

Voyage 1 Limited

Hamilton Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At the last inspection in July 2015 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hamilton Lodge on our website at www.cqc.org.uk.

At this unannounced inspection on the 19 September 2017 we found the service remained Good. The service met all relevant fundamental standards.

Hamilton Lodge is a care home for younger people with a learning disability. It can accommodate up to eight people. All eight rooms have en-suites facilities. There was a communal lounge and kitchen and accessible well managed gardens. The service is situated in Doncaster, close to local amenities. At the time of our inspection there were six people living at the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the provider had appointed a new manager who was commencing the process to register with CQC.

People received care and support from staff who understood how to keep them safe. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe. Staff were available to meet people's needs and understood how to best support people and the risks to their well-being. People were supported by staff to receive their medicines as prescribed and checks were made to ensure staff supported people with their medicines appropriately.

Robust recruitments procedures ensured the right staff were employed to meet people's needs safely. At the time of the inspection there was sufficient staff on duty to meet people's needs.

Staff understood they could only care for and support people who consented to being cared for and throughout the inspection we saw people supported to communicate their choices. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People received adequate nutrition and hydration to maintain their health and wellbeing. The premises were suitably designed and furnished for providing care and support to people with a learning disability.

People were treated with respect. People and their relatives told us staff were kind and very caring. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

The provider promoted people's personal interests and hobbies. Social activities were organised in line with people's personal interests and there was a lively atmosphere at the service. People also received one to one support for activities in the community and had an organised holiday each year if this was their choice.

There had been a number of different managers since our last inspection, but feedback from people and their relatives was that the service was well-led. People had the benefit of a culture and management style that was inclusive and caring. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. We found the environment could be improved and saw the quality monitoring had identified this and it was being addressed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was responsive</p> <p>At the last inspection in 2015 this was rated as requires improvement it is now good.</p> <p>People's needs were assessed and reviewed to ensure changes were identified and managed responsively.</p> <p>People were able to take part in activities that they enjoyed and which were important to them.</p> <p>People and their relatives knew how to make a complaint if they were unhappy.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service remains Good.</p>	<p>Good ●</p>

Hamilton Lodge

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 checked 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 comprehensive inspection took place on 19 September 2017 and was unannounced. The inspection was undertaken by an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were six people using the service. We observed staff providing support to people in communal areas of the premises and interactions between people that used the service and staff. We looked around the premises, communal areas and some people's bedrooms with their consent. We spoke with all six people who used the service and contacted two relatives following our inspection for their views and feedback.

We spoke with the operations manager, the new manager and four support workers. We also contacted and spoke with a health care professional following our inspection.

We looked at documentation relating to two people who used the service and two staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with all told us they felt safe. One person said, "Very safe living here, all nice to me." (and they were able to name fourteen members of staff who help looked after them).

A relative we spoke with told us, "Yes, obviously safe at Hamilton Lodge, you have to be able to trust other people when you hand over your children."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. All the staff we spoke with were very knowledgeable on the procedures to follow. Staff were also aware of the whistle blowing procedures and who to contact if they suspected any abuse or concerns to ensure these were raised with the appropriate professionals and action taken.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. Environmental risk assessments had also been completed and all people who used the service had a personal emergency evacuation plan (PEEP) in place. This information was easily accessible in the case of a fire to ensure people's safety.

From our observations and speaking with people who used the service and staff it was evident staff understood people's individual needs and knew how to keep people safe. We saw people were encouraged to be as independent as possible with support from staff to ensure their safety. The accident and incident policies and records we saw ensured people were protected and action was taken to identify any themes or triggers to manage and prevent accidents or incidents re-occurring.

From what people told us and our observations we found there was adequate staff to meet people's needs. Some people received one to one support for their safety and this was in place at the time of our inspection. Staff we spoke with also confirmed there was adequate staff to be able provide the care and support required, including accessing the community and activities. However, some relatives thought there could be more staff. This was due to some staff leaving and while staff were being recruited existing staff were covering shifts. One relative said, "There could be more staff. Hamilton Lodge has lost some key staff recently which has caused a bit of a worry. Sometimes, [My relative] has planned outings cancelled due to staff shortages." However, we found no evidence that outings had been cancelled. We discussed this with the operations manager who confirmed although they were short staffed existing staff were covering and on no occasions had they worked below the required staffing levels to meet people's needs safely.

There was a robust recruitment and selection process in place, which included a structured induction to the home. All essential pre-employment checks required had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines in the service. We found medicines were stored safely. We saw records were kept for medicines received, administered and any medication that had been disposed. We found people were receiving medication as prescribed. One service user told us which medication they took and why, they told us their medication was always received on time.

Is the service effective?

Our findings

People told us the staff were very good and they were supported. They told us they made choices and decisions and staff respected this. One person said, "We tell staff what we want to do."

Relatives also told us they were happy with the care and support provided. They also told us that communication was good. One relative told us they had recently not been happy and had felt let down, however, the new manager had made contact and this had been resolved. Another family member told us, "I want to be involved and told what's going on with my relative's care. Staff always keep me updated."

Staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with all told us that they received the training they needed to do their job well. Staff were also able to attend specific additional training if required. This included in how to manage behaviours that may challenge and autism. The manager said staff had regular supervision and a yearly appraisal of their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The manager and staff were aware of their responsibilities under this legislation. Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. Records sampled demonstrated that where people could not speak for themselves, decisions had been made in their best interest and these were recorded in their care files.

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care. Health care professionals we spoke with told us the service was very good at seeking advice and guidance to ensure people's needs were met.

People's nutritional needs were met by staff that had consulted with people about their dietary likes and dislikes, allergies and medical conditions. We also saw support was obtained from health care professionals if required including speech and language therapists. Most people were able to choose what they wanted for lunch and what time they wanted to eat. People told us they enjoyed the food and were actively involved in menu planning and go 'food shopping' with staff. They also help prepare and cook meals.

We saw 'healthy eating' was actively encouraged at Hamilton Lodge. We observed two support staff helping two people prepare their lunch. They had chosen oven cooked sausage sandwiches; other people chose a brown bread cheese & ham stack and poached eggs on toast. Staff told us that one person who has diabetes had their carbohydrate intake closely monitored to manage the administration of their insulin; this was closely monitored by the specialist nurse. Another person was supported to attend a local slimming club and had gained 'Slimmer of the Year' award. Staff and people who used the service users sat together to eat lunch in the dining room. People were able to eat at their own pace; there was juice on the table and a choice of hot drinks from which to choose. The atmosphere was relaxed and 'homely,' everyone helped

clear away the dishes and wipe down the table. People were able to make a drink whenever they wished. For example, whilst we were talking to one person they said, "I'm off for a cup of tea." They also told us they like baking - especially cheese scones, but said they had to remove their nail varnish before they started baking.

During our visit we found communal areas were clean and nicely decorated. Kitchen and dining room areas were clean and bright although staff had to hand wash dishes & utensils after lunch as the dishwasher is out of order. This has been reported to Voyage Care and a second visit from an engineer was overdue. We observed two settees and four armchairs in the communal lounge and plenty of soft furnishings. One person told us they were on 'polishing duty,' banisters, tables and cupboards. they said, "I'm late today because I'm talking to you!" People who volunteer to help staff with housekeeping chores such as vacuuming, dusting or food preparation were praised and encouraged to do so.

Some areas of the service we found required some attention some furniture was damaged and carpets were stained and in need of cleaning. We also found some en-suites needed a deep clean and some tiles required re-grouting. We saw the manager had identified this as part of the quality monitoring. The operations manager confirmed that furniture and new curtains had been ordered and many areas had been agreed to be redecorated. Following our inspection the operations manager confirmed that all rooms downstairs had been deep cleaned, quotes had been obtained for the carpets to be cleaned and they were waiting a date to be arranged. The bedrooms and en-suites had also been thoroughly cleaned. The re-decoration of the building was continuing and the manager was implementing an action plan that identified what work was required and in order of need. The operations manager assured us this would be reviewed monthly to ensure the timescales were met.

Is the service caring?

Our findings

People we spoke with all told us the staff were kind and caring. One person said, "The staff are very kind." Relatives also said staff were kind. One relative said, "I do feel staff care about my relative."

We observed interaction between service users and staff that were kind and caring. Support staff knew every person by their preferred name, their likes & dislikes and special dietary requirements. We observed staff always knocked on the door before they entered a person's bedroom and announcing themselves and we saw staff asked if they could enter. People also had the option to have a key for their bedroom doors so were able to lock their bedroom doors should they wish to do so.

Families told us they were always made welcome at Hamilton Lodge, and could turn up unannounced. People told us they were visited regularly by family members and could go out with them for the day or stay overnight at weekends.

One family member told us, "There is an open door policy, no worries about turning up unexpectedly."

The atmosphere at Hamilton Lodge was calm and pleasant. People were relaxed and obviously at ease in the company of staff. People were quite happy to sit and talk with us, telling us about daily life at Hamilton Lodge.

We observed people looked clean and well cared for. One person was dressed and drying their hair prior to going out for the day with a member of support staff. Another person was fully dressed, sat in an armchair watching television and we were told one person was 'having a lie in' and still in bed, whilst two others were happy to chat with us in the lounge. It was clear people made their own choices and were well supported by staff. Staff maintained people's privacy and dignity and respected their decisions.

Some people showed us their bedrooms and we saw these were light, bright and well furnished. All were clean and tidy. Some people had their own furniture with plenty of shelving to display personal possessions and collections.

We were told that everyone living at Hamilton Lodge had relatives or friends to represent them, but that advocacy services were available to anyone if they required them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. The manager was aware of the need to seek advocacy when required and told us that advocacy services had been used in the past for people who used the service.

Although at the time of the inspection people who lived at Hamilton Lodge were young and healthy, the staff had included people's wishes, in regard to if they became ill or were admitted to hospital. People also had a hospital passport to give details of how to meet the person's needs if they were admitted into hospital.

Is the service responsive?

Our findings

At our last inspection in 2015 this was rated at requires improvement. This was because documentation in care files was confusing, repetitive and not always completed to be able to properly review people's changing needs or identify a deterioration in their health. At this inspection this had improved and this is rated as good.

People we spoke with all said the staff were very good and looked after them well. They told us they got up when they liked and went to bed when they liked. They told us they enjoy shopping for food and clothes and going to the cinema.

We talked about favourite holidays; one person said they enjoyed going camping in a tent, another liked going to Blackpool staying in a hotel to see the Illuminations and another enjoyed going to Butlin's. Support staff told us they accompanied people on these excursions. People said, "Hamilton Lodge organise really good parties for Halloween and Christmas." We were told birthdays are also celebrated at Hamilton Lodge, with families being welcomed to join in the fun. One person said, "We have a party when it's our birthday. Cake and party food, sometimes shandy, but we never get drunk." Then they laughed.

One family member told us "People living at Hamilton Lodge have all kept their individuality. It feels more like a shared house than a care home."

Another told us "My relative telephones me whenever they want. They are allowed to use the office phone."

We found each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home. Care plans and risk assessments had been completed. People and their relatives who we spoke with told us they were involved in their care and support plan and the staff regularly reviewed the plan with them.

The daily records and visit records were all up to date. These records showed the manager worked responsively with external professionals, such as learning disability nurses, occupational therapists and dietitians. We saw the professional visit record was updated following any input from health care professionals.

There was a complaints' policy which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes. People we spoke with all told us if they had any concerns they would raise them with staff. One person said, "I would tell [the manager.]"

The relatives we spoke with told us they were confident that any issues or concerns highlighted would be taken seriously by the management team and they would take action to address them.

Staff we spoke with all confirmed they worked well as a team to support people. One member of staff told us, "It's a really nice atmosphere here. Everyone gets on well together both staff and residents. We are all kind to each other. It's a good team, we all work well together."

Another support worker told us, "I love my job. The satisfaction from helping people who live here to be independent, do things they want, go out whenever they want - it's great!"

Is the service well-led?

Our findings

People we spoke with were all aware of who the manager was even though this had recently changed. We asked people who used the service and their relatives what they thought of the management. One person said, "She's lovely." One family member told us, "Management has been up and down, but the acting manager is trying so hard and doing their best."

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission. 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. However, the provider had appointed a new manager who told us had commenced the process to register with the CQC.

There was a structured team in place to support the registered manager. This included senior support workers and support workers and the operations manager visited regularly to offer support. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

The registered manager and registered provider were aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) and they sent notifications to us in a timely way, thus fulfilling the requirement to notify us of accidents/incidents and safeguarding concerns.

All staff we spoke with told us that they were well supported by the management. They said there was an open and transparent culture in the home and they were comfortable raising concerns. Staff felt they worked well as a team and everyone pulled together to share ideas and resolve problems. One staff member said, "We really work well together and support each other, its great working her."

We found systems were in place for managing safeguarding concerns and incidents and accidents. Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the regional manager and the registered manager. Any issues identified were recorded on an action plan and were actioned. The issues we saw during our inspection had already been identified by the manager and the operations manager and action was being taken.

The provider actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, meetings and questionnaires. People's feedback was taken into account to improve the quality of the service.

Communication within the staff team was described as very good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with and changes and updates.