

Krinvest Limited

# The Hamiltons Care Home

## 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?

**Inadequate** 

# Summary of findings

## Overall summary

This inspection took place on 12 January 2016 and was unannounced.

The Hamiltons Care Home provides accommodation and personal care for up to 18 people. At the time of our visit 18 people were living at the home. The Hamiltons is situated close to Atherton town centre and other local amenities. Six rooms have en-suite facilities and all rooms have a hand wash basin. There is a small car park at the front of the home.

We last inspected The Hamiltons on 23 February 2015. At that time we rated the home as 'requires improvement' and identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not made the required improvements in relation to three of the regulations and there were on-going breaches relating to pre-employment checks of staff; care planning and training and supervision. We found additional breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to: Systems and processes in place to ensure the service was not inappropriately restricting people's liberty; display of performance ratings; and having adequate systems in place to monitor and assess the quality and safety of the service. You can see what action we told the provider to take at the end of this report. We are considering our options in relation to enforcement for some of the breaches of legislation and will report further once any action has been completed.

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. At the time of our inspection there was not a registered manager in post. However, the acting manager was in the process of registering with CQC.

The acting manager discussed plans they had to improve the service with us, and staff told us they felt positive changes had been made by the acting manager. The acting manager had been in post for approximately three months at the time of the inspection. We raised concerns that the provider had not ensured areas we had identified for improvement such as keeping accurate records of training had not been improved since our last visit.

We saw some evidence that staff had undertaken training, but this was inconsistent and there was no clear overview of what training staff had completed. Staff had not received recent supervision, which meant the provider could not ensure they were competent and receiving the support they required.

The completion of care plans was carried out to a variable standard. We found two care plans did not have up to date risk assessments in relation to areas such as malnutrition and mobility. Two care files also did not contain full care plans despite the people these related to having lived at the home for some time. We also found some pre-admission assessments were lacking in detail or missing from the care files. This meant the

provider could not demonstrate they had carried out adequate assessment of people's needs and preferences. It also meant there was a risk that people would not be receiving care in accordance with their needs.

People said they liked the food provided and told us they were able to request an alternative should they not like the choices on the menu. People and their relatives we spoke with told us staff at the home were caring and approachable. We saw that people were treated with respect and given the time they required without being rushed. Staff demonstrated a good awareness about steps to take to help ensure people's privacy and dignity.

Staff had a reasonable understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However, none of the staff at the home were aware of who, if anyone had an authorised DoLS in place and there was no clear record kept of this. This meant there was a risk that staff would not be acting in accordance with any authorised DoLS, or that they may be restricting people's liberty without lawful authority.

There was a lack of systems in place to monitor the quality and safety of the service. The gas safety check was one month overdue and this was not picked up until pointed out by the inspection team. There was no monitoring or analysis of accidents or incidents in the home and no overview of care plan audits carried out. The service could only show us one audit of medicines carried out, which should have been completed monthly.

We were told the provider regularly visited the home and carried out an audit. However, the acting manager said they did not receive any copy of an audit and we did not see any evidence of this. There were no current systems in place to effectively monitor the training and support staff were receiving.

The provider had introduced a human resources audit to help ensure the required checks and documentation were in place prior to any new staff member starting employment. However, two of the staff personnel files we looked at had gaps in the records of employment history and there was no written confirmation as to the reasons for this as is required.

The home was not displaying its performance rating physically at the home nor online as is a requirement.

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

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

Personal risk assessments in relation to areas of risk such as malnutrition, moving and handling and pressure sores had not been regularly reviewed. Risk assessments were missing from two people's care files.

The gas safety check was over a month overdue. The acting manager arranged for this to be completed shortly after the inspection.

Two recruitment records we looked at did not contain a full employment history as required.

**Requires Improvement** ●

### Is the service effective?

Not all aspects of the service were effective.

Staff had not received recent supervision and there was no clear record of what training staff had received. This meant the provider could not demonstrate staff were competent and supported adequately to carry out their roles.

None of the staff we spoke with were aware whom, if anyone living at the home had an authorised DoLS in place. This meant there was a risk care would not be provided in accordance with people's needs and requirements of any DoLS that was in place.

People told us they liked the food on offer and said they were given a choice of what to eat. One person told us they requested alternatives to what was on the menu, and that their requests were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People told us the staff had a caring approach and treated them with dignity and respect. We observed staff interacting naturally and respectfully with people in a manner that ensured they were not rushed.

**Good** ●

It was apparent from discussions with staff that staff knew the people living at the home well. People told us their privacy and dignity was respected by staff. Staff demonstrated that they took issues of privacy and dignity seriously.

People and relatives we spoke with told us staff and the manager were approachable.

### **Is the service responsive?**

Not all aspects of the service were responsive.

Care plans were not all regularly reviewed and were completed to a variable standard. Two people did not have a current care plan in place. This would increase the risk of them receiving care that was not in accordance with their preferences or that did not meet their needs.

Pre-admission assessments were lacking in detail and two people's pre-admission assessments could not be located. This meant the service could not demonstrate they had adequately assessed that they could meet these people's needs.

People told us staff worked flexibly to meet their needs. Staff were able to provide us with examples of how they worked to meet individuals' preferences. One person told us they had made a minor complaint that had been dealt with to their satisfaction.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

Staff told us positive changes were being made at the home by the new manager. However, there were a number of issues that we identified at our last inspection that had not been adequately addressed.

Audit and quality assurance processes were not in place or were not being operated effectively to enable the monitoring and improvement of the quality and safety of the service.

The service was not displaying their performance rating at the home or on its website as required.

**Inadequate** ●

# The Hamiltons Care 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 took place on 12 January 2016 and was unannounced.

The inspection team consisted of 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 we reviewed information we held about the service. This included previous inspection reports and any information we had received about the service via 'share your experience' forms on our website or calls to our customer service team. We reviewed notifications that the provider required to send to us about any deaths, safeguarding incidents or other significant events. We contacted the local safeguarding, quality assurance and healthwatch teams for feedback about the service.

During the inspection we spoke with four people living at The Hamiltons and six people's relatives who were visiting at the time of our inspection. We spoke with eight staff members including: The acting manager; the deputy manager; four care staff; the cook and the quality assurance manager. We looked at documents relating to the care people were receiving, which included daily records, seven care files and seven medication administration records (MARs).

We looked at documents related to the running of a care home including records of servicing and maintenance and three staff personnel files. We carried out observations of care being provided in communal areas throughout the day and took a tour of the home.

# Is the service safe?

## Our findings

Everyone we spoke with who was living at The Hamiltons told us they felt safe at the home. One person said; "I am safe and well cared for here." Relative's we spoke with were also confident that their family member was kept safe at the home. One relative told us; "I regularly visit my [Relative] and they seem quite content and happy with things here. They are safe, warm, and well fed."

At our last inspection of The Hamiltons on 23 February 2015 we found the provider had not taken reasonably practicable steps to verify the reason why employee's former work with vulnerable adults had ended. This was a breach of Regulation 21 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken actions to strengthen the recruitment process. This included introducing a recruitment check-list and a new human resources audit of recruitment. We saw staff had criminal record checks in place and references had been received from former employers prior to staff commencing employment. However, we found new issues in relation to recruitment processes. We looked at the personnel files of two staff whom had been recruited since our last inspection and found there was not a full employment history listed. These staff had been recruited prior to the appointment of the current acting manager. The reason for any gaps in employment history had not been recorded as is required. This meant there was an ongoing breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of procedures to follow in the event of someone sustaining an injury or falling. We saw accident reports had been completed, for example if people had fallen or sustained an injury. However, it was not always clear from the forms what follow-up had been carried out in order to ensure the person's safety or to reduce the risk of a repeat incident. Personal risk assessments had been completed in relation to areas of potential risk such as malnutrition, mobility, falls and pressure sores. However, we found reviews of risk assessments were inconsistent. For example, one risk assessment we looked at indicated the person was at high risk of falls and that the assessment should be reviewed monthly. There was no evidence of any review having taken place since the initial assessment had been carried out over four months previously.

Risk assessments in relation to malnutrition and pressure sores had not been reviewed since May 2015 for another person and the malnutrition risk assessment had not been reviewed since August in a third person's care file. In two of the care files we looked at we found risk assessments in relation to moving and handling, pressure sores and malnutrition had not been completed at all. Personal emergency evacuation plans (PEEPs) detail the level of support someone would require in the event that an emergency evacuation of the home was required. These were also absent in some of the care files we looked at. These issues meant the provider had failed to adequately assess risks to people using the service and meant there was a risk they would not receive the care and support they required to keep them safe.

The failure of the provider to adequately assess or mitigate risks to people using the service was a breach of

Regulation 12 (2) (a) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe Care and Treatment.

We asked to look at the business continuity plan. This document sets out procedures to follow in the event of loss of accommodation, flood or other emergency situations. The acting manager was unable to locate this at the time of the inspection. We requested and were sent a copy of the continuity plan shortly following the inspection. We reviewed records of servicing and maintenance and saw the required checks of equipment such as hoists and the electrical system had been carried out. The gas safety check we were shown had expired on 03 December 2015 and a re-inspection was over one month overdue at the time of our inspection. We made the acting manager aware of this and they later confirmed they had arranged for the check to be completed the following day. The acting manager sent us a copy of the certificate demonstrating the required checks had been carried out shortly after our inspection.

The acting manager told us monthly fire drills took place. However, the records we looked at indicated the last fire drill had taken place in June 2014. We made the fire service aware of our concerns regarding the lack of PEEPs and records of fire drills.

We checked whether medicines were being safely managed. We carried out a spot check of stocks of medicines. We found there were sufficient quantities of medicines and that the quantity in stock corresponded correctly with the written records. Staff we spoke with were aware of the correct procedures to follow in the event of a medicines error, such as seeking advice from a GP.

We looked at records kept of the administration of medicines, including controlled drugs. Controlled drugs are certain medicines that are subject to additional legal controls in relation to their storage, administration and destruction. We found accurate records of administration had been kept. However, we saw three instances where controlled drugs had been administered and the record had only been signed by one staff member, rather than two as is required. Staff we spoke with were aware of the requirement for a second member of staff to witness and sign the controlled drugs register, and they told us the missing signatures occurred due to staff being called away to another task after they had witnessed the administration but before they had signed the register.

During the inspection we observed some poor practice in relation to the administration of medicines. For instance, we saw a staff member administer medicines to two different people before signing the record of administration. This would increase the risk that people would not receive the correct medicines. We also saw on one occasion that the keys to the medicines trolley had been left on top of the trolley whilst medicines were being administered. This meant medicines were not being kept as securely as they should be.

We recommend that the provider reviews guidance in relation to the safe administration of medicines in care homes.

We asked people living at the home and their relatives whether they thought there were sufficient numbers of staff on duty. One person living at the home told us they thought there were sufficient numbers of staff deployed. Two other people and one relative expressed some doubts as to whether there were always sufficient numbers of staff. One person told us; "I am not sure if there are enough staff always but I have no problems as they are pretty good with me."

Staff we spoke with told us they thought there were sufficient numbers of staff on in the day, however one staff member told us night shifts could be 'more difficult' when there were two staff on duty between

10:30pm and 8:30am. During our inspection we saw there were sufficient numbers of staff to provide people with support in a timely way. The acting manager told us there was no tool used to help determine required staffing levels, but that if it was felt additional support was required they would raise this with the provider.

Staff we spoke with were aware of potential signs to look out for that could indicate people were being abused or neglected. Staff told us they would report any safeguarding concerns they may have to the acting manager or directly to the local authority safeguarding team if required. Staff told us they had received safeguarding training, although we were unable to verify this due to a lack of records in relation to training.

One of the care files we reviewed contained a body map that indicated bruising on this person. We could not see any documentation that indicated whether the potential cause of the bruising had been investigated and reported as a safeguarding concern if required. We asked the acting manager to look into this. They reported back to us following the inspection and we were satisfied appropriate actions had been taken but had not been clearly recorded. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as an accurate record of care and decisions taken in relation to care had not been maintained.

## Is the service effective?

### Our findings

At our inspection on 23 February 2015 we found the provider had not acted in accordance with the Mental Capacity Act 2005 (MCA) as they had failed to adequately assess a person's capacity or identify potentially restrictive practice. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider was meeting the requirements of this regulation, however we found other issues in relation to how the provider worked within the requirements of the MCA and DoLS.

The 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 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 and DoLS.

During the inspection we observed staff asking for people's consent before providing them with support such as administering medicines. Staff told us if someone refused care, such as medicines or personal care that they would try again later and would seek advice or review the care plan. Staff also gave an example of how one person was reluctant to receive support with personal care and how they had considered less restrictive options that this person was happy with.

There was a section in people's care plans titled 'mental state and cognition'. In some cases this considered a person's capacity, however in other cases there had been no apparent consideration of capacity. The pre-admission assessments we saw didn't consider a person's capacity to consent to move to the home and did not show that there had been any consideration as to whether a DoLS was required.

We asked the acting manager how many authorised DoLS were in place. They told us they thought there were around eight authorised DoLS although they were not able to tell us who these related to. The three staff we asked about DoLS also told us they thought there were 'quite a lot' or 'a few' people with an authorised DoLS, but they were also uncertain who. The acting manager showed us a file that contained applications for DoLS made to the supervisory body, however there were no authorised DoLS contained in this file.

Staff were able to explain the principles of the MCA and DoLS to us and were aware of the kinds of practice that could constitute a deprivation of liberty. However, as staff were not aware who had an authorised DoLS in place, this meant they would not know if they were acting lawfully if anyone's liberty was being deprived. It also meant they would not be able to ensure any conditions specified in an authorised DoLS were being met.

This was a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems and processes were not effectively operated to ensure the requirements of the MCA and DoLS were being met.

At our inspection on 23 February 2015 we found gaps in the completion of training including safeguarding, the MCA and health and safety. We also found staff not all staff felt competent to complete care plans and training had not been provided. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the required improvements had not been made. Staff told us they had received recent training in areas including safeguarding, infection control, fire safety and moving and handling. We asked to see a summary of training provided to staff, but were told the training matrix in place was not up to date. We saw there were certificates of recent training in some staff personnel files. These generally related to booklet based training completed by staff. We saw information relating to available courses, however there was no clear oversight of which staff were undertaking which training courses and there was no apparent consideration of training needs in directing what training staff undertook.

At the last inspection one member of staff told us they did not feel confident in completing care plans. This was a task all care staff were required to do. The acting manager told us training in completing care plans had been arranged; however this had not been put in place in the preceding 11 months since our last inspection. We also found care plans were completed in an inconsistent manner and to a variable standard.

Staff told us they shadowed more experienced staff during their induction before they were required to work unsupervised. The staff we spoke with told us they had felt competent to undertake their role following induction, although one staff member said they would have liked more guidance around working with an individual with a support need they were not familiar with. We saw there were induction checklists in staff files, which would help ensure staff received some essential information within the first week of their employment. For example, the checklists covered fire escapes and use of equipment. However, there was no evidence in staff files that the training needs of new staff had been considered. We discussed with the acting manager about how the standards of the care certificate would be met for any newly employed staff. It was not clear that there was any particular programme of training or support in place to ensure this requirement was met. The care certificate sets out minimum standards of training that all new care workers should be supported to meet. We reviewed the home's training policy and this made no reference to the care certificate or the training new or existing staff would be expected to carry out.

Staff told us they had not received recent supervision with a manager or supervisor. One staff member told us their last supervision had been approximately one year ago, and another thought they had received supervision around nine months ago. A third member of staff could not remember when they had last received supervision. We looked in staff personnel files and could find no evidence of recent supervision or appraisal having been carried out. The acting manager told us there was no document to provide an overview of supervisions completed and that support had mainly been through team meetings. Supervisions are important to ensure the effective management and support of staff to ensure they are competent in their role.

These failures to ensure staff received appropriate support, training and supervision were a breach of Regulation 18 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to Staffing.

People told us they were always able to see a doctor should they need to. The records we looked at showed health care professionals including GP's, speech and language therapists (SALTs) and district nurses had been involved in people's care. At our last inspection in February 2015 we found there were gaps in records of weights, and action had not been taken in response to one person's weight loss. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the records of weights we looked at had been completed consistently as required. Staff told us all staff were now responsible for ensuring people were weighed, rather than just keyworkers as was the case at our last inspection. This would help prevent gaps in the recording of weights when people's keyworkers were absent from work. Staff we spoke with were aware of the actions to take should there be signs of weight loss, such as recording people's food and fluid intake and making a referral to a dietician should this be necessary. We saw intake charts had been completed consistently, although fluid intake had not always been accurately recorded as quantities were not always indicated.

People told us they received a sufficient amount to eat and drink and we saw there were regular drinks rounds throughout our inspection. People said they enjoyed the food and were able to request alternatives if they did not like what was on the menu. One person told us; "While the meals are very good I am not keen on fish, so when the staff take me out shopping occasionally I buy a few steaks, which the Cook will do for me." We observed the breakfast and mid-day meals and saw people received the support they required to eat and drink. We spoke with the cook who was aware of people's allergies and other dietary requirements as was documented in their care files.

The home had received a poor food hygiene rating when inspected by environmental health in November 2015. The home had received a rating of one, which was classed as 'major improvement necessary'. We spoke with the acting manager and cook about this who said record keeping had been improved and the required maintenance in the kitchen carried out.

Some of the people living at The Hamiltons were living with dementia. Staff we spoke with were able to demonstrate knowledge about how dementia could affect people and how they would support people living with dementia effectively. There were some adaptations to the home that would help people living with dementia to retain independence. These included having different coloured bedroom doors, having people's photos outside their rooms and displaying information such as the activity schedule pictorially.

## Is the service caring?

### Our findings

All the people living at The Hamiltons we spoke with were positive about the caring approach of staff working at the home. One person told us; "I would say the staff treat me very well, they are great," and another person said; "The staff do treat me well and there is a good atmosphere." Relatives we spoke with during the inspection also spoke positively about the relationships staff had developed with their family member. One relative said; "The staff know him and get on well with him. One carer is particularly good with him and she has known him most of her life. This is definitely the right home for him."

It was apparent from our discussions with staff that they knew the people living at the home well. Staff were able to tell us in detail about people's preferences and social histories for example. People living at the home and their relatives agreed that staff knew them well.

We saw staff interacted naturally and in a friendly manner with people living at the home. People were provided with support when they required it in a dignified manner that ensured people did not feel pressured or rushed. For example, we saw staff were patient when providing support and frequently heard staff using phrases such as; "When you are ready," and "In your own time."

People told us their privacy was respected by staff. One person said; "There is no problem with privacy as they [the staff] are careful and considerate." We asked staff what they did to help ensure people's privacy and dignity was maintained. Staff told us people were able to go to their rooms when they wanted and said whenever possible they would wait outside the toilet when supporting people and ask them to use the call bell when they required assistance. One member of staff also gave told us about how they had challenged another health and social care professional about transferring a person when they had not been appropriately dressed. This demonstrated staff were proactive in maintaining people's privacy and dignity. During the inspection we saw people were supported discreetly if they required assistance with personal care or were being asked if they wanted to use the toilet.

One staff member told us one of their relative's lived at the home. We heard all staff members called this person 'Auntie [Name]' when interacting with them. The staff member told us this was how their family member liked to be addressed by the staff.

We asked staff how they would help people maintain their independence as far as was possible. Staff told us they would provide people with choices, such as choosing the clothes they wore. They also told us they would encourage people to see to their own personal care needs, such as when bathing as far as they were able to do so. We were also told that people were involved in tasks around the home such as folding tablecloths and dusting if they wished to do this.

Relatives told us the staff at the home were approachable and that they would be happy to discuss any concerns with them. Relatives told us they were involved in their family member's care planning, although their relatives were generally not involved. Staff confirmed this was the case and said this was due to the ability of people living at the home at that time to be involved. The acting manager told us they would sit

with staff and people at the home and were encouraging people to speak about their social histories and preferences to get to know them better. People we spoke with living at The Hamiltons told us they were happy with their level of involvement in care planning.

We saw information on how staff could effectively communicate with people was recorded in their care plans. Staff told us they would look for non-verbal communications to help understand the needs and wishes of anyone who had limited spoken communication ability. We saw there was an accessible format board in the main living and dining area that displayed the date and weather. This had not been updated with the correct date however when we checked it at 8:45am. This could cause confusion, particularly for people who were living with dementia at the home.

During the inspection we saw people received pain relief when they requested it. People's end of life wishes were recorded in their care plans where they, or where appropriate their families, had been open to discussing this. Staff told us they worked closely with the hospice and district nurses when providing end of life care.

## Is the service responsive?

### Our findings

We looked at what assessment was carried out by the home prior to people moving in. Pre-admission assessments help services determine whether they are able to meet people's needs as well as assessing people's support needs and preferences prior to them moving in. We found there was no copy of a pre-admission assessment in the care file of one person who had lived at the home for a number of years. The acting manager thought this may have been archived. We found the pre-admission assessment for another person admitted in March 2015 had very limited detail, and the pre-admission assessment for another person who had recently moved into the home was not in their care file. The acting manager and deputy said the assessment would have been completed and would be stored on a computer. The acting manager was unable to locate this during our visit so we requested it be sent to us within 48 hours of the inspection. This document was not provided.

Care plans we reviewed were completed to an inconsistent standard and some had not been completed correctly. For example, in one care plan the words 'to monitor' were repeatedly recorded under the 'intervention' heading of the different care plans, and more in depth details about how to support this person had been recorded in the reviews section. This made it hard to follow care plans and would increase the risk that staff would not be aware of how to provide care and support in accordance with people's needs and preferences. The acting manager told us they were in the process of updating care plans with staff. They said their main focus was to ensure care plans were completed in a more person centred format, which would include making them more accessible through the use of photos.

We found people had person centred planning tools called 'This is me' in their care files, which had been completed to varying levels of detail. These contained information about preferences and contained brief statements about how to effectively support people. However, the full care plans were missing in one care file we looked at for a person admitted over one year prior to our inspection, and for another person who was admitted approximately 10 months prior to our inspection. The review of care plans was also inconsistent. Two of the care plans we looked at had been recently reviewed in January 2016, however a third care plan we looked at showed no evidence of review since August 2015. The acting manager told us they felt reviews of care plans were an area where improvements were required.

These issues in relation to gaps in assessment and review were a breach of Regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centred care.

The acting manager told us he always reminded staff that they were working in someone's home. Staff also told us it was important to remember that they worked in someone's home. They told us people could make choices such as when they got up, when they were supported with bathing and what they watched on TV. People we spoke with confirmed staff worked flexibly to meet their needs. We asked staff to give us examples of how they worked in person-centred ways to meet people's needs. One staff member talked about a person they provided support to and how they supported them to dress and wear make-up and jewellery in accordance with their preferences.

During the inspection we saw a bingo session taking place. Relatives and staff told us other activities including films, card games, chair exercises and visits to a social club took place. An entertainer had recently visited the home and we were told there had also been a jewellery fair, which people enjoyed. People told us the home supported them to maintain contact with friends and relatives. The visitors we spoke with during the inspection said they were always made to feel welcome and told us there were no particular restrictions on visiting.

The acting manager told us there had been no complaints received by the home. They told us this was an area where they wanted to encourage more people to give critical feedback in order to help improve the service. One person we spoke with told us they had raised some 'minor points' with the acting manager and that they had responded 'very well' and dealt with the concern to their satisfaction. We could not find a copy of the complaints policy on display and two relatives we spoke with were not aware of the official complaints procedure. However, all relatives and people we spoke with said they would feel comfortable raising any concerns or complaints they may have with the acting manager.

## Is the service well-led?

### Our findings

There was no registered manager in post at the time of our inspection. We were informed the last registered manager had left the home approximately seven months prior to our inspection. There was an acting manager in post who had worked at the home for around three months. They were in the process of applying to CQC to become the registered manager.

The acting manager spoke about making positive changes to the home and told us they had made a number of changes including putting in place a resident's notice board and changing the format of care plans. Staff also felt the new manager had started to implement positive change within the home. Relatives spoke positively about the manager and said they were approachable.

We found a number of repeated issues that were first identified at our last inspection of The Hamiltons in February 2015. This included issues identified in relation to care planning, training, records and recruitment system. We identified two on-going breaches of the regulations in relation to training and support and recruitment of staff. We discussed this with the acting manager and acknowledged that they had had limited time to make improvements to the service since they had been in post. However we raised concerns about the oversight and effective management of the service by the provider in the period since our last inspection.

There were no systems in use at the time of our inspection that would allow the acting manager to monitor the training and support staff were receiving. The acting manager confirmed the training matrix was not up to date and there was no tracker or similar document to monitor when staff had received supervision. There were not effective systems in place to ensure essential safety checks such as the gas safety check were carried out when required.

We asked the acting manager whether the provider carried out any audits of the quality and safety of the service. They told us the area manager and quality assurance manager visited the home on a regular basis and conducted audits. We asked to see the audits but were told these were not provided to the manager. We asked the acting manager to provide copies of these audits, however these were not received. If audits were conducted and not shared with the manager of the home it would be difficult for them to take action to make any improvements required.

We found limited evidence of any audits having been carried out to help monitor and improve the quality and safety of the service. There was no documented process available that could explain quality assurance systems in the home. We saw a medicines audit, which was dated 31 December 2015. This document was titled 'weekly audit check', however the acting manager was not able to provide us with any further medicines audits.

The acting manager told us they had started to review all care files with a staff member once per week. There was no overview of which care plans had been audited or what actions had been identified or taken. Whilst reviewing care plans we saw evidence of one simple audit, which stated 'need paperwork to

complete'. This was one of the care files that did not have a completed care plan in it. The audit system was not effective in ensuring care plans were completed and to a reasonable standard. The acting manager showed us an infection control audit. They told us this had been completed the previous week; however we were not able to verify this as there was no date on the audit.

We found there was no audit or overview of accidents or falls at the home. The acting manager showed us a template they intended to implement to do this. They acknowledged there had been no recent analysis or monitoring of accidents at the home. The acting manager told us weights records were checked weekly. However, again there was no overview, analysis or record of any check having taken place.

The provider had failed to implement systems to adequately monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us they attended resident and relatives meetings. However, the latest minutes that were available for us to look at were from July 2014. We asked if any surveys had been carried out to gather people's, families and professionals feedback about the service. We were shown some completed surveys, which had no date on and appeared to be the same surveys we had viewed at our inspection in February 2015.

This was a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014 as the provider could not demonstrate they had sought and acted on feedback from relevant persons to improve and evaluate the service.

Staff told us they felt they worked well as a team. One staff member said; "I love it. It's a nice atmosphere. The staff and management get along. It's a good team." One staff member told us they felt morale in the staff team had improved and the staff we spoke with told us they enjoyed working at the home. There had been a staff meeting the day prior to the inspection, which the acting manager told us they felt had gone well.

It is a requirement that if care homes such as The Hamiltons display the rating they received if they have received one following CQC inspection. This rating must be displayed both physically at the location and on-line on any website the provider has relating to that location. On arrival at The Hamiltons we took a tour of the building but could not see the rating displayed anywhere. We asked two staff who were unaware where the rating was displayed. The acting manager told us the rating had been displayed on a notice-board near the entrance and that it must have been left off when this had been recently re-arranged. We found two websites that related to the Hamiltons and found neither displayed the rating the home had been awarded at their last inspection in February 2015. This was a breach of Regulation 20A of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  A full assessment of people's needs and preferences had not been carried out. Regulation 9 (3)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider was not adequately assessing or doing all that was reasonably practicable to mitigate risks. Regulation 12 (1) (2) (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider did not have adequate systems in place to ensure they were working within the requirements of the Mental Capacity Act 2005. Regulation 13 (2)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not obtained written confirmation of the reason for any gaps in employment prior to staff members being appointment. Regulation 19 (2)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were not adequate systems and processes in place to allow the monitoring and improvement of the quality and safety of the service. Accurate records of care were not always kept. Regulation 17 (1) (2)

**The enforcement action we took:**

We issued a warning notice. The provider is required to become compliant with the regulation by 18 April 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  The rating for The Hamiltons was not being displayed at the home, nor online as is required.

**The enforcement action we took:**

We issued a fixed penalty notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider could not demonstrate that staff received adequate training and supervision to enable them to carry out their duties effectively. Regulation 18 (2)

**The enforcement action we took:**

We issued a warning notice. The provider is required to become compliant with the regulation by 11 April 2016