

Hamilton Community Homes Limited

Hamilton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hamilton House provides accommodation and personal care for up to 19 adults with mental health needs, including alcohol and substance misuse. There were 14 people using the service at the time of the inspection. The property spans over two converted houses, with all areas being accessible to people using the service.

People's experience of using this service and what we found

Staff training and support remained an area that required further action. Some staff training had been completed and planned for, but we identified further training was required. Improvements with staff supervision and appraisals were also required to ensure staff provided effective care and support. Improvements had been made and were ongoing in relation to staff deployment.

The systems and processes of management oversight and development needed further action to enable continued improvements to be embedded and sustained.

People's support plans and risk assessments needed further review to ensure guidance for staff was up to date. However, staff demonstrated a good awareness and understanding of people's individual needs.

People received their prescribed medicines when they needed them and where possible, independence was promoted, and some people managed their own medicines. People received sufficient to eat and drink and were supported with their individual needs in weight management to lose or gain weight. People were happy with the meal choices. People received support to access health care services.

Risk management procedures had been improved to protect people from the risk of fire. New and improved procedures and staff guidance had been developed to increase monitoring of people's individual needs and safety.

Action had been taken when required when people's safety had been identified as a risk and accidents had occurred.

People told us they felt safe living at Hamilton House and were positive about the support they received. Action had been taken when safeguarding concerns had been identified.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. Improvements had been made since our last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, staff required training on the Mental Capacity Act to ensure they fully understood their role and responsibilities.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Leicester, Leicestershire and Rutland. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Inadequate (published 3 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, we found some improvements had been made and the provider was no longer in breach of one regulations. However, two breaches in regulation remained.

This service has been in Special Measures since 2 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a continued breach in relation to staff training and support and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hamilton House

Detailed findings

Background to this inspection

Hamilton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the last inspection report and information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and spoke with additional people informally during both inspection days. We spoke also with two relatives on the telephone to gain their views about the service.

We spoke with the registered manager who is also the Nominated Individual. The Nominated Individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three staff on duty and emailed additional staff, inviting them to provide feedback about working at the service. We received feedback from one additional staff member.

We reviewed a range of records. This included four people's care records and five medication records. We

looked at one staff file in relation to recruitment. Plus, a variety of records relating to the management of the service, including monitoring of quality and risk.

After the inspection

We continued to seek clarification from the provider to validate evidence, this included but was not limited to, policies and procedures, the staff rota and staff training information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there were sufficient numbers of staff deployed at night to keep people safe. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, some improvements had been made however further action was required to staffing arrangements. This was a continued breach of regulation.

- At the time of the inspection, no changes had been made to the deployment of night staff arrangements. However, the provider confirmed changes were planned for April 2022 when staffing would be one waking and one sleep in staff member on duty.
- To ensure people's safety as an interim measure, night staff assessed if any person required additional monitoring at night and if so, they remained awake and informed the on call staff.
- The staff rota confirmed staffing, we concluded staffing arrangements were not sufficient.
- Staff recruitment procedures had been followed. One staff member had been appointed since our last inspection. We saw checks included a Disclosure and Barring Service (DBS), this provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure people were protected from risks associated with health and safety, including fire. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the legal regulation.

- The provider's policy and procedures of no smoking or alcohol on the premises had been reviewed, updated and staff were completing additional monitoring. Actions had been taken when required to ensure people's safety.
- People told us they were aware of the above provider policies and agreed they were required to keep people safe. A person said, "People have had verbal and written warnings and some people have had to

leave because they won't stick to the rules."

- Health and safety checks on the environment, equipment and premises had been completed. We saw examples that people's individual risks had been reviewed and discussed with them. Staff were aware of actions required to mitigate risks.

Preventing and controlling infection

At our last inspection, the provider had failed to follow best practice guidance on infection prevention and control and had not been following national guidance on COVID-19. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of the legal regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider was following national visiting guidance and supporting people to receive visitors and maintain contact with friends and family.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we recommended the provider reviews the frequency of staff safeguarding training. The Registered manager told us this was now yearly. Records confirmed staff were due to complete training by the end of March 2022.

- People told us they felt safe living at Hamilton House. A person said, "I feel safe because there are staff around 24 hours a day." Relatives were positive about how safety was managed.
- Staff were aware of their role responsibilities to protect people from abuse and avoidable harm. Staff had a safeguarding policy and training was due by the end of March 2022. A staff member said, "No one shows any aggression towards other's, there are verbal disagreements, but we support people. Any concerns we report to the manager who takes action."
- Safeguarding allegations, concerns or incidents were reported to the local authority, police and the Care Quality Commission (CQC).

Using medicines safely

At the last inspection we recommended the provider reviews the frequency of staff medication training. The

Registered manager told us this was now yearly. Records confirmed staff had received training in 2021 and training was planned for the end of March 2022.

- People received their prescribed medicines safely. People who had their medicines managed and administered by staff; people told us they received them at the same time every day. Other people told us how they were supported to manage their own medicines and how this independence was important to them.
- People's medicine records were being reviewed at the time of the inspection and records completed showed these provided staff with all the required details.
- We noted from reviewing medication administration records how handwritten entries were not signed by two staff. This is important to ensure transcribing is correct. We raised this with the registered manager who agreed to amend their practice.

Learning lessons when things go wrong

- Incident processes were being improved upon. The registered manager told us this included incident records being kept in one file for easy access and review.
- The registered manager had recently improved how they analysed individual incidents and accidents for any learning. We saw examples of action taken to mitigate risks following an incident. For example, a person had moved to a ground floor bedroom following a fall.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection in 2018, we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received supervision or an appraisal to discuss their work, training and development needs. The registered manager told us they had provided supervision within the last 12 months for two staff and were aware they needed to improve this. A lack of formal support may have impacted on people not receiving effective care and support.
- Gaps in staff training were identified. The staff training plan, competency and training certificate folder, found no evidence of some training we would expect to find. This included training on the Mental Capacity Act and Deprivation of Liberty Safeguards, food hygiene and moving and handling. The registered manager told us of training that was planned to be completed by March 2022, but these topics were not included. This put people at risk of staff not following best practice guidance in these related training areas.

The provider has failed to ensure staff had received appropriate training and supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke highly of the registered manager who they described as supportive and knowledgeable. Feedback from people and relatives were positive about the staff's approach and understanding of people's individual care and support needs.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager told us people had mental capacity to consent to their care and support.
- However, care plans did not reflect how lifestyle choices could impact upon a person's mental health condition, causing a change in their mental illness which may then impact their ability to consent to their care and support. Or how mental capacity could be impacted when a person was mentally unwell.
- Following our inspection, the registered manager forwarded a copy of a MCA assessment completed in 2021 to confirm an assessment had been completed when required.
- At the time of our inspection, no person was being deprived of their liberty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed prior to transferring to the service. The registered manager told us how they also considered people's compatibility to support a positive placement and outcome for all people.
- People told us how staff supported them to achieve positive outcomes. This included, developing their independence with the aim of moving on and living in the community.
- The provider's policies and procedures reflected best practice guidance and current legislation. Recognised assessment tools were used to assess people's individual needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received sufficient to eat and drink. Food preferences were recorded, and choices offered. People had independent access to drink making facilities. Food stocks, storage, meal preparation and provision met best practice guidance.
- People told us they were happy with the meal choices. A person said, "Food is good, there's always a choice. Staff will save your meal if you want it later."
- Staff told us how they encouraged health eating and meal plans confirmed this. Staff had a good awareness and understanding of people's dietary needs and gave examples of how people were supported with either weight loss or gain. Records confirmed what we were told.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared with external health care professionals such as when attending health services, admission to hospital. This supported people to receive consistency and continuity in care.

Adapting service, design, decoration to meet people's needs

- Improvements were being made to the environment. Bedrooms were in the process of being redecorated and flooring changed, many of which had already been completed. Plans were in place for corridors to be decorated and flooring changed.
- The environment was spacious and comfortable. People had a choice of two lounges, a dining room and a visitor lounge with drink making facilities. A smoking and seating area were available in the rear garden. Communal bathrooms were adapted to facilitate people's needs, for example a wet room was available.
- People were positive about the environment and told us they had what they needed. This included having a front door and bedroom key and the ability to come and go as they pleased.

Supporting people to live healthier lives, access healthcare services and support

- People's individual health needs had been assessed and staff had guidance of how to meet people's needs. One person's physical health had recently changed requiring additional staff monitoring and support. Staff demonstrated a good understanding and awareness of this change in need.
- People told us staff supported them to access health appointments and records confirmed this. A person said, "Appointments are recorded on the staff white board in the office to remind them. You can go on your own or staff will go with you, it's your choice."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to ensure systems and processes were in place to assess, monitor and improve the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, some improvements had been made however further action was required. This was a continued breach of regulation.

- People's personal emergency evacuation plans were out of date. Records reviewed showed the document to advise staff and the emergency services, of who was in the building and what room they resided in was incorrect. This included people no longer living at the service. This may have had a negative impact in the event people needed support to evacuate the building.
- People's individual support plans and risk assessments were not consistently up to date. Where people's needs had changed, we saw examples where their support plans had not been updated. This was in reference to a person's dietary needs and increased risk of falls.
- Incident analysis needed further action to ensure it included oversight of themes and patterns, to consider any learning and opportunities to further drive improvements.
- There were no additional provider oversight, audits and checks completed to support the registered manager. The registered manager also provided direct care and support, and from our discussions during the inspection, worked additional out of office hours to support people to remain safe. The registered manager's ability to further improve the service, embed improvements made and sustain them were impacted by their dual roles and responsibilities.
- The Provider did not have a current action plan to demonstrate plans to further develop the service. This was a concern given the provider's inspection history and difficulties in embedded and sustaining improvements.
- Management oversight had not fully addressed gaps in staff training and supervision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last inspection, the provider had given people the opportunity to share their feedback about the service. However, we noted feedback received had not been reviewed to consider if improvements were

required. We saw on the whole feedback was positive, with less favourable comments having been received about meal choices.

- Meetings had been arranged with people as an opportunity to exchange information, and to discuss topics such as activities, staffing and house rules.
- Feedback from people, relatives and staff were positive about their experience of being involved and consulted in the development of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the care and support they received, they spoke highly of the staff and of the registered manager.
- People gave examples of positive outcomes they had achieved or were working towards. For one person this was having a pet they had always wanted, and another person was being supported with their goal to further develop their independence.
- Relatives were positive about the care and support their family member received. One relative said, "It's homely and I feel satisfied with the way the service is run lately." Another relative gave an example of how they had worked with staff to manage a concern they had. They told us how the response and approach of staff had made them feel assured.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.
- There were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Working in partnership with others

- People achieved positive outcomes and were supported effectively, due to staff working well with external professionals involved in people's care and support.
- People's care records confirmed the registered manager made timely and appropriate referrals to health and social care professionals such as the GP, community nurses, psychiatrist and social workers.
- People's support plans also reflected recommendations made by external professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff were deployed appropriately and staff were fully trained and received supervision to carry out their duties. Regulation 18

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 A failure to effectively and consistently assess, monitor and mitigate risks, a lack of management oversight and leadership and a lack of accurate and complete records in respect of people's needs placed people at increased risk. Regulation 17 (1) (2) (a) (b) (c)

The enforcement action we took:

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