanding of who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. One member of staff told us, "They (people at the service) are individuals and they have individual needs."

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We were told there were no complaints at the time of this inspection. One person told



us, "If I had a complaint and anything was wrong I would talk to the manager."

People had access to a range of activities which were provided by staff. People confirmed there were plenty of options available to them. An organised programme of events was advertised including singing, exercises and visits from entertainers. Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Staff supported people to receive information and make choices where possible, such as menu choices. Care plans stated if they required hearing aids or glasses. Some people were unable to easily access written information due to their healthcare needs. Other people had limited communication skills. There was little guidance in care plans for staff on how to assist people who required specific support.

There was information in care plans designed to be shared with hospital staff if the person was admitted to hospital, but this was not always entirely accurate and complete. It was not always clear in the care plans if people, who had capacity, had agreed to their information in care plans being shared with other professionals if necessary. This meant it was difficult to demonstrate if the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

We recommend the service take advice and guidance on how to ensure they comply with the Accessible Information Standard.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. People had not been asked to contribute to an end of life care plan which outlined their preferences and choices for their end of life care. However, the staff consulted with the person and, where appropriate, their representatives about their care. The deputy manager told us there were good links with local GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

## Is the service well-led?

### Our findings

The service is required to have 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. The service had a registered manager in post although they were not present on the first day of this inspection. We returned for a second visit in order to obtain information that was not available to us on the first visit.

Relatives and staff told us the registered manager was approachable and friendly. Comments included, "She is a nice lady, she does what she can," "She's always on the ball," "I love her to bits, she always listens to me" and "I see her every day."

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of incidents as required, for example expected and unexpected deaths. However, they had not notified CQC of the agreed DoLS authorisations which were in place, as they are legally required to do.

The service held a document which stated all policies and procedures would be reviewed annually. Many of the policies and procedures held by the service were dated 2013 and in need of review and updating. This meant that staff did not always have access to current accurate information.

Some records relating to people's care and support needs were not always accurate and complete. For example, one person held a strong belief regarding their medical care. Although this belief was mentioned in their hospital passport, it was not mentioned in their own care plan.

Service users' money held by the registered manager did not tally with the accounts held. The registered manager told us they often provided their own money to support people living at the service if they did not have enough. The amount of money held was in excess of what the records stated and we judged this did not impact on people.

Moving and handling hoists were being serviced annually, which is not in accordance with the LOLER regulations which states equipment used to move people should be serviced six monthly.

Not all people using the service, and their families, had been given the opportunity to formally share their views and experiences of the service provided. This meant the service was not robustly monitoring the quality of the service it provided to everyone, in order to inform any changes or improvements that may be needed.

Audits of medicines management and administration were not effectively identifying where staff were not following the policy held by the service. An audit of falls did not record how the repeated falls of one person was being addressed and how the risk of re-occurrence was to be reduced. The registered manager assured

us that referrals had been made to appropriate medical professionals to support the service in the care of this person.

The service had not been assessed for fire safety since 2013. Fire escape doors were not opened easily and immediately as directed in the Regularly Reform (Fire Safety) Order. By the second day of our inspection we were assured these doors were all now unsecured at all times.

The registered manager had not identified the concerns found at this inspection prior to our visit.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements.

The registered manager spent time within the service so was aware of day to day issues. The registered manager and deputy manager worked closely with care staff in supporting people well. The management team believed it was important to make themselves available so staff could talk with them, and to be accessible to them.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered manager was supported by the provider, the deputy manager and a team of long standing motivated staff. The provider visited the service regularly. The registered manager kept themselves updated by attending meetings with other service managers and specific training offered for managers of services.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I love my job and we are a big family here" and "I feel I can always get the support I may need, the door (to the registered managers office) is always open."

There was a programme of maintenance of the service. The premises were in good condition. Equipment at the service such as the passenger lift were serviced regularly to ensure they were safe to use. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

The service had an open and transparent culture. Some issues identified at the first inspection visit had been addressed by the second visit.

The manager accepted that the concerns found at this inspection were a fair judgement of the service at this time. They recognised they were in need of support with the administrative side of running the service and assured us that further work would take place in the near future to ensure all concerns were addressed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where a person lacks capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the Mental Capacity Act 20-05 and associated code of practice.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service. Information should be up to date, accurate and properly analysed and reviewed. Providers should actively seek the views or a wide range of stakeholders, including people who use the service, about their experience of, and the quality of care and treatment delivered by the service. Records relating to the care and treatment of each person using the service must be complete, accurate and up to date.</p>