

Darbyshire Care Limited

Hamilton House

Inspection report

21-23
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Tel: 01752265691

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hamilton House is a residential care home and was providing personal care to 33 predominantly older people at the time of the inspection. The service can support up to 36 people. Hamilton House is an older style property and is set out over three floors.

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

People and their relatives were positive about the care and support at Hamilton House. They told us staff were friendly, approachable and skilled. One relative commented; "We got a good feeling as soon as we walked in."

Hamilton House had been purchased by Darbyshire Care Limited and newly registered with the Care Quality Commission in September 2019. The provider had identified where improvements needed to be made in the service and developed an improvement plan. Some changes had already been introduced, others were planned for the future. Not all the changes to systems and working practices had been fully established and we will check on this at our next inspection.

There were enough staff employed to meet people's needs. New staff had pre-employment checks before starting work. When requests for references were not successful there were no processes to help minimise any risk. We have made a recommendation about this in the report.

A system of induction and training helped ensure staff were able to support people according to their needs. A programme of more specific training was planned to develop staff skills and knowledge. Staff supervision sessions had lapsed, and this had been addressed at a recent staff meeting.

An electronic care planning system had recently been introduced and staff told us this was an improvement. Care records outlined people's needs over a range of areas. These were supplemented by risk assessments; however, these did not always include guidance for staff on how to mitigate risk. We have made a recommendation about this in the report.

Senior staff had responsibility for managing and administering medicines. They had completed the relevant training but observations of practice to allow management to assess their competencies in this area were not being carried out. There were plans to address this in the future. An external healthcare professional had worked with the service to develop skills in medicine management.

Hamilton House was originally two houses and was spread over three floors. The layout was not easy to navigate and there was a lack of signage or use of colours to aid people living with dementia, to find their way around independently. We have made a recommendation about this in the report. Some furnishings had been replaced and additional signage was purchased immediately following the 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.

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

Rating at last inspection and update

This service was registered with us on 02/09/2019 and this is the first inspection. The last rating for this service was requires improvement (published 4 June 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We imposed a condition requiring the provider to send us monthly action plans to evidence any improvements made. Since this rating was awarded the registered provider of the service has changed. The new provider continued to complete the action plan following the change to the registration. We have used the previous rating, and enforcement action taken, to inform our planning and decisions about the rating at this inspection.

Why we inspected

This inspection was carried out to follow up on action we told the previous provider to take following our last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

Hamilton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the monthly reports we requested following the last inspection. The provider had completed 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with the registered provider, the compliance manager and eight members of staff. The registered manager was not available on the day of the inspection.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager a relative and two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments did not consistently address all identified risks. There were assessments in place for a range of areas such as falling, or risks associated with individual's specific mental health needs. Risk assessments had not always been developed to include clear guidance for staff when supporting people who might put themselves at risk when distressed or agitated. Following the inspection, the compliance manager contacted us to inform us they had further developed the areas covered by risk assessments.
- Opportunities to learn from untoward events might have been lost. One person's daily notes described an occasion when they had been involved in an altercation with another person living at Hamilton House. This had not been recorded on an incident form to ensure it was escalated to senior management for review.

We recommend the provider review processes for recording risks associated with individual's emotional needs and learning from untoward events.

- Staff were able to describe how they would support people to stay safe when they were distressed.
- The new provider was working closely with the registered manager to address all areas of concern identified at the last inspection under the previous provider.
- Senior management analysed all recorded accidents and incidents considering all likely contributory factors. Action was then taken to reduce risk, and this had proven effective.

Staffing and recruitment

- Systems to protect people from being supported by staff who may not have been suitable for the role were not robust. New staff were asked to supply details of two referees, including previous employers. When these had not been supplied as requested there were no processes in place to minimise any risk.

We recommend the provider introduce robust processes to protect people from the risks associated with being cared for by staff who are not suitable for the role.

- Disclosure and Barring Service checks were completed before new staff started working independently.
- A dependency tool was being used to identify how many staff were deployed to help ensure people's needs could be met.
- Staff told us they had time to spend talking with people as well as providing personal care. One commented; "We can sit and spend quality time with people."
- People confirmed staff were quick to respond for requests for support. Comments included; "I have used

my call bell and they come quite quickly", "They're popping in all the time asking if I am alright or want a drink, and they come in at night to make sure I have settled OK" and "Sometimes they seem more rushed than others but always take the time to make sure I am alright."

- A relative commented; "I like the fact that there's a very low turnover of staff. They get to know my relative and understand them."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of safeguarding processes and told us they would report any concerns to the management team immediately.

- People told us they felt safe. Relatives had no concerns about people's safety. Comments included; "The carers know what they're doing that makes me feel safe" and "Having all the people around makes me feel safe."

- A representative from the local authority safeguarding team told us; "I am always reassured by [Name of compliance manager's] professional response, attention to detail and professionalism.... I cannot think of a safeguarding concern raised since [name] has been in post where there has not been a protection plan implemented, again providing reassurance."

- The registered manager and senior staff had attended safeguarding training organised by the local authority.

Using medicines safely

- Staff responsible for administering medicines had received the appropriate training. Although there were plans to introduce medicine competency assessments for relevant staff these had not yet been implemented.

- Medicine Administration Records (MAR) were well organised and completed appropriately. Protocols were in place for medicines to be taken as required (PRN) to help ensure staff were consistent when administering these medicines.

- One person was sometimes given their medicines covertly, i.e. hidden in food. This had been agreed in line with legal processes. Staff always offered the person their medicine before administering them in this way.

- We contacted an external professional who had visited the service to advise on the management of medicines. They told us the registered manager had attended training and workshops to develop their knowledge and keep up to date with good working practice. They commented; "I found the staff knowledgeable and receptive, with examples of good, safe practice but open and willing to take on board further examples of good practice."

Preventing and controlling infection

- Staff had received training in infection control. They had access to gloves and aprons to use when providing personal care.

- Some shared toilets did not have waste bins. These were ordered immediately following the inspection.

- The premises were clean and smelled fresh. One person told us; "Someone's always going around with a mop and bucket or wiping the tables down."

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.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The premises and environment had not been adapted to suit the needs of people living with dementia. Areas of the building were tired and in need of updating. There was limited signage or use of colours to help people with a cognitive impairment to move around independently.
- Menus displayed in dining areas used pictures to indicate what meals were available. However, these covered a period of weeks and it was not clear what was available on any particular day. Pictures used were small and the menus were pinned on the wall above eye level. This was difficult for people to read, particularly people in wheelchairs.

We recommend the provider consider available guidance and research to plan improvements to the environment for people living with dementia.

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

- People's needs were assessed before they moved into the service to help ensure these could be met in line with their preferences.
- Where possible a member of the management team met with people's relatives as part of the pre-assessment process. This enabled them to develop an understanding of people's preferences in relation to their care. One relative told us the registered manager had spent a considerable time with them getting to know them and their family member.
- The management team were aware of best practice guidance and were committed to working in line with accepted principles.

Staff support: induction, training, skills and experience

- Before starting work staff completed an induction which included a period of shadowing more experienced staff.
- Staff received training which had been identified as necessary for the service. Training was regularly updated. Additional training was sourced when it had been highlighted as an area where staff skills could be improved.
- When training had been noted as not meeting staff needs, arrangements were made to supplement the training to help ensure staff understanding was well embedded.
- There was a planned programme of supervisions in place although this had yet to start. Staff told us they felt well supported.
- People told us staff were skilled and knew how to support them. Comments included; "I am a diabetic and

have insulin in the mornings, they don't forget", "They seem to know what they're doing, and do it well, I think" and "Yes, they know what they're doing."

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

- Kitchen staff were aware of people's dietary needs and how people needed their food to be prepared.
- People told us they enjoyed their meals at Hamilton House and were offered choices. Comments included; "I like breakfast, but not always dinner, but I can have a sandwich if I want, I can change my mind", "The food is very good I always go down to the dining room, today it was very good. The sponge and custard were lovely" and "It's good, my type of food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to take part in gentle exercise and live a healthy lifestyle.
- The service worked with other healthcare professionals to help ensure a joined-up approach to care and support.
- A relative told us staff had been quick to escalate their concerns with other professionals when their family member became unwell.
- The new provider had carried out an audit of the premises and was aware of the shortcomings in the environment, they were prioritising the necessary work. New chairs had recently been purchased for lounges and people's bedrooms.
- A 'dementia friendly environment' audit produced by the Alzheimer's society was being used to identify areas for improvement. However, action to make the necessary improvements had not been taken at the time of the inspection.
- Following the inspection, the registered manager ordered some additional signage for shared bathrooms and toilets.

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 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. 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.

- Capacity assessments had been completed to evidence when people did not have capacity to make decisions about aspects of their care and support.
- DoLS applications were made appropriately and requests for renewals made in a timely manner.
- If decisions were made on behalf of people who lacked capacity to make the decision themselves this was done in line with the best interest process.
- Staff asked people for their consent before providing care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were familiar with people's individual needs and preferences. They spoke about people confidently and were able to describe how best to support them at any time.
- One member of staff told us they were able to spend time with people and get to know them. They said; "You can build closer relationships."
- There were plans to work with people, and others who knew them well, to further develop information about their backgrounds and personal histories. This information can support staff understanding of people.
- People told us staff treated them kindly and were friendly and warm in their approach. Comments included; "The carers are very nice and friendly and polite" and "I can ask them anything, they are kind." Relatives told us; "My relative had neglected themselves prior to coming here and within two weeks they looked so very much better. A changed person, I can't speak highly enough of the staff" and "They care and do all they can to help them [residents]. I feel a huge sense of relief; a weight has been taken off my shoulders."

Supporting people to express their views and be involved in making decisions about their care

- Staff gave people time to express their views and answered any questions in a way which was understood.
- Meeting minutes recorded people had requested specific meals. These had been provided and this was appreciated and enjoyed.
- When possible, people were involved in planning their delivery of care. If appropriate relatives were also included. One told us; "I was involved with it and I'm informed if there are any changes. I am happy with it."
- People told us they were able to keep the routines they preferred. For example, choosing when to get up and go to bed.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when talking with and about people. They referred to people as individuals and we did not observe any poor practice in this respect.
- People said staff supported them as much as they needed but encouraged them to retain their independence when possible. One person said; "They help me when I need to be helped, some days I'm better than others."
- People were able to have a key for their bedroom if they wanted this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The new provider had introduced a computerised care planning system. Staff had received training and told us the system was an improvement. One commented; "It's easier to document tasks and saves time."
- Daily notes were recorded to evidence how people had spent their day and the care and support they had received. These lacked detail, for example, there was limited information about people's emotional well-being and whether they had enjoyed any particular points of the day.
- Some people needed additional monitoring, so staff would be quickly aware of any changes in their health. Monitoring records were completed appropriately. When any decline in people's condition was noted, appropriate action was taken.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified when people required visual or hearing aids to help them access and understand information.
- The PIR stated commonly used information could be made available in different formats to aid understanding. For example, easy read or large font.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to be involved in meaningful pastimes which helped them feel involved in the service. One relative told us; "We had a discussion about my relative being in the laundry room and folding up the clothes and doing some washing up, my relative likes to do both of those things and they're now doing them and so happy doing them, it makes my relative very happy and makes them feel part of the home."
- External entertainers visited regularly, and people told us they enjoyed this.
- People were supported to access the local community going out shopping and visiting nearby cafés.
- Activity care plans contained information about people's previous hobbies and interests.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy in place. This had also been produced using simple language and pictures.
- People told us they had not needed to make a complaint but would know how to. Comments included; "I would speak to one of the carers. They would put things right" and "There's nothing wrong with this place, I'd tell them straight." A relative described an occasion when they had raised a concern. They told us; "The whole incident was dealt with to my satisfaction."

End of life care and support

- Arrangements had been made for the staff team to have end of life training. An end of life training and information pack had been developed for staff guidance.
- Two members of staff had been identified to act as end of life champions.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- During the inspection we identified areas for improvement and aspects of the service where changes to systems needed to be embedded. We will follow up on these areas at our next inspection.
- The provider had taken over the registration of the service in September 2019, three months before the inspection. During this relatively short period they had made significant improvements. The provider had employed a compliance manager and they had worked with the registered manager to identify where to prioritise improvements.
- As noted in the safe section of this report, competency assessments were planned for staff with responsibility for administering medicines, but these had yet to start.
- Further improvements to the environment were also still required.
- Staff had not been supported by regular face to face supervision meetings. At a recent senior staff meeting senior staff had been given responsibility for supervising named care workers. Targets had been set for when these were to be completed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Incidents and accidents were reported to the registered manager and recorded. These were then monitored and analysed by the provider and compliance manager.
- Audits into all areas of the service were carried out. These were used to populate the monthly action plans submitted to the Commission in line with the conditions imposed on the previous provider.
- The registered manager told us they were well supported by senior management and things were; "More focused." They added; "We are looking to the future and changing for the best."
- There were clear lines of responsibility that were known and understood by the staff team. The registered manager was supported by a deputy manager and a team of senior care workers. Other care workers were being trained to step up to senior roles ensuring a good skills mix within the service.
- The provider and organisation's compliance manager worked closely with the registered manager. They completed spot checks and audits of the service and were updating care records and policies. Staff, and relatives told us senior management were often in the service and were approachable.
- The provider was aware where improvements needed to be made and a business plan was in place. They had identified which areas needed to be prioritised.

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

- Resident's meetings were scheduled every month. Relatives were also invited to attend. These were an opportunity for residents to make suggestions about how they spent their time at the service.
- Staff meetings were regularly held for the whole staff team and groups of staff. Staff told us they had been kept up to date with changes and felt able to raise any concerns or suggestions.

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

- A relative told us; "As soon as we walked in it was a warm feeling. The staff were really very friendly but not overpowering; professional."
- Staff told us recent changes to the management structure had been positive. They said the management team were approachable and available for advice and guidance.
- People's diverse needs were known and understood by staff. There was a flexible approach to care and support which took account of peoples varying independence.
- During the inspection people came into the office to chat to the provider and compliance manager. They were clearly comfortable doing this and the atmosphere was friendly and relaxed.

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 understood their responsibilities under the duty of candour. A relative told us how they were kept informed following a concern regarding their family member.

Working in partnership with others

- The provider was a member of various groups working to improve people's experience of care. For example, the outstanding manager network and the dignity in care forum.
- The registered manager had attended a Leadership and Management course ran by the local authority.
- There were plans to further develop staff skills with the introduction of wider and more bespoke training courses aimed at meeting the specific needs of people using the service.