Hamilton Community Homes Limited

Hamilton House

Inspection report

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Date of inspection visit:
04 May 2017

Date of publication:
06 November 2017

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 4 May 2017, and the visit was unannounced.

Hamilton House provides accommodation and personal care for up to 19 adults with mental health needs. There were 15 people living in the home at the time of the inspection.

Hamilton House had a registered manager in post. 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.

Quality assurance checks undertaken to ensure the quality and safety of service provision were not robust. This meant a number of shortfalls not being identified or addressed. Checks did not cover the assessment and monitoring of the quality of care to ensure care plans and risk assessments were up to date.

There were enough support staff on duty throughout the day to provide people with the support they needed. Support staff knew how to respond to documented concerns so that people were kept safe from harm; however some care plans did not have all the information support staff required to keep people safe. Medicines were managed safely however the storage temperatures were not monitored to ensure they remained potent. Hot water temperatures were not monitored effectively to ensure people were protected from the risk of hot water scalding them.

The provider did not prove they had recruitment procedures in place to ensure staff were of a suitable character to work with people at the home, as we had no access to the staff files. Some staff had received most of the training in the areas considered essential for meeting the needs of people safely and effectively, and some staff had not received this training.

New staff received an induction which included working alongside more experienced staff. This helped them get to know people's needs and establish a relationship before working with them on a one to one basis. Staff felt there were enough staff to keep people safe and ensure people could attend activities and have planned trips out.

Staff knew people's individual communication skills and abilities and showed concern for people's wellbeing in a caring and meaningful way. Staff worked as a team to ensure people received the appropriate level of observation to keep them and others safe during the day and evening.

Most staff worked within the principles of the Mental Capacity Act 2005 and had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff knew people's individual communication skills and abilities and showed concern for people's wellbeing in a caring and meaningful way. Staff were observant of people and responded to their support

needs quickly.

Care records were personalised and each file contained information about the person's likes, dislikes, preferences and the people who were important to them. Care plans also included information that enabled the staff to monitor the well-being of people. There were systems in place for staff to share information through having daily records for each person.

Some follow up documentation we requested following the inspection was not received by us in a timely manner, so could not be considered when we wrote our report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were at risk from harm as staff did not ensure all areas of the environment were safe. People said they were supported with their medicines, though the storage of medicines was not consistently safe.

Most care plans, individual and building risk assessments were sufficiently detailed, to inform and guide staff to provide people with safe care. However risks where people were at risk from taking their own life, were not recognised, or staff informed appropriately.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Most staff had completed essential training to meet people's needs safely and to a suitable standard, however newer staff had not received this.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005 and asked for people's consent to care before it was provided. Staff provided an effective service that met peoples' dietary choices and healthcare needs were planned for, supported and provided.

Is the service caring?

Good

The service was caring.

Staff were caring and supportive and treated people as individuals, recognising their privacy and dignity at all times. Staff understood the importance of caring for people in a dignified way. People were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and they were involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People felt confident in raising concerns or making a formal complaint if or when necessary, and felt these would be taken seriously.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Some quality checks and safety tests on the environment were in place, however these did not reveal shortfalls, in care planning, safety of medicines and to the building to ensure people were safe.

People who lived at the service were asked for their views about their home. There was a registered manager in post who developed an open and friendly culture in the home. There is a business continuity plan to ensure the effective running of the service in an emergency.

Hamilton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection visit took place on 4 May 2017 by one inspector and an expert by experience. The visit was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both our specialist advisor and our expert by experience's area of expertise was the care of people with mental health needs.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Hamilton House. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We considered this information when planning our inspection to the home. We spoke with commissioning staff from the local authority who told us they had undertaken a quality monitoring visit, and found the provider was operating effectively.

The provider is required to send us a Provider Information Return (PIR). This allows the provider to provide some key information about the service, what the service does well and improvements they plan to make. This provider was unable to provide this information; and we followed this up the inspection.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported. We used observations to help assess whether people's needs were appropriately met and whether they experienced good standards of care.

To gain people's experiences of living at Hamilton House, we spoke with eight people and one visitor. We also spoke with a director of the company and four support staff. We looked at three people's care records to see how they were supported. We looked at other records related to people's care such as medicine records, daily logs and risk assessments. We also looked at quality audits, records of complaints, incidents and accidents at the home and health and safety records.

Requires Improvement

Is the service safe?

Our findings

Most of the people we spoke with felt safe in the home. One person said, "I feel safe." A second person said, "I like it here, if I had a problem I would tell the staff." A third person said, "It's nice and peaceful here." However one person told us they were not always able to get into the home late at night.

Staff told us there were three support staff on duty from 9am till 11pm and then two staff that slept in the home overnight. Staff told us they felt there was enough staff on duty to meet people's needs during the day. We confirmed staffing numbers with the staff rota. Some people who lived in the home went out at night. One person told us they had to wait on another person who lived in the home to let them back in after staff had gone off duty. We spoke with the director of the service who indicated all the people had 24 hour access to the building by having a front door key. They said they would confirm everyone had their availability to a key, so to ensure their access to the home. Our observations confirmed that staff were present in communal areas, and employed in numbers to promote peoples' safety throughout the day.

Health and safety audits showed that hot water temperatures had been tested and recorded. However the recorded temperatures were above the recommended limits, as there was a lack of understanding by senior staff how to accurately take the temperatures. These were taken with a thermometer which was not designed for that purpose. We spoke with the company director who quickly had a digital thermometer purchased, which should now give more accurate temperature readings. We were not given any updated temperature readings on the day or prior to writing this report. This meant there had been a possible risk to people safety from hot water temperatures.

We looked around the premises and noted some areas of concern. Some of the windows had a low sill height, and we were not assured that safety glass had been fitted to ensure people were safe. Other first and second floor windows were not restricted, so could open fully. The issue around the safety of these windows placed people at risk in the home.
We looked at the care and support for a person who had previously attempted to harm themselves. There were no details in the support plan or risk assessments to guide staff to protect this person. We found there were no policies or procedure in place to guide staff. Support staff said they were unaware of the previous attempts this person had made on taking their own life. This meant people may be placed at risk from a staff group that were not fully informed.

When assessing potential associated risks past, present and future risks should be assessed. The National Institute of Clinical Excellence (NICE) indicates that clinical and non – clinical support staff who care for people who have self – harmed, should have appropriate training and skills to equip them to deliver the necessary care for the associated risks. For example, severe overdosing, risks through lacerations to body and for people at risk of self-harm, using ligatures points. Ligature points are places to which people intent on self-harm could tie something to harm themselves. Support staff had undertaken some training in mental health, but did not have the specific training to enable them to recognise and deal with these types of emergency. This meant people may be placed at risk from a staff group that were not fully aware of these risks.

This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood how to protect people from abuse. They had received training about safeguarding people and knew the provider's safeguarding policy and procedure. We gave staff different safeguarding scenarios and they told us for each one, they would report what they had seen or heard to the registered manager or senior on duty. They also understood the whistleblowing procedure if senior staff did not act on the information they had provided.

Staff had a good understanding of their roles and responsibilities. Senior staff allocated tasks and duties to support staff on a shift by shift basis to ensure staff kept people safe and met their needs.

We looked at three care records. The risks associated with each person's mental and physical health were detailed, and care plans had been written which informed staff how to minimise the risks to people. For example, triggers to people's behaviour had been detailed, as well as whether people had risks associated with poor personal hygiene and how staff should try to reduce the risks linked to this. We asked staff about the risks related to people whose records we had reviewed. The information they gave us about each individual tallied with the information we saw in the care records.

People felt the maintenance of building including their bedrooms was good. Any areas in need of repair were entered in a book. On completion of the repair, this had been 'signed off' to indicate they had been repaired safely or replaced.

We saw there was regular servicing and testing of fire equipment and fire alarms. However no regular fire drills had been recorded since for 11 months. We therefore could not be assured staff had the necessary skills to act appropriately in an emergency situation.

People felt their medication had been given at regular times each day. One person said, "We get our medicines regularly and on time." A second person said, "I'm self-medicating." They explained they were planning a move back into a flat and this was part of the process. A third person told us, "I feel safe, staff are very good, they give my medicines two times a day at 8.30 and 4.30."

We looked at the medication administration records (MARs) for five people. We saw there were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. The support staff who administered medicines had received training. We saw them following written guidance to make sure that people were given the right medicines at the right times.

People who were planning to move back into the community had been risk assessed to hold and administer their own medicines. People in receipt of 'as required', or PRN medicines, had instructions added to the MARs to detail the circumstances these should be given. This included the maximum dose the person should have in any 24 hour period. We observed the lunch time medication round and heard people being offered pain relief which was prescribed on an 'as required' basis. That demonstrated that staff understood when and how these medicines should be offered.

We found that medicines were stored securely however storage temperatures for the medicines room were not being recorded. These are necessary to ensure the medicines remained active and safe to provide the people. We spoke with the company director about this, and he quickly responded and placed a thermometer in the room. Staff said they had been made aware they needed to record the room

temperature. There were no medicines currently stored in the medicines fridge. Staff knew the storage temperature limits and what to do if these exceeded or fell below the recommended maximum and minimum.

People felt that cleanliness of the home was good and staff helped them clean their rooms. From our observations, we saw that the home was clean. This protected people from the risk of infection.

Requires Improvement

Is the service effective?

Our findings

People told us they felt that staff were trained to support their needs effectively. One person said, It's alright here I get the support."

Staff told us they had received training and support to provide them with the skills and knowledge necessary to meet the mental health needs of people who lived at Hamilton House. They told us they received training each year which was considered essential to meet the health and safety needs of people. This included food hygiene, fire training, and safeguarding. They also told us they received training about care of people mental health conditions.

Staff had also undertaken training to support them in their roles as health and social care workers. The staff we spoke with had undertaken induction training before commencing national vocational qualifications (NVQs) in health and social care.

We spoke with the registered manager following the inspection who explained that the current staff group had all completed induction training. The registered manager explained any new staff would complete induction training in line with the Care Certificate. This is nationally recognised training on a number of essential care issues. We asked for some information to be forwarded to confirm the training staff had undertaken. We looked at the information sent which confirmed that two staff that had commenced in 2015, had not yet been trained about Deprivation of Liberty safeguards or mental capacity, first aid, nor had commenced their NVQ training. That meant a quarter of staff had not been trained in areas to protect people. This meant that there was a potential for people to be detained against their will, or have their best interests disregarded as staff training was not up to date.

The company director told us staff were supported in their work by ensuring the registered manager had provided staff with regular supervision meetings. Staff supervision can be used to advance staff knowledge, training and development by regular meetings between the management and staff group. Staff told us they received individual supervision meetings six times a year, and also received a yearly appraisal. Staff felt the supervisions and appraisals were useful and a two way process of looking at what they were doing well and what they could be helped to improve on. We were told the supervision sessions focused on attendance, attitude and ability. We asked for information to be forwarded to confirm staff supervision had taken place and inform us what was planned for staffs' future support. The information we received confirmed one member of staff had a supervision session in November 2015.

People told us that staff always asked for people's consent before offering care and support. Staff understood the principles of the Mental Capacity Act. Staff told us they had received training to understand the Act, and this included information about Deprivation of Liberty safeguards. They told us there was nobody who lived at the home who required a DoLS, as nobody had their freedom restricted. There were two people who needed staff to support them when going outside in the community but they had been assessed as having capacity to consent to the support as a safety measure.

Where possible, the registered manager had received the written consent of people for their care plans. Staff knew the importance of seeking consent before providing care and support to people who had capacity. We asked one member of staff what they would do if a person refused to have a shower. The member of staff told us they could not force the person to have a shower, but would look at trying to encourage them to have one by having a private chat about why it would be beneficial. They told us if the person continued to refuse and it became a health issue, they would speak with the registered manager and see what further action could be put in place.

Staff told us they had received training to manage people's behaviours safely, and they had also received training about de-escalation techniques. We confirmed with the training matrix that four people had been trained in managing challenging behaviour in 2014, and training for al staff was planned for July 2017. There was no record in the training matrix about de-escalation techniques. We could not access staff files on the day to confirm if staff had attended these courses or received certificates indicating so. This concerned us as training in this area is seen as essential in lessening conflict between people in the home.

People told us they had sufficient amount to eat and drink. People told us there was a choice of European and Asian meals and they had refreshments and snacks offered. One person said, "I choose my meals, the foods alright. [I like] lasagne and boiled eggs."

People were made aware of the choices for dinner as the menu was displayed in the dining room. People were supported to have enough to eat and drink. A member of staff told us they had a choice at breakfast and lunch which was sandwiches. The main meal was at tea time where staff prepared these meals, which included choices for people with cultural requirements. Staff were aware of people's individual likes and dislikes in relation to food. They were also aware of people's religious and cultural requirements.

We saw people having regular drinks during the day as a kettle was provided for people to make their own hot drinks, and there were cold drinks provided in the dining room. This allowed people to access regular drinks and so prevent people suffering from dehydration.

People told us they had regular visits to the doctor, dentist and specialist healthcare appointments. One person said, "I just have to ask the staff to make an appointment for me and are happy to help." This told us that he continuing healthcare of people was well managed.

Good

Is the service caring?

Our findings

People told us the staff were caring and approachable. One person told us, "I like it here and visit my friends often." A second person said, "The carers are alright you know, they look after us." A third person added, "I like it here."

There was a comfortable and friendly atmosphere in the home. We saw staff listen to people's concerns, saw the staff recognised these and acted on them. We also saw friendly banter between the people in the home and staff.

Staff respected people's needs and how their mental health impacted on their behaviours. They understood how to manage people's mental health conditions in a caring and calm way. One member of staff said, "It's not them and us, I would not like to be labelled, it's their home."

Where possible, care records provided staff with information about the person's preferences and personal histories. These gave information about the people who were in the person's life, their likes and dislikes, and what their history was before coming to live at Hamilton House. We saw staff understood the importance of people's confidentiality. Information about people was stored securely, and staff spoke about people when they could not be overheard. One member of staff showed the importance of respecting confidentiality by not providing us with information about a person until we had re-assured them we had the right as regulators to know about people who lived in the home.

Staff respected people's right to independence and their right to make individual choices. During our visit, people were coming and going from the home to undertake various day time activities, and to see friends outside of the home environment.

People's dignity was promoted by the toilet, bath and shower rooms which had working locks in place.
All staff we spoke with told us the home passed the 'friends and family' test. They felt that their relation or friend would be safe in the home and be supported by staff who cared for them.

Staff understood the importance and principles of caring for people in a dignified way and they described to us the caring qualities staff had at Hamilton house. Staff told us there was a good staff team who knew people's needs and worked as a team.

Good

Is the service responsive?

Our findings

We saw that people received personalised care that was responsive to their needs. One person said, "I am moving out now to live in a flat, I feel a lot better now, being given a chance has helped me get better." A second person said, "Sometimes the staff take me to the shops and to Victoria Park."

We looked at three care plans which included pre-admission assessments. Care records showed that where possible, people were involved in contributing to their assessment and care plans. The care plans demonstrated that staff had asked people questions about what was important to them and how they wanted to live their lives at Hamilton house. We saw where people were in various stages of being supported to regain their independence in preparation of moving back to live in the wider community.

One of the care plans we viewed had a self-imposed restriction included. The person had capacity and agreed to restrict the intake and timing of their alcohol intake. This was in response to the person wishing to reduce their alcohol drinking.

Care plans were reviewed on a regular basis. People were asked if they wanted to be involved in care plan reviews, and we saw that people chose when to be involved or not. Most care planning was linked to people's needs and written in a person centred way. This included information about people's preferences and, where possible, but did not always include their full life histories, as some people had exercised their right to privacy and declined to provide this. Care plans contained information about people's individual health and dietary needs.

People told us they were offered activities that responded to their cultural needs. The staff told us how they had assisted one person to revive their interest in religion. They had been assisted to buy cultural items to assist them, and staff had arranged transport to a weekly religious service. We confirmed this with the person. The staff group also ran themed nights, and explained how they had recently started introducing these. A recent example of this where they held an 'Asian' night, where the staff wore traditional Asian clothing such as sari's, listened to traditional music and enjoyed Indian food. That demonstrated a staff group that responded to people's cultural needs.

Other in house activities were organised for people to promote their independence. One person told us, "I like to do a bit of cooking" and added, "It's all in preparation for me moving to a flat." Another person said, "I join in and help out now do things in the garden, help the staff with things, I like helping out." Other people had self-help interests such as gardening, laundering and cleaning skills to prepare them for moving into independent accommodation. The provider had provided independent cooking and laundering facilities so people could do these tasks away from the homes' main facilities. We saw staff responded to people's needs in a timely way. For example, one person asked if they could prepare their own evening meal. Staff assisted the person by compiling a shopping list to enable them to successfully undertake the task. Some people continued to pursue relationships outside the home, and were able to maintain previous relationships and meet their friends when they wanted.

One person said, "There used to be residents meetings where we can raise things, but there have not been any recently."

We found there had been three recent 'residents' meetings, the most recent had been in March 2017. We looked at copies of the minutes which confirmed that discussions around the menu, activities, trips out and holidays had been spoken about, with people's suggestions recorded in the minutes.

The provider had systems in place to record complaints. People we spoke with said they knew how to make a complaint, and indicated they were satisfied how staff dealt with any issues. People told us they felt staff would take any complaint seriously and act accordingly. Records showed the service had received no complaints in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

The provider's procedures for monitoring and assessing the quality of the service were operated by the staff. The registered manager oversaw staff who carried out a range of scheduled checks and monitoring activity to provide assurance that people received the care and support they needed. For example, these included checks of the fire alarm system, food temperature probing and hot water temperature checks. There were also audits of the medicines system, staffing levels, staff recruitment, staff supervision, infection control, and maintenance checks. However, there was no evidence that the provider checked how often audits were carried out, or the outcome of audits undertaken by staff in the home.

Medicine audits were completed once a month. However this would not reveal any issues where for example, errors happened between these monthly checks. Though there were no issues with the administration of medicines, we found an issue about how medicines were stored. The staff were not aware they had to ensure that medicines remained effective by being stored within certain temperature limits. Similarly the temperature of hot water within the home was monitored and the temperatures recorded. However the temperatures recorded were well above recommended levels, and could potentially scald people's skin. Again the staff were unaware the temperatures were above the recommended levels.

Policies and procedures were not inclusive of risks that reflected peoples' past life history. For example one care plan detailed that this person had attempted serious self-harm. There were no policies to guide staff to ensuring the environment was safe, or detailed what should be considered when compiling a care plan and risk assessment for people with a similar history. Similarly no fire drill had taken place for 11 months and we could not be assured all staff were aware of the evacuation procedure. These issues had not been picked up by regular audit. That meant people were placed at risk from a lack of relevant policies and procedures and poorly informed support staff.

We were unable to view the staff recruitment records as the registered manager was not on duty and the company director was unable to access staff personal records or files. That meant we were unable to assure ourselves that the recruitment process was effective, and people that were unsuitable to work with this service user group were not employed. This does not demonstrate a well led service.

This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by an open and inclusive culture and leadership in the home. People told us they felt supported by the registered manager and staff team, and felt there was an open and friendly culture in the home. People knew the registered manager. One person said, "The manager is in the home most days and the boss [company director] visits as well. A visiting relative said, "I love visiting [named], the staff are brilliant, it feels like a family and they [staff] make you feel welcome."
People were invited to meetings with the staff. We looked at a sample of the minutes of these meetings, and saw that people had requested more of the same in house activities such as music afternoons and bingo. People confirmed these activities had taken place. We requested further examples of these meetings along

with other documentary evidence to from the registered manager. These were not forwarded in time to be included in the report.

We found that people who used the service and their relatives were asked to contribute to the quality assurance process. Questionnaires were distributed which allowed people to comment about the quality of service offered by the staff. Staff confirmed people at the home and their relatives participated in the process and we saw evidence a small number of questionnaires had been returned. These indicated people were generally happy with the service provided.

The provider understood their legal responsibilities that we were notified of events that affected the people, staff and the building. The company director had a clear understanding of what they wanted to achieve for the service and they were supported by the registered manager and staff group. There was a clear management structure in the home and staff were aware who they could contact out of hours if needed.

Staff told us they had job descriptions, staff meetings and supervision meetings, which were used to support them to maintain and improve their performance. However, we could not confirm this as our access to staff files, and the information we requested following the inspection was not forwarded. Staff confirmed they had access to copies of the provider's policies and procedures. They understood their roles and this information ensured that all staff were provided with the same information.

We saw a system in place for the maintenance of the building and equipment, with an on-going record of when items had been repaired or replaced. The maintenance and repairs were organised by the company director and he allocated work to professionals who undertook repairs whilst on site. We looked at the record of safety tests undertaken in the home. The periodic test of gas appliances and electricity supply were up to date and were performed by appropriately qualified engineers. The fire alarm system was tested regularly which ensured it was in good working order. There was a business continuity plan produced by the provider. This had information for the registered manager and support staff in the event of a significant failure of part of the building, water gas or electrical services. That meant support staff had information they could use to deal with a building emergency without undue delays.

Staff were aware of their accountability and responsibilities to care for and protect people and knew how to access managerial support when required.

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 12 HSCA RA Regulations 2014 Safe care and treatment Arrangements to assess and mitigate potential risk and provide safe care and treatment of people were not adequate. Staff did not have information available vital to the safety of people placed in their care. Arrangements to assess and mitigate environmental risks were not adequate. Staff did not have information vital to the safety of people placed in their care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not effectively assess, monitor and improve the services provided. Systems had not been established to monitor and mitigate risks related to people's health and safety. These were breaches of Regulation 17(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.