

Hamilton George Care Ltd

Hamilton George Care Ltd

Inspection report

Unit 17
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Website: www.hamiltongegecare.com

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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

About the service

Hamilton George Care Ltd is a domiciliary care agency providing live in care and support to people in their own homes and flats.

The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 12 people using the service were receiving personal care.

People's experience of using this service and what we found

People received a safe service and staff had a safe environment to work in. There were enough, appropriately recruited staff available to meet people's needs. This meant people were supported to enjoy their lives and live safely. The provider assessed and recorded risks to people and staff, and they monitored and updated them, as required. Accidents, incidents and safeguarding concerns were reported, investigated and recorded appropriately. Medicines were safely administered, and people prompted to take their medicines, if required. Infection control procedures were followed.

People and their relatives said that care was effectively provided, they were not subject to discrimination and their equality and diversity needs were met. Staff were well-trained and supervised. People and their relatives told us staff provided good care, that met people's needs. People were encouraged by staff to discuss their health needs, and any changes to them and concerns were passed on to appropriate community-based health care professionals, as required. This included any necessary transitioning of services if people's needs changed. Staff protected people from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

People and their relatives said staff provided care and support in a friendly manner and paid attention to small details that made all the difference. People felt respected and staff acknowledged their privacy, dignity and confidentiality. People were encouraged and supported to be independent and do things for themselves, where possible. This improved their quality of life by promoting their self-worth. Staff cared about people, were compassionate and passionate about the people they provided a service for.

The provider responded to people's assessed needs, that were regularly reviewed and there were care plans in place that included people's communication needs. Staff provided people with person-centred care. People had choices, and were encouraged to follow their routines, interests and maintain contact with friends and relatives so that social isolation was minimal. People were given suitable information about the service to make their own decisions regarding whether they wished to use it. Complaints were recorded and investigated.

The provider had a culture that was open, and positive with clearly identified leadership and management. The provider had a clearly defined vision and values that staff understood, followed and they were aware of

their responsibilities and accountability. Staff were prepared to take responsibility and raise any concerns they may have with the provider. Service quality was regularly reviewed, and changes made to improve the care and support received by people, accordingly. This was in a way that suited people best. The provider established effective working partnerships that promoted the needs of people being met outside its remit. Registration requirements were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at the last inspection

This service was registered with us on 12 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hamilton George Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides live in personal care for people living in their own houses and flats. This includes older people, people with dementia, people with a physical disability and sensory impairment.

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. The service was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection

We spoke in person with the registered manager and management team. We contacted and spoke with one person using the service, four relatives, eight staff and one healthcare professional to get their experience and views about the care provided. We reviewed a range of records. This included two people's care and medicine records. We looked at three staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included spot checks, observations, training matrix and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes safeguarded people from the risk of abuse.
- People and their relatives said they felt the service was safe. One person said, "I feel safe with them [Care workers], we get on well together." A relative told us, "The service provided gives us peace of mind." A staff member commented, "I feel the service provided is safe for people to use and the staff to work in."
- Staff were trained in a way that enabled them to identify possible abuse against people and the action to take, if required. They were aware how and when to raise a safeguarding alert. There was no safeguarding activity taking place at the time of the inspection. The provider gave staff access to safeguarding, and prevention and protection of people from abuse policies and procedures.
- Staff supported and encouraged people to keep safe and explained to them how to do so. Any specific concerns about people's safety were recorded in their care plans.
- Staff received health and safety information and training, from the provider that included general responsibilities, and safety in people's homes.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- People were supported by staff following their risk assessments and care plans. This meant people were able to take acceptable risks and enjoy their lives safely.
- People's risk assessments were included in their care plans and covered areas that were important to them such as health, activities and daily living. The risk assessments were regularly reviewed and updated as people's needs changed. Staff knew people's routines, preferences, identified situations in which they may be at risk and acted to minimise those risks.
- The provider policies and procedures set out how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy regarding keeping themselves safe.

Staffing and recruitment

- The provider employed appropriate numbers of suitably recruited staff.
- The recruitment procedure records demonstrated it was followed. The interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before starting work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There was a probationary period of 12 weeks with a review and a thorough introduction to people using the service before commencing work. People and their relatives said that the provider met their needs flexibly by providing back up trained staff, if needed.
- The provider facilitated discussions that identified best outcomes for each person, including things that didn't work.
- Staff records showed that staff received quarterly supervision and the registered manager said an annual appraisal would take place, when due. Staff confirmed that they received regular supervision.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to administer their own medicines.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs, gave them choices and delivered care in line with standards, guidance and the law.
- The provider received new referrals either through their website or over the telephone. The registered manager told us when a new enquiry was received, an appointment was made to visit people and their relatives at home for an assessment. The assessment was carried out at a pace and duration that suited people and their needs.
- People had their physical, mental and social needs comprehensively assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence and other expert professional bodies to achieve effective outcomes. The provider provided easily understandable written information for people and their families. One staff member said, "The clients and my own needs are met through constant communication between the family, and the Hamilton George team." Another member of staff told us, "I was very happy with the whole process of meeting the family via zoom calls and then spending time together, on my arrival. I then had a better understanding of what the client's [Person using the service] needs were, all facilitated by the Hamilton George team and their care plan."

Staff support: induction, training, skills and experience

- Staff were well supported, skilled, experienced and trained.
- Staff training was consistently carried out in line with the provider's training and induction policy.
- Staff received good quality induction and mandatory training that enabled them to support people and meet their needs. Staff told us good quality training was provided that enabled them to carry out their roles and make a difference to people. People said the staff were professional, competent, and they liked the way staff performed their duties. A relative commented, "Very well trained, professional and friendly." A member of staff told us, "I have just finished the training modules and found them informative and helpful." Another staff member said, "The training provided enables me to carry out my role with confidence and give a good quality of service."
- Staff were aware of the importance of clear communication and this was impressed upon them during induction training. It was also revisited during further training, and supervision.
- Before providing a service staff had introductory meetings with people and their relatives on Zoom and people were given two to three choices of staff. This increased staff knowledge of people, their routines, preferences and surroundings. It also meant people felt more relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones.
- The induction was comprehensive and based on the Skills for Care 'Common induction standards. They

form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.

- The training matrix identified when mandatory training required updating. Staff mandatory training included moving and handling competency, falls awareness, positive behaviour support, safeguarding, medicine administration, lone working, health and safety and disability awareness. There was also specialised training focussed on people's individual needs with guidance and plans. They included dysphagia, dementia awareness, and continence support.

Supporting people to eat and drink enough to maintain a balanced diet

- If required, staff supported people to eat, drink and maintain a balanced diet. If needed they were assisted with oral feeding, and staff monitored food and fluid intake.
- People's care plans contained health, nutrition and diet information with health care action plans. Nutritional assessments were regularly updated and there were fluid charts, as required. This was to make sure people drank enough to be hydrated. If staff had concerns, they were passed on to the registered manager, who alerted appropriate health care professionals, as required.
- Should people require dietary support, staff observed and recorded the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still had meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- Maintaining good working relationships with external healthcare services enabled the registered manager and staff to support people to keep healthy and receive ongoing healthcare support.
- People were sign posted by the provider to other organisations that may be able to meet needs outside the service provided, for example to prevent social isolation. This helped to improve people's quality of life and promoted their social inclusion.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff, to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP, when required.
- Any health care concerns were reported by staff to the office who alerted appropriate health care professionals and commissioning bodies. A staff member told us, "I feel supported by the registered manager when I have needed to be in contact with them."
- People's health and medical conditions and any changes were recorded in their care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager was familiar with the MCA, its requirements and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where

appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).

- The provider shared this information appropriately, as required, with GPs and local authority teams.
- One healthcare professional said, "I and indeed (most importantly) my patients [people who use the service] have found them to have been superb. Professional, courteous and stellar in terms of their choice of appropriate carer [Care worker]."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were respected by staff, well treated, and had their right to equality and diversity recognised.
- Relatives said staff were supportive, caring and they liked and were relaxed in the company of the staff. A relative told us, "My relative is being incredibly well looked after, all of us are more than happy with her carers, they are very, very professional, chirpy, kind and caring."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. People and their relatives told us staff treated them as adults, did not talk down to them and people were treated respectfully and equally.

Supporting people to express their views and be involved in making decisions about their care

- The provider had systems in place to support people to express their views and make decisions about their care.
- People and their relatives said they were involved in the decision-making process about the care and support they received, and this was recorded in their care plans.
- The provider frequently contacted people and their relatives to determine if they were receiving the care and support they needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- A relative said that staff's knowledge of people meant they were able to understand what words and gestures meant if the person using the service had difficulty communicating. This enabled staff to support people appropriately and without compromising their dignity. They were also fully aware this was someone's home and they must act accordingly and in a respectful manner. A relative told us, "Always treats [Person using the service] with respect and dignity."
- The provider trained staff to respect people's rights and treat them with dignity and respect. People and their relatives told us people felt respected and they said staff treated people with kindness, dignity and respect.
- The provider had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care that meant they had choice, control and their needs and preferences were met.
- The provider carried out a thorough need's assessment with people and their relatives to identify what their needs were and how they would like them met. This included what they wished to gain from the services provided and desired outcomes. A relative said, "Everything we planned as a family has been more than realised by all at HG [provider] both in the office and the carers themselves. "A staff member said, "They covered all areas of clients needs and planned care before I started work with the client. They also, regularly check to see that carer and client are fine and if there are any changes to the care plan."
- Person-centred care and support plans were agreed with people and their relatives, based on the initial assessment. Once the service started, people and their relatives were frequently contacted to establish if the support provided was working and their needs were being met. A relative said, "This agency provides better care and support than any other I have dealt with in the past. Incredibly well-trained carers, very impressive briefings given by Hamilton George after initial interview process."
- People and their relatives were supported to make decisions by staff, about the care and way it was delivered. The office staff made themselves available to people and their relatives to discuss any wishes or concerns they might have, and this was also the case with the live-in support provided. Staff made sure people understood what they were saying to them, the choices they had and that they understood people's responses.
- People's care plans and staff daily logs recorded the tasks they required support with and if they had been carried out. The daily logs entries were reviewed, and any concerns highlighted.
- People's care and support needs were initially reviewed after 24 hours, contact made with the care worker after 72 hours and further contact with person using the service, relatives and care workers after week one, week two, monthly, and then quarterly with an annual review. Their care plans were updated to meet their changing needs with new objectives set. The provider and staff supported people to take ownership of their care plans and they contributed to them as much or as little as they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.

- People's communication needs were met by the provider giving staff information about people's communication preferences, within their care plans and guidance on how best to communicate with them.
- Relatives said staff communicated clearly with people which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed. A staff member commented, "The clients [people using the service] and my own needs are met through constant communication between the family, and the Hamilton George [Provider] Team."

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People said they were aware of the complaints procedure and how to use it.
- Any complaints or concerns were appropriately addressed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an open, inclusive and positive culture. People and their relatives said they and people using the service found the registered manager and staff approachable, attentive, felt they listened to them and did their best to meet people's needs. A relative commented, "They [management team] are always available if we have any queries." A member of staff told us, "I have worked for a few other agencies and find Hamilton George to be professional and approachable."
- The services provided were explained to people and their relatives so that they were clear about what they could and could not expect from the provider, registered manager and staff. This was reinforced in the statement of purpose and guide for people using the service that set out the organisation's vision and values. These were understood by staff, and people said they were reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- Staff told us they felt well supported by the registered manager, office staff and each other. One staff member said, "I find them [management team] very thorough and supportive. There is continual communication between myself, the [registered] manager and office staff."
- The provider had a clear vision and values, that staff understood, and people said were demonstrated by the way they worked. The vision and values were explained at induction training and revisited during mandatory training.
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the registered manager and office staff made themselves available to people using the service, relatives and care staff for support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles and its importance. One staff member said, "Everything is made clear from the start." A relative said, "From the outset, it is made clear what we can and cannot expect from the carer."

- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The provider had a system which stored people's details, appointment schedules, and if tasks, daily logs and care plans were completed. Data collected was collated and used to update and improve the service provided.
- The registered manager and office staff regularly contacted care workers to provide support and this enabled staff to provide people with the service that they needed. Staff welfare checks were carried out as part of supervision and there were regular staff meetings, using podcast where issues that arose and other information was discussed. A staff member said, "I have found the Hamilton George Team one of the best companies I have had an opportunity to work alongside of. They are very committed to my well-being and that of their clients, they listen with interest and understanding."
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included people's central logs, care plans, risk assessments, medicine administration records, complaints and staff files. Staff files and the data base contained recruitment, training, performance and development information.
- The provider worked with people, their relatives and healthcare professional partners such as GPs and district nurses to identify areas that required improvement to progress the quality of services people received, to better meet needs and priorities. Feedback from organisations was integrated and used to ensure the support provided was what people wanted and needed. This was with people's consent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider enabled people and their relatives and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, visits to people quarterly, and spot checks. There were feedback questionnaires and surveys provided for people, their relatives and staff. A relative said, "The office check in regularly, visit both [Person using the service] and her Carer at home to check all ok on both sides. I cannot stress enough how impressive they all are - a truly wonderful service by all at Hamilton George."
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- The provider's policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as with district nurses, GPs and other health care professionals.
- Records showed that staff received quarterly supervision and the registered manager said an annual appraisal would take place when due. Staff confirmed that they received regular supervision.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service supported people and their relatives to contact organisations who provided services outside their remit, to enhance their quality of life.

- People, their relatives and staff were kept informed, by the provider, of updated practical information such as keeping safe.
- Audits identified any performance shortfalls that required attention and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.
- Monthly lessons learnt sessions took place with staff.