

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?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We inspected the service on the 9 and 10 June 2015. The inspection was unannounced.

We last inspected the service on the 5 July 2013 and found no concerns.

Hamilton House provides residential care without nursing for up to 35 older people. People living at the service may be living with dementia or have mental health issues. There were 34 people living at the service when we visited.

A registered manager was in post. 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 had risk assessments in place however these were not always clearly linked to people's care plans. Risks associated with people's individual needs were not formally recorded to ensure people were protected and staff had the full information to meet people's needs.

People's care plans did not detail people's individual care needs sufficiently to ensure staff knew what care to deliver. The registered manager and staff were extremely knowledgeable about people, their needs and the unique ways they needed to meet people's needs. When we

# Summary of findings

spoke with staff they were consistent in their approach in meeting people's needs. Paperwork however did not always demonstrate how to deliver care safely and records did not always reflect care and treatment given.

People's medicines were administered safely however the records were not always evidencing this. For example, staff were not being shown where and how to administer people's prescribed creams safely. They were not then recording the creams had been applied. Staff were not recording people's 'as required' medicines with the amount and time this had been administered.

Not all staff followed safe infection control practices. However, these were addressed immediately by the registered manager. We have recommended the registered manager reviews the appropriate guidance on infection control practices in care homes.

The registered manager had not submitted the legal required notifications to CQC to inform us of incidents relating to people living at Hamilton House.

People felt safe living at Hamilton House. People and family members felt confident in the skills and attributes of the staff to provide a good level of care. People were looked after by staff who treated them with kindness and dignity. People were involved in planning their care and making choices about how they wanted their care to be delivered. There were sufficient staff to meet people's needs safely and they were trained to ensure they provided a good level of care. Staff were recruited safely. Staff understood how to keep people safe from harm and felt any concerns would be taken seriously.

People had their nutritional and health needs met. People were involved in developing the menu. Their dietary requirements were catered for and staff followed advice on ensuring people had their food prepared to reduce the likelihood of choking where this was important. People could see their GP and other health professionals as required. Any concerns about people's health were addressed quickly. Health professionals were complimentary about the registered manager and staff's ability to meet people's needs.

Staff provided times for people to remain socially active which reflected their personal history. People had their faith needs met.

People had their complaints and concerns responded to appropriately and the registered manager ensured people were happy with the outcome.

There was a clear management structure in place with clear roles and responsibilities. People, family members and staff spoke highly of the registered manager and their ability to manage the home. The registered manager had recently introduced a new management structure following a review.

The registered manager had systems in place to ensure people, family, staff and professionals were involved in monitoring the quality of the service. The registered manager demonstrated a commitment to a high level of care for all people living at Hamilton House.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. The administration of medicine was safe. However, the recording of people's medicine administration was not always accurate.

People had some risk assessments in place however these were not always clearly linked to people's care plans. Some risks were not formally recorded to ensure people were protected.

Infection control procedures were in place however we observed some practice which was not in line with current guidance. People may have been at risk of cross contamination. We have recommended the registered manager review the appropriate guidance.

People told us they felt safe living at the service and family felt their loved ones were safe. People were protected by staff who demonstrated they knew how to identify abuse and would report it.

There were sufficient staff who were recruited safely to meet people's needs.

**Requires improvement**



### Is the service effective?

The service was not always effective. The registered manager and staff demonstrated they understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, people's assessments in line with the MCA were not always recorded. People had DoLS in place which had been authorised by the local assessor.

People were cared for by staff who were appropriately trained, supervised and appraised to ensure they were able to offer good care.

People's food and nutritional needs were met. People were involved in planning and deciding what to eat and when.

People's health needs were met. People could see their GP and other health professionals as required.

**Requires improvement**



### Is the service caring?

The service was caring. People were looked after by staff who treated them with kindness, respect and dignity.

People were in control of their care and felt staff listened to them.

Visitors were always welcomed and family felt they were fully involved in their loved ones care.

People's end of life was planned with them. They and their family were supported by staff at this time to ensure it was dealt with sensitively and with dignity.

**Good**



# Summary of findings

## Is the service responsive?

The service was not always responsive. People's care plans were not personalised. Staff knew people's needs well and described how their care was delivered.

People were happy with the staff and how they met their needs. They felt their care was delivered in the way they desired and were involved in deciding what was appropriate for them.

Staff provided times for people to remain socially active which reflected their personal history. People had their faith needs met.

People's complaints and concerns were investigated. The registered manager ensured people were happy with the outcome.

**Requires improvement**



## Is the service well-led?

The service was not always well-led. The registered manager had not ensured CQC was told about incidents that affected people living at the service in line with legal requirements.

The home was run by a registered manager who was thought of highly by people, staff, professionals and family members.

People, staff and families were encouraged to be fully involved in reviewing and ensuring the quality of the service.

There were systems in place to audit and maintain the quality of the service.

**Requires improvement**



# 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 the 9 and 10 June 2015 and was unannounced.

The inspection was carried out by two inspectors 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.

We reviewed the information about Hamilton House held by the Care Quality Commission (CQC) such as previous inspection records and any notifications we had received from the registered manager. Notifications are required to be sent by the registered manager and provider and inform CQC of any significant events about the service or people living at the service.

During the inspection we spoke with 11 people and three relatives. We observed how staff interacted with people in the shared areas. We reviewed four people's care plans in detail to ensure they were receiving their care as planned. Where we were able to we also spoke with them so they could tell us about their life at Hamilton House. We also read other associated records about people's care such as their medicine administration records (MARs), weight records and the accident book.

We spoke with eight staff and were supported during the inspection by the registered manager. The provider came to the service on the second day and was available to answer questions.

We reviewed the records held by the registered manager and provider that detailed how they were ensuring the service was managed effectively. This included audits, policies and procedures, maintenance records and feedback from people, family and professionals.

During the inspection we spoke with three professionals who worked closely with the staff at the service. These were a pharmacist, district nurse and optician. The feedback from all professionals was very positive. We also contacted one other social care professional after the inspection.

# Is the service safe?

## Our findings

We observed the morning medicine round. Staff were observed asking people's consent before having their medicines administered. Where people could not consent to their medicines due to their lack of capacity, there was no recording of people having been assessed in line with the Mental Capacity Act 2005 (MCA) or a decision having been made in their best interest. For example, staff told us one person had medicine prescribed for their behaviour to be given as required. Due to the nature of their condition the registered manager confirmed the medicine could only be given without their consent. There was no record to show the person had been assessed in line with the MCA or that a best interest decision had been made. The registered manager confirmed this had been discussed with the person's GP however there was no written record to inform staff the medicine could be given covertly and by what method. There was no risk assessment on file or details of alternative methods of action staff could take, who could authorise the use of the medicine and what to do afterwards if the medicines did not work. Staff told us however, how they would handle the situation. Staff verbally told us why the MCA was important and the steps they would take to protect people. They were aware of the total amount of medicine to administer and the need to involve the registered manager in the decision making process. Advice was then sought from the person's GP and other professional as required after any event of having to use the medicine. However, this was not recorded or used in the care planning process. This meant guidance was not available for staff to follow and refer to as required.

Medicines were given when people chose to come for breakfast. This meant people were having their medicines over a range of time. Staff told us they did not write the time on the MAR sheet if this would mean staff needed to offer the medicines at a later time at the next medicine round to ensure there was the correct gap between the person taking their medicine.

Staff always offered people pain relief prescribed 'as required' and only gave the medicine if the person requested it. However, staff were not noting whether one or two pain killers had been given as necessary so it was not clear how much medicine people had received. The registered manager discussed this with staff at the next shift handover to ensure practice changed.

People had creams in their rooms however there was no corresponding care plan or method of recording, such as a body map, to ensure staff knew which cream to administer correctly and safely. Creams did not have a date written on them when they were opened. This meant there was no way of monitoring when these expired. The registered manager advised all prescribed creams were replaced every month with new ones when the new medicine orders came in. Some creams had no label to say it had been prescribed for that person. We spoke with the registered manager who confirmed that some people asked them to purchase certain creams, such as barrier creams, which were not prescribed. There was no clear recording of this. By the second day of the inspection, action had been taken. Creams in use were correctly labelled and given with the approval of people's doctor.

Inaccuracy in some records relating to the administration of medicines is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The administration of medicines was carried out safely by staff. The recording of oral medicines and eye creams was clear and accurate. The MAR was completed only when medicines had been observed as given. People's medicines were ordered each month and when required should their needs change. The MARs clearly recorded the stock of people's medicines. The stock we checked was accurate.

Staff were very knowledgeable about the risks people's needs presented. However, people did not have all necessary risk assessments in place to support their living safely at Hamilton House. Risk assessments noted a person's risk of falls and tissue breakdown only. One record we reviewed had a risk assessment to support staff to move a person safely. There was no risk assessment for the risk of malnutrition despite people requiring their food intake monitored. We spoke with the registered manager who said they requested the district nursing service complete malnutrition risk assessments (MUST) for people when required. However, the content of the assessments completed by the district nurses were not also recorded in people's care files to ensure staff had the information available to them. Individual risks associated with people's specific needs were not clearly risk assessed. This meant care could be inconsistent or inappropriate.

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

## Is the service safe?

The home presented as clean and free from any adverse odours. There were appropriate hand washing facilities in place and staff were observed wearing aprons and gloves appropriately. Staff were knowledgeable about how to follow safe infection control techniques and what action to take. However, we observed staff were sluicing contaminated clothes and bedding by hand before putting them into the washing machine. Staff told us they were not provided with dissolvable bags to contain contaminated items which would then be placed into the washing machine. One commode were also being carried to the sluice room without a lid. This meant the content could splash. We discussed both these issues with the registered manager due to the possibility of an infection risk. The registered manager advised they had never had an infection control issues in the time they had been running the home. The registered manager took immediate action to address the concerns and therefore ensure people and staff were further protected from the possibility of infection.

People told us they felt safe living at Hamilton House. All visitors felt their friend or relative was safe. Staff

demonstrated they were knowledgeable about how to identify abuse and keep people safe. They told us they would always pass on any concerns to senior staff and the registered manager and these would be taken seriously and acted on. They advised they would blow the whistle if necessary. For example, if they were not happy their concerns were being investigated they would talk to CQC or the local authority.

There was sufficient staff on shift at any one time to ensure people's needs were met safely. The registered manager explained they were aware of people's needs and were able to be flexible to ensure extra staff were working if people needed to attend appointments or were unwell.

Staff were recruited safely. All the required checks were in place to ensure they were safe and appropriate to work within their chosen field of work. Staff then underwent a probationary period to ensure their on-going suitability.

**We recommend that the registered manager review the latest guidance on the prevention and control of infection in care homes.**



# Is the service effective?

## Our findings

The registered manager and staff understood their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager ensured staff followed the principles of the MCA. Independent Mental Health Advocates were involved when needed to ensure people's independent voice was recognised and heard. However, records did not demonstrate capacity assessments had been undertaken, whether people had consented to their care and treatment nor evidenced best interest meetings where required.

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

The registered manager confirmed one person had a DoLS in place which had been approved by the relevant authority. The registered manager confirmed a further eight were awaiting authorisation. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

We observed staff always sought people's consent before giving care to people. Staff spoke with all people and gave them time to respond. For example, we observed one person living with dementia required support by staff but had become confused. Staff were observed offering to help if the person would like it. The person was given the time to respond in their own time. Staff also respected people who did not want care at a specific time and returned later to offer care.

People were supported by staff who were trained to carry out their role effectively. All the people we spoke with spoke highly of staff and their ability to meet their needs. One person told us: "They seem to be well trained and they have certainly made a big difference to my life, I no longer need a stick to walk with and my hands no longer shake". Staff were trained in the provider's mandatory training which included safeguarding, infection control, manual handling, food hygiene and fire safety. All staff were encouraged to take higher levels qualifications in care. Staff who administered medicines were trained and had their

competency checked annually by a local pharmacist. Staff were also trained in areas of specific need when this arose in order to meet people's individual needs. For example, diabetes care, care of people living with dementia and pressure area care. The registered manager confirmed they were in process of introducing the new Care Certificate for all staff and were planning how to make this a key part of the training programme.

Staff confirmed they had regular training and knew when they were due to go on refresher courses. Staff also confirmed they had regular one to one sessions with a senior member of staff but they could also approach the registered manager and other staff at any time for advice and guidance. Staff confirmed they had yearly appraisals and time to reflect on additional training needs. One staff member told us all staff were encouraged by the registered manager to be good role models stating "We are training the next generation of carers" adding, "We take and get taken aside and correct or are corrected so we can learn there and then." All staff felt this was a supportive way of learning and made them a strong team.

People had their nutritional needs met. People had their weights taken regularly and action was also taken when this was a cause for concern. People were referred for further assessments through their GP as required. People had assessments by the speech and language (SALT) service in order to ensure they were able to swallow their food as required. The chef was very knowledgeable about people's needs and how people required their food prepared as detailed in their SALT assessment. They told us the detail of the assessment was passed on verbally from the registered manager. We discussed this with the registered manager who advised they would look at how they could address this.

People's likes, dislikes and dietary needs were catered for. People were involved in planning the menu. People's personal history of food was built into the menu to ensure they were having their likes and dislikes respected now they were living with dementia and could no longer make the choice for themselves. People were very complimentary about the quality of the food. Comments we received were: "Food is good, first class", "I like the food", "The meals are lovely, we get two choices for lunch and tea and there are always alternatives like salad or sandwiches" and, "The food is lovely, we have a very good cook". A visitor said: "The food is out of this world and there



## Is the service effective?

is a good variety. I often stay for lunch for so I can stay longer with my relative". People were asked in the morning what they would like to eat and after lunch what they would like for dinner to support people living with dementia or memory loss remember what they had requested.

People had their health needs met. People told us they could see their GP as necessary and were supported to attend hospital appointments as required. Relatives told us: "If Dad is unwell the home phones us so we are kept in the picture" and another, "The home will tell me about

changes to my brother when I visit or by phone". People saw an optician, dentist and podiatrist as required. All the professionals told us the registered manager would always champion people's health needs and ensured they had the appropriate attention as speedily as possible. The district nurse told us the staff always reported any issues to them in a timely manner, were knowledgeable and followed their advice. They felt this was why the service had a very low likelihood of people developing pressure ulcers. The registered manager told us no resident has ever developed a pressure ulcer while residing at the service.

# Is the service caring?

## Our findings

The atmosphere at the service was relaxed and people were observed to be comfortable in the company of staff. People were equally comfortable in each other's company and were encouraged by staff to interact and build friendships within the service. People were supported to understand each other and to be supportive of people and their different needs. There was a lot of appropriate humour between staff and people. People and staff were heard sharing stories about each other's families, holidays and past events. One person told us: "I couldn't wish for better staff. We have a joke and a laugh".

One person said: "It is friendly here especially with the staff we have". One person who stayed in their room for most of the time said staff also popped by to make sure they were alright adding: "The staff are wonderful; they are always kind." Visitors described the home as: "Always friendly and open", "It is fine here", and "Lovely".

People felt in control of their care and any suggestions they had would be listened to and accommodated. People affirmed staff listened as well as helped them. Everyone said they were always treated with respect. People told us they could choose the gender of staff so they were cared for by staff they were comfortable with.

The majority of people spent their time in the lounges but could spend time in their room if that was their choice. Staff were observed responding to people's individual needs. For example, one person complained of a headache and staff asked if they would like pain relief but also if they would like to go to their room for a lie down. The staff member supported the person to go to their room and was heard talking to them and giving them lots of gentle reassurance.

People said their dignity was respected adding staff ensured doors and curtains were closed at times of delivering personal care. We also observed staff approached and dealt with people in a discreet manner when offering to take people to the toilet or responding to people's calls for support.

Visitors told us they were always welcomed any time of the day and night and were kept up to date with their relative's needs. One visitor told us: "The door is always open for visiting and we are given drinks and can have meals with

our relatives" and another, "Staff always welcome us and they are very friendly." In response to a questionnaire another family member wrote: "We feel happy leaving dad after visiting because we are satisfied he is treated with dignity and respect. Keep up the good work." Another relative wrote in their questionnaire response: "I am kept informed with informal chats and prompt, full answers to any questions; I am treated as a full partner in my wife's care."

Staff told us there was a strong ethos of care in the home led by the registered manager. They said the registered manager was very keen to ensure people were treated with the highest level of care. The registered manager also described with enthusiasm their commitment to ensuring people were well cared for. They described how they checked each day with people to ensure they were happy and did not have any concerns.

Staff spoke about the people they were looking after with kindness and enthusiasm. They demonstrated they knew people well and went to extra levels to try and provide care the person wanted such as seeking resources to meet their individual hobbies. Staff also described they would come into work on their days off to do extra things for people, for example one staff member brought in model aircraft so people could take part in this. All staff described how people's past history was important to them. They spent time with people and their relatives when people came to live at the service to ensure they gathered the necessary information. One staff member told us they wanted people to feel they cared about them and not just for them.

People were supported to end their life with dignity and respect. People were encouraged to share their end of life wishes with staff so they could provide care for them in line with their wishes and feelings. Staff were trained to support people at the end of their lives and help family with their grief. We saw a number of compliment and thank you cards from people who were grateful for how the staff had supported family at this difficult time.

The registered manager described how they were an active part of the local Dignity in Care Forum and dementia friendly meetings locally to support good care for people in care homes and for those living with dementia. The location had achieved the dementia kite mark signifying a high standard of dementia care had been found in the service by the local authority.

# Is the service responsive?

## Our findings

People had care plans in place to support their care. However, the records lacked the personal details necessary to ensure the care they received was appropriate and as desired. The care records we reviewed held the same standard sentences but did not then expand or make them specific to the person. Records were often written in the first person using 'I' however they then did not go onto explain what the person could do for themselves and how they would like their care delivered by staff. For example, records stated: "I need staff to cream and monitor all pressure areas, also paying attention to my legs and feet". Each file reviewed held details of the person's personal history, faith and a range of information but these that had not been incorporated into people's care plan to ensure their individual needs were being met.

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

When we spoke with the registered manager and staff about people's care plans and how they knew what care was appropriate for each person, they verbally were able to go through each person's needs and how these were to be met. All were consistent in how this was achieved and were very person centred in their discussions and awareness of each person's needs. For example, the registered manager and staff demonstrated they were aware of each person's moods, personalities, likes and dislikes and spoke about the lengths they would go to in order to ensure people's needs were met. Staff told us that shift handovers were very detailed and other communication methods in use supported them to keep up to date with people's needs.

We spoke with the registered manager about the contrast between what staff were telling us and the care plans. They

told us they had taken advice and felt this was how they should be written. They also advised us there was a constant staff team without the need to use temporary staff, so people's needs were always met.

People and visitors were familiar with the term 'care plan' and confirmed staff discussed with them how their needs should be met. People told us they were supported to take as much control of their care as they could and staff were flexible in meeting their needs. Everyone we spoke with was happy about the care received and the staff's role in meeting their needs. People had choices and felt they could get up and go to bed when they wanted to and have a shower or bath as they desired. People did not feel they had to wait a long time to have call bells answered and their needs met.

People had their faith needs met. Activities were provided on both a group and individual basis. Staff said they were given time to meet people's social needs. Some staff told us they would come in on their day off and take people out for short trips to local attractions. Staff also advised they used people's personal history to support them to maintain past hobbies.

The registered manager had systems in place to ensure people's concerns and complaints were investigated. The registered manager confirmed any issues, no matter how small, were looked into. They would then feedback to the person or relative to ensure they were happy before completing the investigation. A number of opportunities were provided to support people to raise an issue formally or informally. People said they felt comfortable raising concerns. Most people we spoke with told us they had not needed to raise a complaint or concern. One person said they had raised complaint and said the outcome had been to their satisfaction. This was confirmed by their relative who was visiting.

# Is the service well-led?

## Our findings

Hamilton House is owned and run by E Dawson. Hamilton House is their sole service. Mrs Dawson visited the home regularly and had daily contact with the registered manager. The service was run by a registered manager, deputy manager and a team of staff with clear roles and responsibilities. The leadership in the service had recently gone through a period of restructure following a reflection on how the service should be managed. The new management structure was still settling in during the inspection. People and staff were supportive of the changes and had been involved in its development.

Our records showed the registered manager had not returned any of the required notifications to CQC from 2012-2015, although other relevant agencies had been kept properly informed. This meant CQC had not been informed of any of the incidences affecting people living at the service as required by law. Records showed people had accidents which had resulted in injury and required treatment and the registered manager had informed the local authority about an allegation of abuse. We also had not been informed of authorised Deprivation of Liberty Safeguard (DoLS) applications. The registered manager confirmed other notifications, such as telling us about issues with utilities coming into the building for more than 24 hours, had not been passed to CQC when required.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

CQC had also never received any death notifications for the same period. We had not been informed of the passing of any person while resident at Hamilton House.

This is a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager advised they had not realised the full extent of the notifications required or that they could complete these on the CQC website.

People living at the service were very positive about the way the home was run. Everyone we spoke with felt the registered manager was someone they could talk to. They saw the registered manager daily. The registered manager confirmed they completed daily walks around the building to ensure all was running well and people were supported to tell her if they had any concerns.

All the visitors identified the registered manager as someone with whom they had frequent conversations. One visitor added, "The manager is very accessible". A relative wrote in a questionnaire response: "Hamilton House is well run and organised at all times. I can't fault the home."

Staff said they felt valued as members of staff adding this made them work better as a team. All staff were enthusiastic about working at Hamilton House. They felt they could make suggestions about the running of the service and these would be listened to. They described the registered manager in terms of both affection and respect. All staff we spoke with said they felt they were a good registered manager as they were both approachable but they knew they were also in charge and respected them for this. One staff member told us the registered manager: "Always says thank you on a regular basis and gives us a lot of positive feedback. She will also tell us if we have done something wrong."

The registered manager had systems in place to ensure people were happy with the service they received. They had both formal and informal systems to measure the quality of the service. People and relatives were given regular questionnaires and meetings were held to seek feedback about the service. The comments we read were positive however, the registered manager explained they were constantly seeking ways to drive the service forward and would pick up on the small comments people and their family made. This would then be used to make positive changes for everyone. People and family told us there was nothing which needed to be changed about the service.

The registered manager told us they attended the Outstanding Manager Meetings held locally to ensure they were staying up to date with current methods of good management. The registered manager demonstrated in conversation with us they were continually looking to bring the best out in their staff and for people who lived at the service. They also held a lot of knowledge about people living at the service. We spoke with the registered manager about the issues we had found in respect of the recording of the service's work to ensure continuity of care and accurate records were maintained. They immediately met with the deputy manager to look at ways they could improve. They reflected that they had realised their strength was not in the recording of their work; however the deputy manager who was newly in post (but had

## Is the service well-led?

worked at the service for several years) was identified as having a strength in this area. The deputy manager was therefore working to improve the service's recording processes.

The registered manager ensured the service was audited. For example, there were audits of people care plans, falls,

medicines and of people's experiences of the food. Action was taken when concerns were noted. The registered manager also ensured there were systems in place so all equipment and the building were maintained and checked on a regular basis.

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 did not take formal enforcement action at this stage. 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17(1) and (2)(b)(c)</b></p> <p>The registered manager did not have systems in place to mitigate the risks to people when they had individual issues that could place them at risk.</p> <p>The registered manager did not maintain complete records in respect of each person including accurate recording of medicines administered to people and decisions taken in relation to the care and treatment provided.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services</p> <p><b>Regulation 16(1)(a)</b></p> <p>The registered manager had not notified the Commission of any death of a person residing at Hamilton House.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p><b>Regulation 18(1)(2)(a)(i-iv)(b)(i-ii)(d)(e)(g)(ii)</b></p>

This section is primarily information for the provider

## Action we have told the provider to take

The registered manager had not notified the Commission without delay of any incidents specified which occurred while people were being provided with accommodation for persons who required personal care at Hamilton House.