

Lett's Care Ltd

# Hamilton's Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Hamilton's Residential Home is a care home that was providing personal care and accommodation to 17 people at the time of the inspection. Most of the people using the service were older people living with dementia.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

People and their relatives told us that they felt safe living at the service. One relative told us, "I feel [my relative] is much safer here, I wouldn't go on holiday when they were in the other home but here, I haven't got any worries." People were protected from risks and their health conditions were monitored to ensure that they remained well and signs of illness. People's medicines were administered as prescribed. If people needed to see a health and social care professional such as a GP they were supported to do so.

Staff knew people well and people had a say in their care. When people were not able to make decisions for themselves staff followed appropriate guidance to ensure that decisions were made in the person's best interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where possible people were encouraged to maintain their independence and do things for themselves. People were treated with respect and their privacy was maintained.

There was a pleasant atmosphere at the service. People told us that they were happy, and that staff were kind and caring. People were engaged in activities when we visited such as listening to music, playing instruments and doing puzzles. Relatives were free to visit people when they chose to do so.

The service was clean, and people were kept safe from the risk of infection. The building was suitable for people's needs although some areas were tired and would benefit from re-decoration. Where people needed support to eat and drink safely this was provided. People were encouraged to eat and drink and where needed their weight and hydration were monitored.

People and their relatives told us that the service was very responsive when they raised issues and acted upon concerns. Staff learnt from incidents and when things went wrong action was taken. This meant that people were protected from concerns re-occurring.

The service was well-led. People and their relatives were positive about the registered manager and the provider and said that they knew them well. The registered manager carried out the appropriate checks to ensure that the quality of the service was maintained.

Staff had the skills, learning and training they needed to support people. Staff were recruited safely and were happy working at the service and felt well supported.

Rating at last inspection:

At the last inspection on 28 March 2018 the service was rated as Requires Improvement.

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

The performance of this service will continue to be monitored and we will visit the service again in the future to check if there are changes to the quality of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Hamilton's Residential Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector, and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses a dementia care service. One medicines inspector also attended the inspection for one day. This was because we have received some concerns prior the inspection. However, we found that there was no evidence to support these concerns.

#### Service and service type:

Hamilton's Residential Home 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.

Hamilton's Residential Home accommodates 17 people in one adapted building.

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 asked the provider to complete a Provider Information Return (PIR). This is a

form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

- We spoke with five people's friends and relatives and five people who lived at the service.
- Some people were not able to verbally communicate their experiences of living at the service. We observed the care provided for people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service.
- We looked at four people's support plans and the recruitment records of two new staff employed at the service.
- We viewed, medicines management, health monitoring information, complaints, meetings minutes, health and safety assessments, accidents, staff handover records, rota's and incidents logs. We spoke with the registered manager, one of the providers, one head of care, three support workers the house keeper and the cook.
- We sought feedback from relevant health and social care professionals and commissioners from the local authority on their experience of the service. We did not receive any feedback about the service prior to the inspection but did meet one health and social care professional during the inspection.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff knew how to identify concerns and told us that they were "very confident" that concerns would be addressed by the registered manager. The registered manager knew how to report concerns to the local authority. Staff told us that if concerns were not addressed they would report them to CQC or the local authority. Staff also understood how to blow the whistle if they had any concerns about poor practice at the service.
- Where there had been concerns, these had been reported, investigated and acted upon as appropriate.

Assessing risk, safety monitoring and management

- At the previous inspection there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because there were no window restrictors on upstairs windows and the windows could be opened fully, leaving people at risk of falling out. At this inspection window restrictors were now in place.
- Other risks to the environment had also been assessed and mitigated. For example, equipment such as hoists and stairlifts were serviced and checked to ensure that they were working correctly. Fire drills had taken place and there was information for staff on how to support people to evacuate the building in the event of a fire.
- Risks to people had been assessed and were managed to reduce the likelihood of harm occurring. For example, where people were at risk of developing pressure sores there was information for staff on what may cause the risk to increase and what action to take to prevent concerns. There was also information on what staff should do if they had a concern; staff were following this guidance.
- Staff knew how to keep people safe when they were unwell. For example, staff could explain to us how they would identify if one person had a chest infection and needed to use their emergency medicine.
- Some people needed support to manage their emotions to reduce the risk of an incident occurring. There were positive behaviour support plans in place to provide staff with the information they needed to keep people safe. For example, there was information on what could cause the person to become upset and what actions staff were to take when people were upset.
- Where people were unable to use the call-bell seek assistance there was a risk assessment in place and staff were regularly checking on the person when they had chosen to remain in their room.

Staffing and recruitment

- There were enough staff to keep people safe. Staff responded to people's requests for assistance quickly and had the time to regularly check on people to see if they needed support.
- The registered manager used staff feedback and observations to determine staffing levels. Staffing levels

had increased since the last inspection. For example, the registered manager had identified that one person would benefit from one to one support and this was put in place.

- There was an on-call system in case night staff needed more support, if staff called in sick or there was a concern.
- Staff continued to be recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

#### Using medicines safely

- At the last inspection there was a breach of Regulation 12 HSCA RA Regulations 2014 in that hand-written medicine administration records (MARs) had not been double signed to ensure that the information on them was correct. At this inspection we found that the service had improved.
- Where people had 'as and when' medicines known as PRN's there was information in place for staff on how and when to give these.
- Medicines were ordered and stored safely and securely. Medicines that were refused or no longer needed were disposed of safely in line with guidance.
- Staff had the training they needed to give people medicines safely and their competency had been checked to ensure that they were undertaking safe practices.
- People's medicines were given to them, as prescribed and staff had information on how people liked to take their medicines.
- People and their relatives told us that pain relief was well managed at the service.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to appropriate equipment such as gloves and aprons and we observed staff using these when supporting people with personal care. Staff changed gloves and aprons or removed these before supporting another person to prevent any infections from spreading between people. Hand gel was available throughout the service and we were instructed to use this every time we entered the service.
- Red bags were used when clothing or bedding was soiled to prevent cross contamination. We observed that staff were using these and following best practice guidelines.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- There was a cleaner at the service seven days a week and the service was clean.
- The service was inspected by the Food Standards Agency in February 2018 and rated Very Good, meaning that they had assessed the storage and preparation of food to be safe and hygienic.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The registered manager reviewed incidents for trends and patterns and there were audits of falls and incidents of behaviour that could be challenging.
- Actions were taken in response to incidents where this was needed. For example, when one person was declining to take their medicine the GP had been contacted and arrangements were put in place to change how the person was supported to take these. This meant that the person was protected from the risk of becoming unwell from missing medicine.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved in or when their circumstances changed. For example, after a stay in hospital. People and their relatives were involved in these assessments.
- Assessments were comprehensive and included information on people's needs about person care, communication, emotional support and mental health, spiritual and cultural needs. Staff used nationally recognised tools to assess people's needs such as Waterlow assessments. A Waterlow assessment is a tool to assess if people are at risk of issues with skin integrity.
- People's support was re-assessed when their needs changed, and the care plans had been updated recently and regularly. For example, one person had two falls in a short period of time. Staff had contacted the GP to ask for a referral to a specialist to identify the cause of the falls. Whilst they were waiting for the appointment staff were providing the person more support when they were moving about the home. A falls sensor mat had been ordered to protect the person when they were alone in their room and half hourly checks on the person at night were in place.

Staff support: induction, training, skills and experience

- Staff had the skills and training they needed to support people effectively. For example, during the inspection we saw staff support people to get up safely. One relative said "The staff are very competent, they always explain step by step what they are doing"
- Training was a mixture of on line training and face to face sessions and included safeguarding, medicine administration, equality and diversity, fire safety, end of life planning and health and safety.
- Staff had also completed training specific to people's needs such as dementia care, falls safety, challenging behaviour. Staff were positive about the training they had reviewed and told us that there were opportunities to ask for more training.
- Staff completed training during their induction and undertook a period of shadowing. Staff told us that they felt that the training they received during the induction prepared them to undertake the role.
- There were regular supervision and appraisals for staff. The registered manager regularly worked alongside staff to observe staff practice.

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

- People were supported to eat and drink safely and maintain their weight.
- Where people were at risk of malnutrition because they did not eat enough they had been referred to the dietician and support had been put in place. People were regularly weighed where this was appropriate and weight gain or loss was monitored and acted upon.
- People were encouraged to eat where this was needed. If people did not like the food on the menu we saw that they were offered an alternative. People told us they had access to snacks and we observed drinks were

regularly offered.

- Where people needed support with eating or drinking, a special diet or equipment staff were aware of this and these were in place. Where people needed specialist advice from the speech and language team to prevent the risk of choking this guidance was in place and staff were following it.

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

- Information was shared appropriately with other health and social care professionals to help ensure people received consistent care and support.
- The provider was participating in the NHS red bag scheme. This involves using a red bag when people leave their home to go to hospital and when they come back. The bag is packed with standard information about people's health and care needs as well as people's essential personal possessions such as their glasses. This scheme aims to ensure people's possessions and information are protected and do not get lost.

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

- Since the last inspection the registered manager had improved the signage at the service and we observed that people were able to find their way about with no concerns. For example, people had chosen the colours for their own bedroom doors and each door was clearly numbered.
- There was a large garden which was accessible to people.
- Some bedrooms were only accessible by stairs. People's ability to use the stairs had been risk assessed to ensure that they could use them safely.

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

- Where people needed support from a health care service they were supported to access this. For example, people had accessed support from the speech and language team, the dietician, dentists, the district nurse team and dietitians. Relatives said, "They call the doctor quite quickly if one is needed and I am notified, it doesn't matter if it is day what time of day or night".
- We observed one person complain to staff that they had a pain, staff took the person's complaint seriously and contacted the GP as the cause of this pain was not evident.
- Staff at the service had good oversight of when people needed a review for a long-term health conditions such as diabetes and ensured that people had these reviews.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found that the service was following the guidelines for the MCA. For example, where new restrictions were put in place the service had notified the appropriate people. Staff understood that people not subject to DoLS were free to leave the service and had the right to make unwise choices. Where restrictions were needed to keep people safe the registered manager had considered options to ensure that they implemented the least restrictive solution to protect the person.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the staff. One person said, "This place is fabulous, it's like a home to me, they treat me like a family member and with respect. The staff are saints."
- We observed that staff were kind to people. For example, staff knew that some possessions were very important to people and staff treated these possessions accordingly. When staff needed to move one person's possessions. They asked the person's permission, they explained to the person what they were going to do with the items and when they would return them. Staff used words for the items that showed that they understood how important it was to the person.
- Staff spoke to people at their level, by sitting or bending down, and made eye contact.
- We used an observational tool to assess staff interactions with four people. This showed us that staff interacted with people frequently in a positive way.

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

- People and their relatives were involved in reviews of people's care.
- Where people needed an advocate to help them express their views they had been supported to access these. An advocate is an independent person who helps people express their feeling and make their voice heard.
- There were regular 'residents and relatives' meetings. We looked at the notes from these meetings and saw that people and their relatives had a chance to express their opinions and feedback was acted upon. For example, people had commented that the laundry could be improved as some clothes were being mixed up. Changes had been made to the laundry system to address these concerns.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People told us that staff always knocked on their door before they entered. When people were in the lounge and staff asked them something personal such as if they wanted to go to the toilet they asked in a discrete manner.
- Staff addressed people by their preferred names and gave people the time they needed to respond.
- Staff encourage people to remain independent as possible and do things for themselves. For example, staff verbally supported people to stand up using the arms of their chair where this was possible rather than immediately assisting them which may have been quicker.
- People were asked where they wanted to spend time with their visitors. A confidential visitors book was used at the service. This book meant that whilst the manager could check who had visited people if this was needed for safety other visitors could not see who had visited people.
- People's care records were kept secure. Care plans were electronic, and staff had individual passwords so

that there was an audit trail of who had accessed these.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There was information in people's care plans about their preferences. For example, what time they liked to get up, what they liked to drink and how they liked to be supported to maintain their personal hygiene.
- Some people had complex needs and found it difficult to make their needs known. Staff had worked with relatives to find out more information about people, their history and past preferences so that they could use these to develop a better understanding of how people wanted to be supported.
- There was a lively atmosphere at the service and people were engaging in activities such as listening to and playing music and signing, others were completing puzzles and jigsaws. During the summer people had been encouraged to assist in the garden and grow vegetables. Relatives said, "They organise various activities including summer fairs and parties. If there is a singer in my [relative] always takes part." And, "[My relative] likes the music, they update the music especially for them, they are very good with [my relative]."
- People told us that they were supported with their religious needs.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's individual communication needs were met. For example, care plans included information on what support people needed to complain, where people needed information provided verbally this was done.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people and their relatives knew how to complain.
- Where people needed support to complain this was detailed in their care plan.
- One relative told us, "If I ever had any problems I'd go straight to the manager. If I have any niggles which is rare, they are resolved very quickly. The owners are here regularly and are also easy to speak to".

End of life care and support

- No one at the service was currently being supported at the end of their life. However, staff had undergone training and knew how to support people.
- There was end of life information in people's care plans about how they wanted to be supported when the time came. This included where people preferred to be cared for near the end of their life, if they want to be resuscitated if their heart stopped, what plans they wanted for their funeral and if they consented to organ donation.
- Where people had been unable to tell staff what their end of life preferences were, their relatives had been consulted about what had been important to them.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a registered manager in post. People, relatives and staff members spoke positively about the service and the registered manager. Comments included "The management are very responsive." And, "I know the manager and they are very approachable, I also know the owner and would talk to them if I needed to." Compliments received by the service included "Thank you for the love and care over the last year. [My relative] constantly told me that they felt lucky to be living in the home."
- The provider had a clear vision for the service based on providing good quality care. The registered manager and staff were aware of this vision. The registered manager monitored staff practice to ensure that staff were working in line with the vision and values of the service.
- The provider was involved in the service and actively supported the registered manager.
- When things went wrong or there were incidents the registered manager was open and transparent about these and relatives told us that they were kept informed.
- People knew the registered manager well and were comfortable approaching them about the service and in their office.

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

- At the previous inspection we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the registered manager had taken the necessary action to improve.
- There were regular audits of medicines, falls, care plans, risks assessment, health monitoring, health and safety and environmental concerns. The provider also regularly visited the service and undertook spot checks and audits. Where audits had identified concerns, these had been addressed. For example, checks on water temperatures identified that the water in one person's room was needed adjusting and a plumber was asked to come and address this. Audits of health monitoring had identified that staff had not recorded one person's fluid intake. This was addressed, staff were reminded of the importance of monitoring fluid intake. Where we had identified some concerns relating to medicine records and care plans the audit system had been amended to ensure that these concerns did not re-occur.
- The registered manager had informed CQC of significant events that happened within the service, as required by law.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service.

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

- There were regular relative and resident meeting to enable people to feedback about the service and discuss their issues and concerns.
- Annual surveys had been completed by people and their relatives and feedback had been positive.
- Other stakeholders, such as health and social care professionals had been asked for their feedback on the service and the feedback provided was positive.

Continuous learning and improving care

- The registered manager kept up to date with best practice and developments. For example, they attended events to learn about and share best practice and received regular alerts about developments and improvements in health and social care. The provider was in the process of recruiting a new deputy manager to enable to registered manager to spend more time at learning events and further develop best practice at the service.
- Feedback had been used to improve outcomes for people. For example, staff had feedback that they had less time to spend with people at the weekend. In response a there is now a cleaner at the service at weekends so that staff time was freed up.

Working in partnership with others

- The registered manager worked with funding authorities and other health professionals such as the mental health team and district nurses to ensure that people received joined up care.
- The service referred people to external healthcare services when this was needed.
- The registered manager had begun working with the local GP surgery to plan how they were going to participate together in a pilot to prevent unnecessary hospital admissions.