Leicestershire County Council

Hamilton Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 7 July 2016 and the visit was unannounced.

Hamilton Court is a registered care service offering accommodation and support for up to seven adults who have a learning disability. At the time of our inspection six people were using the service. The accommodation is offered over two floors. There is a communal lounge, dining area and conservatory on the ground floor along with some of the bedrooms, and the remaining bedrooms are on the first floor. There is a large accessible garden for people to use should they wish to.

At the time of our inspection there was a manager in place. This person was in the process of registering to become the registered manager. It is a requirement that the service 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.

People and their relatives felt safe with the support offered. Staff understood their responsibilities to support people to keep safe and to protect them from abuse and avoidable harm. The manager dealt with accidents and incidents appropriately. Risks to people's health and well-being had been assessed. For example, where people could have shown behaviour that challenged, staff had guidance available which they followed.

People received support from staff who had been checked before they started to work for the provider. This had helped the provider to make safer recruitment decisions about the suitability of prospective staff. Relatives were satisfied with the number of staff available to support their family members and we found that staffing levels were suitable to help people to remain safe.

People received their medicines as prescribed in a safe way. Staff were trained in how to handle people's medicines and knew what to do if an error was made. Medicines were stored appropriately and guidance was available and followed by staff about how people preferred to take them.

People were receiving support from staff who had the appropriate skills and knowledge. This was because staff received regular training. Staff had received an induction when they started to work for the provider so that they knew about their responsibilities. Staff met regularly with their supervisor to discuss their work and to receive feedback to support them to provide effective support to people.

People were supported in line with the Mental Capacity Act 2005 (MCA). People consented to their support where they could. The provider had assessed people's mental capacity where this was necessary and made decisions in people's best interests. Staff received training in the MCA, understood their responsibilities and were aware of the need to make applications to the appropriate body where they had sought to deprive a person of their liberties.

People chose what they ate and drank and were satisfied with what was offered to them. People had access to healthcare services when required, such as to their doctor. People made decisions about their health where they could and staff knew how to monitor their well-being.

People received support from staff who showed compassion and kindness. Staff protected their dignity and privacy and showed respect for people. This included the safe storage of their care records. Staff communicated in ways that were important to people and the provider had made information easier to read where this was needed. For example, pictures were used to aid people's understanding. People were supported to be as independent as they wanted to be by staff who knew their abilities and preferences. Some people had been involved in decisions about their support and where this was not possible, people had information on advocacy services that could help them to speak up.

People or their representatives had contributed to the planning and review of their support. People, where they could, attended their annual review and contributed to checking that their support continued to meet their needs. People had support plans that were person-centred and staff based their support on people's individual requirements. Staff knew about the people they were supporting including their interests and hobbies. People took part in activities of their own choosing including visiting local pubs and craft work.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that outlined what they would do should they receive a complaint.

People, their relatives and staff had opportunities to give feedback to the provider. The manager had taken action where necessary following the feedback received. For example, more activities had been offered to people. The managers had also arranged for quality checks of the service to take place to make sure that it was of a high standard. For example, checks on people's medicines and observations of staff practice were taking place.

Staff told us that they were supported to undertake their role and we saw that the provider had processes in place to make sure that this occurred. Staff understood their responsibilities including reporting the unsafe or abusive practice of their colleagues should they have needed to.

There was a shared vision of the service by the manager and staff members. This included promoting people's abilities and respecting their dignity. We found that the manager incorporated the aims and objectives of the service into their practice and were aware of their responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm by staff who knew about their responsibilities for supporting them to keep safe.

The provider had a thorough recruitment process to check the suitability of prospective staff.

People safely received the medicines they required.

Is the service effective?

Good

The service was effective.

People received support from staff who had received regular training and guidance.

People received support in line with the Mental Capacity Act 2005. Staff received training and knew their responsibilities under the Act. People were supported to make decisions for themselves wherever possible.

People were satisfied with the food offered to them and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were treated with compassion and kindness from staff. People's privacy and dignity was respected.

People's preferences were known by staff and they were supported to be as independent as they wanted to be.

People were involved in planning their own support where they could. People had received information on advocacy services that were available.

Is the service responsive?

Good

The service was responsive.

People or their representatives had contributed to the review of their support needs. They received support based on their preferences.

People undertook hobbies and activities based on their preferences and interests.

People and relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

Staff were supported and knew their responsibilities. There were opportunities for people, relatives and staff to give suggestions about how the service could improve.

The manager was aware of their responsibilities and they had regularly monitored the quality of the service.

Hamilton Court

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 visit took place on 7 July 2016 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed 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 also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with three people who used the service and with two relatives of other people. We also spoke with the manager, the deputy manager, a senior manager within the organisation and four support staff. We observed how people were supported throughout our visit and watched how staff interacted with people during this time.

We looked in detail at the care records of two people who used the service. We also looked at records in relation to people's medicines as well as documentation about the management of the service. These included policies and procedures, staffing rotas, training records and quality checks that the manager and deputy manager had undertaken. We also looked at three staff files to look at how the provider had recruited and how they supported their employees.

We asked the manager to submit documentation to us after our visit. This was in relation to checks the provider had made during the recruitment of staff and certificates to show that the safety of the premises

was regularly checked. The manager submitted these to us in the timescale agreed.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us they felt safe because, "They don't shout". People's relatives had no concerns about the safety of their family members. One relative said that they had not witnessed anything of concern when visiting.

People were kept safe from abuse and avoidable harm because staff knew what action to take if they were concerned someone was being abused or mistreated. One staff member told us, "I am trained. I would report it to the management and record it. If there was no action taken I'd go above them". We saw that the provider had a policy on safeguarding adults that was available to staff that they could describe. Staff knew how to raise concerns about possible abuse to the local authority's safeguarding team. We also saw that staff had received regular training on how to protect people from abuse and avoidable harm. This meant that the provider had ensured that staff knew how to deal with actual or suspicions of abuse.

Risks associated with people's support were managed to keep them safe whilst respecting their freedom. For example, we saw a risk assessment for one person when they accessed the kitchen. The provider had documented that the person was able to complete some tasks with the support of staff members and was actively encouraged to do so. We saw that staff followed this assessment when we visited. They encouraged the person to do as much for themselves as possible with staff only supporting the person where necessary to keep them safe, for example, from sharp knives. We also saw that risk assessments were regularly reviewed which meant that staff had up to date guidance about how to keep people safe.

People who displayed behaviour that could have caused harm to themselves and others were supported by staff who were trained to keep them safe when this occurred. One staff member told us, "We just reassure [person's name]. They like time away from others so we respect this". We saw that people had positive behaviour support plans in place which staff could describe. These guided staff to acknowledge the good things that people did to support them from becoming distressed or anxious. In this way staff understood and knew how to respond to people's behaviours.

The provider took appropriate action when an incident or accident occurred. We saw that staff recorded incidents and accidents. These were then analysed by the manager who looked at ways to prevent a reoccurrence wherever possible. For example, we read that for one person specialist guidance had been sought from a health professional following an incident.

The provider had regularly checked the equipment and environment to protect people from potential risks to their health and well-being. For example, we saw that fire equipment was routinely tested in line with manufacturing guidelines. We also saw that there were plans in place for staff to follow in times of an emergency, such as the loss of power to the home. These plans included the support each person would require as well as how the service would continue to support people to remain safe. A staff member said that this guidance had aided the team during regular evacuation drills. This meant that the provider had considered people's safety should a significant incident occur.

People and their relatives were satisfied with the number of staff available to offer them support. One relative told us, "There's staff around all the time". This was also confirmed by another relative. They said that the staff, "Didn't look rushed and had time to spend with people". Staff confirmed that the number of staff was sufficient to meet people's needs. One staff member told us, "It's all ok. People's needs get met". During our visit we saw that there were enough staff available to meet people's needs safely.

Staff had been checked for their suitability to work with people before they started their employment. We saw that the provider had a recruitment policy in place. This process included the provider obtaining two references for each prospective employee and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff records confirmed that these checks had been undertaken. This meant that people were supported by staff who had been appropriately verified.

People received their medicines as prescribed and in a safe way. We saw a staff member administering a person's medicine. They spoke to the person about their medicines and gained their consent to accept it. The staff member followed national guidance about how to do this safely. For example, we saw them washing their hands before handling medicines. We also saw that medicines were stored correctly and their administration recorded thoroughly. Staff had received regular training and guidance on handling people's medicines and knew the action to take should something have gone wrong. One staff member told us, "I'd report any mistakes to management immediately".

People's medicine records had information on how people preferred to take their medicines. For example, we read, '[Person's name] likes to take medicines straight from a pot with a drink'. We also saw that people had protocols in place, agreed by a health professional, that gave staff guidance about how often and under what circumstances as and when required medicines should be used. For example, one person had medicines to help with their anxieties. Staff could describe the protocol and knew the signs and symptoms of when to consider offering the person this medicine. We saw that the provider had made available to staff a medicines policy which gave them guidance on the safe handling, storage and disposal of people's medicines. In these ways people received their medicines according to their preferences, in a safe way and staff knew their responsibilities.

Good

Is the service effective?

Our findings

People received support from staff who had received training, such as dementia awareness, health and safety and safeguarding, to meet their needs. Staff were satisfied with the training they had undertaken. One staff member told us, "Training has got better. It's more improved. I've done fire risk assessment recently". The deputy manager told us that they were working with their training department to make sure that all staff attended the courses they required. For example, some staff required positive behaviour support training and we saw that the provider was looking at ways to facilitate this. Positive behaviour support aims to improve the quality of life for people who may show behaviour that challenges. This meant that staff had, or were due to receive, up to date guidance when supporting people.We saw that training had been effective when offering support to people. For example, staff told us they were trained to use some basic signs for people who required this form of communication. We saw staff use signs to aid people's understanding such as signing to show it was a mealtime.

Staff received regular support and guidance from a manager. One staff member told us, "I get supervision. I've had two in the last three or four months. It's very thorough and about my responsibilities and if I have any concerns". Supervision is a process where staff have the opportunity to meet with a manager on a one-to-one basis to gain support and feedback on their work. We saw that these occurred regularly and covered the personal development of each staff member.

Staff members received an induction when they joined the service. This had included the day-to-day practices within the home as well as the provider's policies and procedures. We saw that new staff were completing the Care Certificate. The Care Certificate is a national induction tool, which providers are required to implement, to help ensure staff work to the expected standards within the health and social care sector. This meant that staff received guidance on how to provide effective support to people.

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. We checked whether the provider was working within the principles of the MCA and found that it was.

People's consent to their support had been documented in their care records where this was possible. For example, we read, ''I am able to give verbal consent to my care needs and wants'. Where people could not consent to their support, mental capacity assessments had been completed for specific decisions. For example, we saw that where a person was not able to be part of a decision regarding their decreasing mobility and additional support because they did not have capacity, a best interests meeting had occurred with health and social care professionals.

Staff understood the requirements of the MCA. One staff member told us, "It's about what their capabilities are and whether they can consent, the support that they need. It's about their rights. Not all people

understand, we can help them where possible". Staff told us that they had received training in the MCA and the provider's training records confirmed this.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff knew who had an authorisation in place and described the reasons for this. For example, staff told us that one person did not understand why they required support with their personal care and that a DoLS authorisation helped them to work in their best interests.

People were satisfied with the food and drink offered to them. One person told us, "Yes, it's good". Another said, "You can eat what you want". Relatives were complimentary about the food offered to their family members. One told us, "The food is fantastic, I have seen that". A staff member described how they only had a menu for one person as this supported them to make choices using pictures. For everyone else they chose what they wanted on a day-to-day basis. Several options were prepared and offered to people. The manager told us that this was important so that people could see what was offered to aid their understanding. They also told us that this was important so that people, "Had real choice". Staff knew about people's dietary requirements and knew what specialist advice was available should they have concerns about people's nutrition, such as a dietician. We saw that people's food and drink preferences were recorded in their care records and staff knew and provided these. Staff also recorded what food people had eaten so that they could be confident that people were having enough to eat. This meant that people's nutritional needs, based on their preferences, were met.

People were supported to maintain their health and well-being. One person said that if they felt unwell they would inform a staff member and, if necessary, would attend a doctors or dentist appointment. We saw that referrals had been made to healthcare professionals where there were concerns about a person's health. For example, we saw that an occupational therapist was supporting staff to effectively support a person with dementia. We also saw that people had health action plans that helped them to be involved in decisions about their health. This meant that people's healthcare needs were being met.

Good

Is the service caring?

Our findings

People were supported by staff members who were compassionate and kind. One person told us, "They are very kind staff. They are nice to me, they have a good chat". A relative commented, "They are good, kind and put their heart into the job". We observed staff talking and spending time with people. Staff spoke with people in a kind way by offering them choices and listened carefully to what they were saying. People were referred to by their preferred name and staff spoke fondly about the people they were supporting. People looked relaxed in the company of staff and conversations and interactions were positive, warm and friendly with lots of laughter.

People's communication needs were met by staff. This was because people had communication passports. These documented how people preferred to communicate and guided staff on how to spend time with them. For example, we saw in one person's communication passport that they needed staff to repeat what they were saying in case it had been misunderstood by them. We saw staff doing this when we visited. The provider had made information meaningful to people using their preferred methods of communication. For example, for one person pictures were used. This meant that people received information in ways that were important to them.

People's privacy and dignity was maintained. People told us that staff knocked on their bedroom door before entering and we saw this happening when we visited. A relative told us that their family member always looked clean and tidy and wore smart clothes. They said, "They treat him like their own son". People's care records gave reminders to staff on how to uphold their dignity. For example, we read, 'Staff to ensure that they preserve my dignity and privacy at all times'. This meant that staff showed respect to the people they were supporting.

People's confidential information was protected and staff knew their responsibilities to protect it. We saw that when discussions were taking place about people's needs, these took place discreetly and in private and people's care records were stored securely.

Staff knew about the people they were supporting. One relative told us, "Staff know him well. They know what he likes". The staff members we spoke with had an in-depth knowledge of the people they were supporting. For example, one staff member told us about a person who liked to spend their time in the home, where they liked to sit and their preferences for the gender of staff supporting them. They told us, "We make sure he has a book of things he likes. We encourage him to do things but he prefers to sit there to spend his time. He's older now, we respect what he wants". We saw that people's support plans detailed their preferences and life histories and staff could describe these to us in detail.

People were supported, where they could, to be actively involved in decisions relating to their support. Relatives confirmed this and one described that the provider was, "Very proactive and involved us". Staff told us that people were involved in making choices about their support. One staff member said, "It's progressed and improved. People are now more involved with their choices. It's more person-centred". We saw some people had been involved in their support plan and in making day-to-day decisions. For example,

one person was currently deciding, with the support of staff, on work experience options and what support they needed to achieve this. This meant that where possible, people had been involved in making decisions about their lives.

Some people required additional support to make decisions and to speak up about their care and support. We saw that the provider had made advocacy information available to people. An advocate is a trained professional who can support people to speak up for themselves. The deputy manager told us how they had referred one person for advocacy support as they were unsure if the support they were offering was still appropriate for a person whose needs were increasing. This meant that the provider had made advocacy information and services available to people who may have required them.

People were supported to be as independent as they wanted to be. One relative told us, "They encourage him to do things like butter bread, they don't just leave them to do nothing". Staff told us how they supported people to prepare their own food and make their own drinks. We saw this happening when we visited. People's support plans detailed what they could do for themselves and what support they needed to remain as independent as possible. For example, one person was encouraged to choose their own clothes every day. This meant that people were supported to retain their skills.

People were supported to maintain relationships that were important to them. Relatives confirmed there were no undue restrictions to visit and felt welcomed when visiting. The manager showed us the garden that had a path to a service next door. They said this was important as people had friendships and meant that people could, "Pop in" if they had wanted to.

Good

Is the service responsive?

Our findings

People received support from staff that was responsive to their needs. A person told us that they never had to wait long for someone to assist them when this was requested. They said, "They come straight away and sit and talk to you". Staff members we spoke with had a detailed understanding about people who had strict routines that were important to them. They knew what one person liked when they got back from their day service to reduce their anxieties and behaviours that may be challenging to other people. For example, we saw specific items in place ready for the person's arrival, such as a drink.

People had bedrooms that were personalised and furnished with items that were important to them. For example, we saw in one person's room photographs of their family and friends. We also saw photographs in another person's room of the activities that they had enjoyed and past holidays.

People's individual requirements had been incorporated into the design of the home. For example, we saw worktops in the kitchen that were height adjustable so that people who used wheelchairs could gain access to the facilities. This meant that the provider had considered people's individual needs and was responsive in providing these.

People had, where they could, contributed to the planning of their support. People told us that they could choose what they wanted to do and how they wanted their support carried out. A staff member confirmed this and said, "They've got a nice environment and they pick the things and care they receive". Another staff member told us, "[Person's name] likes to have a say in things" and confirmed that they had contributed to their support plan.

People's support plans were person-centred and contained information on their preferences, interests and personal histories. They were written in such a way that staff would have known exactly how people liked to receive support. For example, we read about a person's morning routine, '[Person's name] sometimes wakes early and other times likes to sleep in'. We also saw in people's support plans information about their likes of musical instruments and how a person used objects to help them make choices. We observed staff working in a person-centred way. We heard staff giving people choices and responded to what people told them. For example, we heard people declining support and this was respected by staff members. This meant that people received support based on their preferences and in a person-centred way.

People's support requirements had been regularly reviewed. A relative commented on their contribution to their family member's annual review and told us, "They know her routine, they don't change it unless they have to". We saw that people were involved in reviewing their support where they could. For example, one person had attended their annual review and shared their aspirations for the coming year. We also saw that people's support plans had been reviewed monthly or when there was a change to their support requirements. This meant that staff had up to date information and guidance about how to provide support to people in ways that were important to them.

People took part in hobbies and interests that were important to them. People told us that they visited local

garden centres, went for pub lunches and played bingo. People looked happy when they told us about these. Staff told us how one person was regularly supported to see a friend who lived in a different residential home and how another went to church on a Sunday. We saw a staff member helping a person's with their craft activities. This had been identified in their care records as important to them. The person was proudly making something for a staff member when we spoke with them. This meant that people were spending their time in ways that made them happy.

People who were able to knew how to make a complaint should they have needed to. This was because the provider had given people and displayed information on how to make a complaint. All of the relatives we spoke with told us that they had not needed to make a complaint but knew what to do should they need to. The provider had a complaints procedure in place which detailed how they would respond to complaints. This also described how the provider would learn from any that had been received. The manager told us that no complaints had been received in the last 12 months.

Good

Is the service well-led?

Our findings

Relatives spoke highly of the management of the service. One told us, "It's a two way process, good communication". Another said, "We feel part of the family" and commented that they felt listened to.

The provider had made arrangements for people to offer feedback to the service. This was mainly through regular residents meeting where people were encouraged and supported to discuss their concerns and wishes for things such as holidays and trips. We saw that minutes of these meetings were taken and then displayed with action the provider was taking. This meant that the provider listened and took action following feedback received. We also saw that one person was given a questionnaire to complete to gain feedback on the service they had received. The manager told us that these were only given to people who were able to use this way of offering feedback. We saw that the responses were positive about the service.

The provider had sought feedback from people's relatives. We saw that annual questionnaires were sent by the provider and asked relatives, for example, about the experiences of the support offered to their family members. Relatives confirmed that they had received and completed questionnaires and had given suggestions for improvements. For example, we read that one relative felt that more activities could be offered to people. We saw that the provider had documented the action they had taken and arranged for more social events for people to attend should they choose to. In this way the provider had enabled feedback to be received and acted on it appropriately.

Staff felt supported by their manager and told us that they could give ideas for improvement to the provider should they have wanted to. One staff member said, "They know their stuff. They're very approachable". Another told us, "It's been like a breath of fresh air recently. I see a lot of my manager. We often have a coffee if we need to talk. I'm comfortable going in the office if I need to". Staff told us that there were enough resources to offer a quality service. One staff member commented, "We can go to management and as far as they can they will act. The budget is fine to meet people's needs".

Staff attended regular meetings where they received updates from the manager about the direction of the service and they were able to offer their suggestions and feedback. We observed that the manager and deputy manager were available to staff and answered their questions and queries. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

Staff were aware of their responsibilities. This was because managers had met with staff on a regular basis to offer them constructive feedback on their work and to outline what was expected of them. The manager showed us how they had linked the learning outcomes from the Care Certificate into their supervision process. They told us that this helped them to check the values and attitudes of staff. We also saw that the provider had made available a range of policies and procedures that gave guidance for staff on their responsibilities. This included a policy on whistleblowing which explained the protection available to staff should they make a disclosure about poor practice. Staff were able to describe this policy and what they would do should they have a concern about a colleagues' working practices. One staff member told us, "I

would have no hesitation reporting anything to a manager". We saw that staff had contact numbers available to them of agencies that they could raise their concerns with should they have needed to, such as the Care Quality Commission (CQC).

The provider had a statement of purpose that reflected what the service currently offered. We saw that this had been made available to people and staff. This set out the objectives that the provider aimed to achieve. These included meeting people's individual needs, respecting people's dignity and privacy and offering choices. Staff knew about the statement of purpose. They were able to describe how they offered choices to people and how they strove to know as much as they could about people so they could tailor the support offered accordingly. We saw these objectives in practice when we visited. For example, staff respected the choice of one person to remain at home during the day as they no longer wished to go out every day. This meant that staff knew about the aims and objectives of the service and offered support in line with these.

There was a manager in place on the day of our visit. They were in the process of applying to become the registered manager. We saw that the manager understood their responsibilities. For example, they had submitted statutory notifications to the CQC when authorisations were in place to deprive people of their liberties. We saw that the manager and deputy manager worked effectively together. They had shared tasks between them and they also received support from a senior manager to maintain a quality service. This showed effective leadership.

The manager and deputy manager completed regular quality checks to make sure that the service was delivering high quality support to people. We saw that regular audits had taken place such as the checking of people's medicines and their care records. Any action that was required had been documented along with when this had been completed. We saw the deputy manager working alongside staff members when we visited. They told us that this helped them to check how staff worked and interacted with people. This meant that the delivery of the support people received was regularly reviewed.