Parkcare Homes (No.2) Limited

Hamilton House

Inspection report

Leigh Sinton
Malvern
Worcestershire
WR13 5DZ

Website: www.craegmoor.co.uk

Date of inspection visit:
13 October 2016

Date of publication:
20 December 2016

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

This inspection took place on 13 October 2016 and was unannounced. Hamilton House provides accommodation and personal care for up to six people who have a learning disability. There were five people who were living at the home on the day of our visit.

There was no registered manager in place at the time of our inspection. There was a manager in place who was in the process of applying for their registration. 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 lived in a safe environment as staff knew how to protect people from harm. Staff recognised signs of abuse and knew how to report this. Risk assessments were in place and staff took appropriate actions to minimise risks without taking away people's right to make decisions. There were sufficient staff on duty to meet people's needs and keep them safe. Regular reviews of people's care and the deployment of staff meant staffing levels reflected the support needs of people who lived there. People's medicines were administered and managed in a way that kept people safe.

The provider supported their staff by arranging training and up-skilling staff in areas that were specific to the people who lived in the home. People received care and support that was in-line with their needs and preferences. Staff provided people's care with their consent and agreement and understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals when they required them.

We saw that people were involved in the planning around their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected. People received individual responsive care and support that was in line with their preferences which had a positive outcome for people who used the service.

People and relatives knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that nine complaints had been received. Eight had been responded to with satisfactory outcomes for those who had raised the complaint and one complaint was still being investigated by the provider.

The manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people's received care and support in-line with their needs and wishes.

We found that the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to

improve staff practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an empathic way.

People were supported with meal preparation and food they enjoyed. People had enough fluids to keep them healthy.

People received care they had consented to and staff understood the importance of this.

Is the service caring?

Good

The service was caring.

People were supported by staff who were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their individual needs.
People's concerns and complaints were listened and responded to.

Is the service well-led?

Good

The service was well-led.

People were included in the way the service was run and were listened to. Clear and visible leadership meant people received good quality care to a good standard. Staff were involved in improving and developing the service.

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.

This inspection took place on and was unannounced. The inspection team consisted of one inspector.

We undertook an unannounced comprehensive inspection of Hamilton House on 13 October 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 22 and 29 October 2015 comprehensive inspection had been made. This second comprehensive inspection has provided the service with a new rating for each question and the overall judgement of the service.

As part of the inspection we reviewed information we held about the service including, the provider information return and any statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with three people who used the service and one relative. We spent time with two other people who communicated using sign language. We also spoke with three care staff, the deputy manager, the manager and the regional manager. We reviewed two people's care records, safeguarding records and Deprivation of Liberty Safeguards (DoLS) applications where they have identified that a person's freedom needs to be restricted for their safety. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits and medication.

Good

Is the service safe?

Our findings

At our last comprehensive inspection on 22 and 29 October 2015 we found a breach of regulation in relation to safe care and treatment, Regulation 12. This was because people were not always kept safe from harm when being supported by staff. Following our inspection the provider sent us an action plan about how they would improve the service. We found that the provider had made improvements since our last inspection and they were now meeting their legal requirement for safe care and treatment.

One person told us they felt safe in the home, while a further person used sign language to tell us they were safe. We spent time in the communal areas of the home and saw the interaction between staff and people. People were relaxed and were at ease with the staff. We saw many occasions were people would initiate contact with staff in the way of a hug or hand holding. We saw that staff would keep other people safe by ensuring distraction techniques or assisting the person to an alternative part of the room to ensure each person felt safe in their own personal space. A relative we spoke with felt that their family member was safe.

All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about when to take action and who to contact. We found the manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, staff had identified one person's triggers for behaviour that may have a negative impact on other people who lived in the home. Steps were put into place to reduce the likelihood of this, by offering people dedicated time in the kitchen area. Staff told us that this technique was working well at keeping all people safe from potential harm.

We saw staff were present in the communal areas and responded to people's requests. Where people received one to one support within the home or on external activities these were organised so that staffing was reflective of people's individual needs. The relative we spoke with told us that they did not have any concerns regarding safe staffing levels within the home.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member said, "Staffing is fine, if someone is sick, then this is sorted quickly, so we are never short staffed". They continued to say that there may have been an odd occasion were a person's activity has not taken place, while they had waited for a member of staff; however this had not impacted on people's safety. Staff we spoke with told us they felt the staff team was more stable and that everyone worked together as a team. All staff we spoke with said the manager and deputy manager was visible within the home and felt that they had good knowledge and understanding of people's care needs in order to put appropriate staffing levels in place.

The manager consistently reviewed staffing levels and made adaptations where people's dependency needs

changed. The manager told us that they had a good skill mix of staff in order to keep people safe and meet their needs.

People and relatives we spoke with did not have any concerns about how their medication was managed. We spoke with two staff members who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. We found people's medication was stored and managed in a way that kept people safe. The manager had a good understanding of people's medication and aware of the abilities of the staff group to administer these safely.

Good

Is the service effective?

Our findings

One person gave us the thumbs up when we asked if the staff were good and looked after them the right way. A relative told us staff knew their family member well enough to care for them the right way.

Staff told us the training they had was useful and appropriate to the people they cared for and that the training was tailored to people's individual needs. The manager had spent time with staff to ascertain where staff may need to develop their skills. For example, the manager had found that staff required refresher training in the Mental Capacity Act and had this scheduled. A staff member we spoke with told us how all staff were clear about their role and responsibility and how to care and support each individual person. They told us that this consistency in support had a positive influence in reducing people's agitation so that challenging behaviours did not escalate. The regional manager told us how this had reduced the number of incidents within the home.

Staff told us they had regular supervisions with a senior staff member and had the opportunities to refresh their training. One staff member told us about how they had a system which tested their knowledge and identified area's that required further training and support. The manager told us how they had reviewed staff training to ensure they were up-to date. They explained where they had identified staff had not had re-fresher training, for example medicines training, the staff member was not able to carry out this task until their training had been completed and their knowledge and understanding check by them.

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.

A person nodded their head when we asked if staff listened to them and respected their choices. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. Through our conversations with staff it was evident staff knew people well and understood each person's individual capacity to make decisions. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the manager ensured people received care and treatment that was in-line with their consent. Where it had been assessed that people lacked capacity to make specific decisions peoples best interests decision had been made with their family members and external healthcare professionals.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager had a good understanding of the MCA process and reviews had been completed for people where it had been identified that they lacked capacity. The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us the people who lived in the home had their liberty restricted lawfully. They had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them. The manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty.

A relative told us that they did not have any concerns about their family member's diet. They told us that their family member prepared their own lunches and helped prepare food for meal times. They told us this was important to the person to ensure they kept their independence. People had discussions with staff about a weekly meal plan so that food could be brought in. Staff told us there was a 'Chef of the Day', where the person who had chosen the meal for that evening, cooked the food. The menu choices were displayed in the communal area, with writing and pictures for people to see. The staff explained that this helped to give the day structure, but was not rigid and meals could change dependant on the person's choice that day. We saw people made drinks when they wanted. Where it was necessary to ensure people were safe while in the kitchen staff ensured people had drinks when they wanted in a safe way.

We asked one person if they were able to see a doctor if they wanted to. They replied that they could. A relative we spoke with said that staff responded to people's physical and mental health care needs were necessary. All staff we spoke with were able to tell us about the support from external healthcare agencies and how this affected the support they offered to people's on-going healthcare. We saw from records that people had been involved and had the opportunity for regular health care checks. The manager had identified where some people may benefit from specific reviews of their health, such as seeing the speech and language therapist. Where people had received further input from external healthcare support and staff actively followed this.

Good

Is the service caring?

Our findings

One person gave a positive response when we asked about the staff being kind towards them. A further person gave us the thumbs up and nodded their head when we asked if staff were kind. The relative we spoke with felt the staff were caring and thought the staff treated their family member well. They said they could visit their family member when they wished and that the person would also spend time at their home. They continued to say that the person was always happy to return back to their home.

Throughout the inspection we saw staff were kind and caring towards people they cared for. We saw people smile at staff when they spoke with them. Staff interacted with people in a natural way. Staff gave people choices throughout the day about different things they would like to do. Staff recognised early signs of people becoming upset and were able to support the person in a way which quickly calmed them.

People had a key to their room; they were able to lock this when they went out. People received one to one supervision within the home and garden, this was done so in a way that was unobtrusive while still maintaining people's safety. We found that people were free to move around the home and staff respected people's choice to either stay in their room or go to a communal area.

Relatives and staff were aware of who was able to make decisions about aspects of their care. Where the person was not able, staff understood the importance of this and ensured that the person's advocate was listened to and the decisions respected. Staff spoke to us about the advocate who visited the home to offer their support with decisions around peoples care and support.

We saw staff ensured people clothes were clean and they supported people to change if needed. People wore clothes in their preferred style which also maintained their dignity. Staff spoke with people in a calm and quiet manner and where encouragement was needed, this was done gently and at the person's own pace. The person responded positively to this calm interaction.

Where staff were required to discuss people's needs or requests of personal care, these were done in a way that promoted their dignity. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the development and review of their care. A relative told us they had the opportunity to speak with staff about idea's to improve the care for their family member. They felt confident that staff would listen and take action. The manager told us that all people's care was being fully reviewed to ensure each person was receiving the right care and support for their needs. They told us that they worked with external health and social care professionals to ensure they were meeting the person's needs in the best possible way.

Staff knew people well and recognised when the support that was in place was not working as it should for the person. For example, one person had been supported to enhance their verbal communication. Staff told us that previously the person would point at what they needed. Staff told us they had all worked together with the person and the persons relative to develop their verbal communication with advice and support from external healthcare professionals. They told us that this had had a positive impact for the person, as they were now able to talk to their family member on the telephone, which was something they had not been able to do before.

Relatives told us staff supported people to make their own decisions about their care and support where they were able. Relatives felt involved and listened to. We saw from care records that people had information they required in a format that was suitable for their individual needs. People took part in interests and hobbies they enjoyed, for example one person enjoyed going out for trips in the car. Staff told us the person would plan their own route and staff followed this. The manager told us they were looking to further develop the in-house activities for people, as they had recognised that this did not always happen for people.

Staff told us they worked together and had good communication on all levels. All staff we spoke with told us they had detailed handover of information. All staff we spoke with felt that due to the good levels of communication that was in place, such as detailed handovers, team meetings and on-going communication, people received responsive care in a timely way. One staff member said, "Everything is more structured, we are all allocated duties and nothing gets missed." The staff member felt that this improved the delivery of support for people as all staff were up-to date with people's most current care needs.

People did not express any concerns or complaints to us. We spoke with a relative who told us that they felt listened to and felt happy to raise any concern they may have with staff or the manager.

The provider shared information with people about how to raise a complaint about the care they received. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format for people who used the service.

We looked at the provider's complaints over the last twelve months and saw nine complaints had been

received. While there was no pattern or trend to these complaints the manager had responded to eight of these with the complainant being satisfied with the outcome. There was one complaint which was on-going where the provider was still investigating. The manager demonstrated how they had learnt from the complaint and put actions into place to reduce the likelihood of the concern from happening again.

Good

Is the service well-led?

Our findings

The provider had taken steps to include and empower people who lived in the home. Relatives we spoke with felt included and empowered and had a say in how the service was run. For example, with activities that were on offer for people. The provider told us that they held meetings called 'Your Voice', these were held monthly, and a representative from each of the provider's local homes could discuss different aspects of the service.

We saw people were comfortable with the manager and regional manager and clearly knew them well. One person gave us the thumbs up when we asked them about the manager and regional manager. We saw people initiated contact with the manager and showed that they were at ease with them. The manager knew people well and interacted with people in ways that were individual to the person. A relative we spoke with felt that they were listened to by the manager, and could have discussions with them at any time without feeling rushed.

Staff told us they felt supported by the manager and felt things had improved at the home since the new manager had begun in August 2016. All staff members we spoke with told us they enjoyed their work, and working with people in the home. They said if they had any concerns or questions they felt confident to approach the manager. One staff member said, "[manager's name] has an open door policy. He is very supportive and gives us responsibilities which is good, I enjoy that". Another staff member told us, "I'm proud of the job I do, it has been hard in the past, but the manager always thanks us for the work that we do".

The manager had recognised that work was required to update people's care records so people received the right care and treatment. We saw the work the manager and staff had completed and where actions had been taken as a result. For example, ensuring people were reviewed by a social worker to see if they were receiving the best care package.

The manager had given staff lead roles, for example infection control. They told us they wanted to empower staff so staff felt valued by the given responsibility. A staff member we spoke with told us how they enjoyed the extra responsibility.

The provider completed monthly checks and their findings were fed back to the manager for areas of improvement. The manager explained how these checks were in line with gaining people's experiences of the care. They told us the report was a positive reflection of the work that had taken place within the home, which also recognised that some improvement required around better recording of people's hobbies and interests and how their decisions are made, however we found that the identified areas for improvement did not have a negative impact on the care provision.