Mrs Janet Walters

Hamilton Rest Home

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 15 and 22 June 2017 and was unannounced on the first day.

Hamilton Rest Home provides residential care for 23 older people. The home is situated within a residential area of Whitefield in the Bury and is next to a park. Car parking is available at the rear of the home. Accommodation within the home is situated on the ground and first floor. There is a chair stair lift providing access to the first floor. There were 17 people living at the home at the time of our inspection.

At the last comprehensive inspection in January 2016, the service was rated 'Requires Improvement', with two requirements and two warning notices issued in relation to regulations. We returned to the service in April 2016 and carried out a focused inspection in relation to the two requirements and two warning notices. We found action had been taken to address the shortfalls found at the comprehensive inspection in January 2016. The service was rerated 'Good'.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We saw documentation that the registered provider had made every effort to find a suitable registered manager and on two occasions had been let down by applicants after they had agreed to take on the role. However because there is no registered manager in place we have placed a limiter on the 'well led' section of this report as requires improvement.

Staff were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They were confident that the registered provider and senior staff would take the right action to protect people.

Recruitment checks were carried out to ensure suitable people were employed to work at the home with vulnerable people. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty both day and night.

Risk assessments were in place to help minimise any potential risk of harm to people during the delivery of their care and support. These had been reviewed on a regular basis.

People told us that they liked the home. We had a walk around parts of the building and found it had been maintained and was clean and tidy. Plans to make on-going improvements to the home were in place.

Arrangements to check the homes electrical fittings were in place and we were informed by the provider following our visit that a satisfactory electrical report had been received.

We found medication procedures at the home were overall safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Comments from people who lived at the home were all positive about the quality of meals provided. We observed regular snacks and drinks throughout the day were provided between meals to make sure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home spoke positively about the staff who supported them. The atmosphere was homely, relaxed and friendly.

People who lived at the home told us they were encouraged to participate in a range of activities that had been organised. It was respected that not everyone wanted to join in and that was their choice.

People who used the service knew how to raise a concern or to make a complaint. We saw information to support they were dealt with by the service.

People spoke positively about the registered provider who in turn gave us information that supported they highly valued the staff team and the support they gave to people who used the service.

Changes had been made to the senior care arrangements at the home. Staff said this had been an improvement in the day-to-day management of the home.

The service used a variety of methods to assess and monitor health and safety at Hamilton Rest Home and sought feedback from people about the quality of the service. Management records would benefit from being improved to give the registered provider clear oversight of the service.

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.

Staff understood their responsibilities for reporting any abuse they witnessed or suspected. Staff were confident that action would be taken to inform the relevant authorities.

Staff had been safely recruited and there were enough staff to meet people's needs.

Systems were in place to help ensure the safe administration of medicines.

Is the service effective?

Good

The service was effective.

Records we saw showed that staff had received the majority of the basic training and refresher training they needed to support people safely and effectively.

The manager had taken appropriate action to apply for restrictions in place in a person's best interests to be legally authorised. However, staff said that they would like more training about the Mental Capacity Act and Deprivation of Liberty Safeguards.

The service was comfortable and homely. Improvements to the home were on-going and planned.

People told us the quality of food served was good and they enjoyed their meals.

People had access to the healthcare professionals and records were maintained.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were supportive and helpful.

Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues and the registered provider.

During the inspection we observed warm and friendly interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs.

People who used the service were supported to undertake activities within the home.

The were systems to manage complaints in place.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no registered manager at the service, which is a condition of their registration with CQC. We were made aware of the efforts that the registered provider had made to recruit a suitable person to register with us.

Management records would benefit from being improved to help ensure the registered provider had clear oversight of the management of the home.

Changes had been made to the senior care arrangements at the home. Staff said this had been an improvement in the day-to-day management of the home.

People who used the service and staff spoke positively about the registered provider.

Hamilton Rest Home

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.

This inspection visit took place on 15 and 22 June 2017 and was unannounced on the first day. The inspection was carried out by an adult social care inspector

Before our inspection, we reviewed the information we held on Hamilton Rest Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted the local authority safeguarding and commissioning teams about the service. This helped us to gain a balanced overview of what people experienced living at Hamilton Rest Home. Commissioners informed us that they had some concerns about the administration of medicines and the lack of a registered manager at the home.

A Provider Information Record (PIR) was not requested for this inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of people about the service. This included five people who lived at the home, two visiting relatives, the registered provider, the manager, two senior staff members, a day care and two night care workers, a chef and a housekeeper.

We looked at the care records of three people who lived at the home, training and recruitment records of staff members. We also looked at records relating to the management of the service. In addition, we checked parts of the building to ensure it was clean and a safe place for people to live.

Good

Is the service safe?

Our findings

People we spoke with who lived at the home told us they felt safe. One person said, "I feel safe" and other people sitting nearby agreed. Another person replied, "Oh yes. Definitely safe. If I wasn't they would get my stick on their backside." Relatives said, "I have peace of mind. [Relative] is not safe to go home. I am quite sure [relative] would tell me if they were unhappy" and "Totally safe, I could now leave the country. I have no worries."

The service had policies and procedures to minimise the potential risk of abuse or unsafe care, including a whistle blowing (raising a concern about a wrong doing in the workplace) policy. The safeguarding policy was policy of the month in May 2017. This was to raise staff awareness of the policy and their responsibilities.

Staff we spoke with understood their responsibilities if they witnessed the poor practice of colleagues (whistleblowing). They were able to tell us about of the correct action they should take should they witness or suspect any abuse. Staff said, "I would go to a senior. I know they would report it. [Manager] and the seniors would do something it about it"

We found staff had been recruited safely. Staff we spoke with confirmed that all the required recruitment checks were carried out before they started to work at the service. We checked to see that staff had been safely recruited. We reviewed two staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We looked at staffing rotas and asked staff if they felt there was enough staff on duty to meet people's needs. Staff told us that there were enough staff to support people. In the event of staff absence, for example, due to annual leave or sickness, established staff covered so that people received continuity and consistency of care and support from staff who knew them well.

Staff said, "We keep agency staff use to an absolute minimum" and "We don't let each other down." The rotas we saw confirmed that there were always three care staff on duty throughout the day including a senior and two night care workers. The senior care staff were on-call in the event of an emergency during the night.

We were told that the home had recently introduced two senior care staff who worked opposite each other. They also had one day a week when they worked together. We were told that this had been an improvement in ensuring continuity of support for people and that all care was completed. The seniors thought that the change had meant the team was more organised, record keeping had improved as had team morale. Senior staff thought that they complemented each other's strengths.

Seniors said, "The new arrangement is better than before. The teamwork is really good. Not one person upsets the apple cart" and "We all know what we have to do and everyone gets on. Any niggles are nipped in the bud." One staff member said, "We all work as a team. Everyone is friendly here. A new staff member said, "I have been made to feel comfortable. It's very welcoming here. Everyone is lovely."

The three care records we looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Risk assessments included, moving and handling, including the use of the chair lift, pressure area care, the need for sensor mats if the person was unable to use the call bell and checks on radiator guards and prevent burns from hot pipes. Risk assessments were kept under review and updated if people's needs changed.

We looked at how medicines were recorded and administered. Prior to our inspection, we contacted the local commissioning team. They informed us they had some concerns about medicines management.

One person said, "I have my meds three times a day. I always get them on time." The service had a medicines policy and procedure in place. We saw that medicines were held in an office to the rear of the property and this room was kept locked when not in use. A senior staff member told us that only trained staff administered people's medicines and a record of their signatures and initials was maintained. However, we saw that the keys to the medicines were accessible to all staff. This issue was addressed by the home immediately.

We were told that the medicines were supplied to the home on a monthly basis. The senior staff member said, "We start everything from scratch every month we do not carry stock over." We checked four people's medicine administration records (MARs). They had a photograph of the person for identification purposes, their date of birth and admission to the home, information about allergies and the name of the person's doctor.

We were told that none of the people who used the service were receiving their medicines covertly or without their knowledge. Two people were administered controlled medicines. Controlled drugs are stronger medicines, which require safer storage and administration. We checked the drugs against the number recorded in the register and found they were accurate. Two staff signed to show the controlled drug had been administered and the number remaining was checked after they were used. This mean that systems in place in relation to the recording of medicines were being used and followed correctly.

All staff were responsible for administering thickeners to food and drinks. A thickener is used to help prevent people who had swallowing difficulties from choking. Most staff had recently received training from the manufacturer of a thickening agent. We asked the senior care staff member to sure that this meant a consistent approach was being used across all staff team in relation to as the thickener was prescribed and the instruction for administration.

We saw that the manager had carried out an audit of people's medicines on 4 and 15 May 2017, however the audits needed to be developed further to check the whole medicines management system.

The kitchen was rated the highest five by the local food safety officers . This meant that food was being stored safely and correctly.

We looked at documentation and found equipment had been serviced and maintained as required. For example, records confirmed gas appliances and portable electrical equipment complied with statutory

requirements and were safe for use. However, the check on the electrical fitments and fittings was seen to have expired. We were informed that arrangements to undertake this check were in place.

We saw records that showed that a fire alarm test took place every week at one of the break glass box points checked in rotation. Fire doors closures and emergency lighting were checked every week. We saw that two fire drills had been undertaken on 10.05.2017 and 08.06.2017. This was to check that staff knew what action to take in the event of a fire. The first related to can staff read the fire panel and identify the different zones and the second was how staff would act if there was a fire in the kitchen. These drills identified some concerns about the zones and means of escape that the registered provider had addressed.

People had Personal Emergency Evacuation Procedures (PEEPs) in place. This pre-planning helped to make sure that all people and staff would be kept as safe as possible in the event of an emergency situation taking place.

We talked with one of the two housekeepers who covered the home seven days a week. Rotas we saw confirmed this. They told us that the provider kept the home well stocked with disposable personal protective equipment (PPE) such as gloves and aprons, hand wash and paper towels. This helps to prevent any cross infection between people. The housekeeper told us that the care staff were responsible for the laundry and the night staff ironed people's clothes. We were aware that there were outstanding actions made by the health protection nurse in relation to levels of hygiene at the home. For example, checks of seat cushions and mattress check, catheter care and updated infection control training for staff.

Good

Is the service effective?

Our findings

Staff told us that once they shadowed established staff before they started working in a more unsupervised capacity at the home. This gave staff the opportunity to get to know people.

A staff member said, "I am learning stuff about dementia and I have more confidence." We looked at the training records for care staff. Staff complete in-house training using DVDs and also the local authority training partnership courses when they were available.

We saw that staff undertook training in moving and handling, fire safety awareness, safeguarding, basic food hygiene and medicines training which the records show needed to be refreshed annually. The records showed that staff also undertook health and safety training including infection control, understanding dementia and the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The records showed that the majority of training had been undertaken with a small number of staff still needed to undertake MCA and DoLS) training.

We noted that the senior care staff were being supported by the provider to undertake team leader training. We also noted that some staff had undertaken the 'React to Red' pressure area care training through the local Clinical Commissioning Group (CCG).

We saw recent records that showed that staff had received one to one supervision and that a detail record had been kept. Supervision records covered new policies and procedures, personal issues related to the work role, time keeping, sickness and annual leave, any changes in job role, manager's view, employee view and any action agreed. The record was signed and dated by the manager and staff member.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had policies and systems in the service support this practice. Staff we spoke with thought they could do with more training in MCA and DoLS to help support their understanding. The manager was also an independent advocate who had a good understanding of MCA and DoLS and would be able to give staff additional training and support in this area.

We did not observe people being restricted or deprived of their liberty during our inspection. When we

undertook our inspection visit five people who lived at the home had been assessed as lacking capacity to consent to their care and had a DoLS authorisation in place. We saw in one further case the authorisation had not been granted as the assessor reached the conclusion that the person did have the capacity to consent to stay at Hamilton House.

Consent forms were in place that covered people having their photograph taken, support with personal care, maintaining the person's care plan, administering their medicines and contacting the person's doctor on their behalf.

We were told about one person who had recently started to display behaviours that challenge others at certain times of the day, which the person themselves was not aware of. The manager told us that staff had started to distract this person once the behaviour became apparent and there had been some success.

People we asked about the food said, "I like a bacon and egg butty on a Saturday" and "Very nice food." We talked to the chef about what people like to eat. They said, "It's quite old fashioned here. Nothing like chilli. I suggest it but it is always a no. I know what everyone likes. If they don't like it they will tell you. When plates come back empty it is a pleasure."

People had meals in their rooms, dining room or the lounge areas. We observed staff supported people to eat their meals wherever they wanted to. We observed people being assisted with their meal. Of the lunchtime meal a person said, "The cook makes a beautiful pie. Cheese and onion pie, baby new potatoes and baked beans followed by Angel Delight. Gorgeous. I scoffed the lot."

We saw that drinks and snacks were offered throughout the day and given if a person requested. The cook was also aware of people who needed a special diet for example pureed or vegetarian. There was plenty of food available and good stock rotation of healthy foods such as fruit, vegetables and salad. The cook said, "We like to keep everything as fresh as possible."

We observed regular snacks and drinks throughout the day were provided between meals to make sure people received adequate nutrition and hydration. Records of people's weight were seen on their records.

People's care plans we saw showed they had contact with healthcare professionals if they needed. We asked people who were able to speak with us about the support they received with their health. One person said, "The optician comes and the chiropodist comes to do my toe nails." A senior care staff member told us the service had received positive feedback about our care from a district nurse. Care records seen confirmed visits made by health care professionals. This meant people's needs were monitored to help make sure their health and wellbeing were being appropriately responded to and maintained.

Two people said, "I like being by the main road. I can see the world go by" and "I like to sit up here. I can see the road and the park. I like this room." Hamilton Rest Home is an attractive and homely listed building and therefore there are limitations on adaptations that can be made to the home. The home appeared tired in parts though recent improvements were noticeable, for example, the dining room. The registered provider is looking at making the home more accessible and to make continued improvements whilst retaining the homely feel. An on-going full refurbishment of bedrooms was also taking place. Plans were in place to decorate and refurbish the lounge, which included the replacement of comfortable chairs.

Good

Is the service caring?

Our findings

During our inspection, we observed staff engaged with people in a caring and sensitive way. For example, they spoke with people in a gentle way and with a smile on their face. Staff we observed used appropriate touch and humour when spending time with people. There was also lots of singing. Our observations noted all the people who lived at the home were treated courteously and we did not see any person ignored.

The registered provider said that the staff recognised that some residents were not as vocal as others were or spent most of their time in bed. The provider told us that staff made sure that they offered those people time to ensure they were not neglected. Staff also went out shopping for clothes and footwear for people who were no longer able to do this for themselves.

We had positive responses when we asked people who lived at the home what the staff were like. People told us that the staff were, "Very nice. Pleasant you can have a chat with them." "It's very friendly and there is a nice atmosphere. [Staff] are very good. All of them." "It's nice. I enjoy it. It's the company. I would like to help them but I can't." "It's great here it the best place in the whole of Bury. Freckles from Eccles [staff member] she's great.' A visiting relative said, "The staff are brilliant. No complaints." Another visiting relative said, "I have a good relationship with [staff] and they keep me informed.

Staff said, "I am proud to work here. I would be happy to bring my parents here", "I like to get to know people to sit and have a chat and a bit of banter" and "The residents always come first."

People appeared well cared for. They told that a hairdresser came into the home to wash and cut their hair. Another person said, "I still pretty much do everything for myself. I get a cup of team [from staff] when I get up at 4.45am before I have a shower. I go to bed at 9pm but that suits me."

The registered provider gave us examples of how the staff often came in on their days off to attend birthday parties or brought treats in for people from the local shop and home baking, pamper sessions. One of the cooks comes in on her days off to run a gardening club. With the residents, the cook has planted bulbs in the garden, made hanging baskets, and put planters outside the front door. We saw staff were aware of how to treat people with respect and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff had identified peoples preferred term of address and staff were aware of what people wanted to be known as.

We saw that people's records and any confidential documents were kept securely in the services office. These records could only be accessed by designated staff and no personal information was on display. This ensured that confidentiality of information was maintained.

We saw people were supported to remain in the home where possible as they approached end of life. This allowed people to remain comfortable in comfortable homely surroundings, supported by familiar staff. The home was part of the Six Steps programme which provided staff with training about this model of end of life care in people's best interests. It was not clear on staff training records how many of the current staff team

had received this training.

Good

Is the service responsive?

Our findings

We were told that the manager and senior care staff assessed people's before agreement was reached for them to move into the home to help ensure the service was able to meet their required needs. We also saw copies of people's community care assessments undertaken by social workers prior to the person's admission to the home.

We looked at three peoples care records. Each of the care records held care plans and risk assessments in relation to mobility, pressure area care, healthy diet and fluids, personal hygiene, sleep and rest, communication, continence, faith, activities, mental health and medicines. This information help to guide staff as to what care and support they needed. We also saw 'This is me' documentation, which outlined people's personal preferences and wishes. For example, I like to know the carers. I like female carers. I like to get up early. It also identified what might worry or upset the person, for example, memories of a lost loved one. This information helped staff to provide person centred care.

We saw that people's care records had been kept under review and updated if a person's needs and wishes changed. Daily progress sheets were kept that gave a report twice a day, which covered as a minimum that people had received their medicines, what activities the person had participated in, their mood and whether or not they had received a good diet.

We spoke with people about the daily routines and activities at the home. People told us, "We get entertainers in but sometimes they are old songs not rock and roll. I like Tom Jones. I like knitting and going to the local supermarket." Another said singing to Johnny Cash, "I like old music." Another person told us that they did not like to join in and preferred the privacy of their room. Some people preferred to watch television, read newspapers and chat with each other. We saw people dancing and laughing with staff and art and craftwork people had been involved in was displayed.

The service had a complaints procedure which was made available and on display in the hall of the premises. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

A person said, "If I have any worries or concerns I can talk to staff." We were shown the records of two complaints made in the last year and one concern that related to a district nurse, which was brought to the attention of their manager. We saw that people had been involved in discussions in the concerns that they had raised and their family members were appropriate.

We saw that thank you cards complimenting the service had also been kept. Comments included, To [Persons name] second family and friends. On behalf of myself and extend family we would like to express our sincere thanks to you all for all you help and support in what was a difficult and challenging especially the recent months. I could not have coped without you all" and "I want to thank you all for the LOVE and CARE I received from you all. It was good to be part of the friendly home and I'll never forget it."

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in place. A registered manager is a person who has registered with CQC 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.

A manager had been appointed however although they had enjoyed their time at the service they had decided to return to employment more suited to their previous skills and experience. They had remained at the service to support the provider in the interim period. We saw documentation that the registered provider had made every effort to find a suitable replacement and on two occasions had been let down by applicants after they had agreed to take on the role.

It is a requirement under The Health and Social Care Act (2008) that the manager of a service like Hamilton Rest Home is registered with the Care Quality Commission (CQC). Because there was no registered manager at the home, we have placed a limiter on well-led section of the report as requires improvement in line with our methodology.

As part of the quality monitoring for 2017 eight people responded with 93% rating the home as excellent or good. Comments from people who used the service were, "I rate the home as excellent. I get on really well with the carers" and "It's alright by me." Relatives commented, "I think my relative had been at Hamilton for three years and we have found everything to our complete satisfaction. Thank you for the very good service provided."

Regular checks were also made to the building and fire procedures and equipment. This helped to ensure people were living in a safe environment. For example, the manager undertook a fire risk and health and safety check of each person's bedroom every month.

We recommended that improvements were made to the management records. This would help to give the provider a clear oversight of the quality and safety of the home.

Staff we spoke with demonstrated a good understanding of their roles and responsibilities. They were aware of the structure of the management tea. Staff spoke positively about the registered provider. They said the registered provider was approachable and supportive. They also said that they would miss the outgoing manager.

We asked the registered provider about their aims of objectives for the home. The registered provider told us that their main aim was to create a homely atmosphere for people to live in. The registered provider spoke positively about the care staff and valued the work they did with people.

Staff meetings were held with a buffet or pizza to make the most of a social opportunity. However, we did not see any minutes of these meetings. Meeting notes ensure an accurate account of people's verbal

contribution.
We saw the record of the last resident meeting held on 26 May 2017 with the manager present. Eleven people who used the service attended and a relative. The meeting discussed the new flooring in the main dining room, concerns about the television signal, different choices of meals and entertainment.

The registered provider shared with us copies of the services policies and procedures such as, complaints, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing. These help the provider to guide the actions of all individuals involved in the service. They provide consistency in all practices carried out in the home.

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included adult care services, district nurses and healthcare professionals.

We checked our records before the inspection and saw that accidents and incidents that the Care Quality Commission needed to be informed about had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.