

Hamiltons Care Limited

# The Hamiltons Care Home

## Inspection report

350-352 Hamilton Street  
Atherton  
Manchester  
Lancashire  
M46 0BE

Tel: 01942882647

Date of inspection visit:  
25 November 2019  
27 November 2019

Date of publication:  
23 December 2019

## 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

The Hamiltons is a residential care home providing personal care for up to 18 people. At the time of the inspection 18 people were using the service. The home has bedrooms and communal rooms including bathrooms on the ground floor; on the first floor further bedrooms and bathrooms are situated. It has a passenger lift between the floors and a large stair case at each side of the building for easy access between both floors.

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

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.

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being.

People's needs were assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

The provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training to ensure staff had the knowledge and skills they required to meet people's needs. There was enough staff to keep people safe.

Risks to people's health and wellbeing were assessed and mitigated. People's medicines were managed safely. The home was clean, and staff followed procedures to prevent the spread of infections.

People received food and drink of their choice. When required, people were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Care plans provided staff with the information they needed to meet people's needs. People could choose how they wanted to spend their time and a variety of activities were offered to people. People were

supported to receive end of life care in the way that they wanted and met their individual needs.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home where people could move around freely as they wished.

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

#### Rating at last inspection

The last rating for this service was good (published 21 February 2018). Since this rating was awarded the registered provider of the service has changed name, however all the staff remained the same. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

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.

# The Hamiltons Care 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. 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 undertaken by one inspector on both days of the inspection.

#### Service and service type

The Hamiltons 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. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

During the inspection-

During the inspection, we spoke with four people who used the service and four visiting relatives to ask about their experience of the care provided. We spoke with the regional manager, the deputy manager, (as the registered manager was on planned absence at the time of the inspection), four care staff members and a visiting health care professional. We reviewed a range of records, including four people's care records, risk assessments and three people's medication administration records (MARs).

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and there was a safeguarding and whistleblowing policy in place. The service followed safeguarding procedures, made referrals to the local authority and notified CQC as required.
- Staff had received training in safeguarding from the local authority and understood the principles of how to safeguard people. One staff member said, "Safeguarding could be about financial abuse, physical abuse or just ignoring someone, poor practice with transferring someone, or shouting at them. I would tell my manager first, but I know I can go to the local authority or CQC if I was concerned."
- People told us they felt safe living at The Hamiltons. One person said, "The staff are absolutely gorgeous; they have been brilliant with me and I can't thank them enough. Staff are true to their word and I feel safer now than I have done for a long time." A relative told us, "I feel staff really care about what they do, and I have never seen any bad practice at this home."

Assessing risk, safety monitoring and management

- People had pre-admission assessments before they moved into the service. This meant the service knew they could meet people's care needs. We saw other professionals were involved in these assessments, such as social workers.
- Admission assessments were completed, with detailed care plans to meet people's needs.
- People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as people's physical health, mental health, medicines and mobility.
- Fire risk assessments were in place which covered all areas in the home. People also had evacuation plans in their care file information, which were personal to them, to ensure they were supported safely in the event of the need to evacuate the building in an emergency.
- Premises risk assessments and health and safety assessments were in place and reviewed regularly, including gas, electrical and fire equipment.

Staffing and recruitment

- We looked at four staff personnel files and saw evidence of robust recruitment procedures. All potential staff were required to complete an application form, and attend an interview so that their knowledge, skills and values could be assessed.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly.
- There were enough staff on duty to meet people's needs. One person told us, "I think there are enough staff; they have all been great with me, they look after me well and know my needs." A relative said, "I am very comfortable with [my relative] being here; staff know [my relative] very well and make sure she is involved in conversations. There seems to be enough staff on duty when I visit."

#### Using medicines safely

- Medicines were administered, stored and disposed of safely, including controlled drugs, which are subject to more rigorous guidelines.
- All staff who administered medicines had the relevant training; records showed staff were up to date with medicines training and received competency checks. No-one we spoke with expressed any concerns about their medicines.
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines, including the minimum time interval between doses and we observed staff checking previous administration times before giving anyone any PRN medicines.
- Regular audits of medicines took place. Staff we spoke with understood how to give medicines safely, and we observed safe medicines practice during the inspection.
- We observed staff worked efficiently and were not rushed when administering people's medicines. Staff checked people's medicines before administering them and signed people's medication administration records (MAR's) when given, as is required. The medicines trolley was secured safely when not in use and was clean and not overstocked.

#### Preventing and controlling infection

- The service was clean and free from malodour throughout.
- A recent infection control audit had been undertaken by the local authority, who told us about a number of minor issues that required action, and that overall significant improvements had been made at the home.
- We saw personal protective equipment (PPE) was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- Staff received training in the management of infection control and food hygiene.

#### Learning lessons when things go wrong

- The service had an up to date accidents and incidents policy. Accidents and incidents were recorded and monitored by the registered manager for any patterns or trends.
- Risk assessments were reviewed following incidents; there were no identifiable themes or trends in the incidents recorded.





## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 comprehensively assessed and regularly reviewed.
- Care records identified people and their relatives were involved in care planning. One relative said, "I was involved in planning care, and [my relative] was also involved, and the registered manager has always been available to us." A second relative told us, "I got very involved in care planning. A pre-admission assessment was done first with [my relative] at home; staff are always attentive and always involve me and [my relative] in care discussions and always contact me if they are worried."
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices, for example regarding what to eat or what activities to take part in.
- People's past life histories and background information were also recorded in the care documentation.

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to support them in their different roles.
- New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs. A staff member told us, "I had an induction period at the beginning after interview and worked for three days supernumery (in addition to other staff on the rota) and shadowed other staff, and I got chance to look at people's care plans. I get involved in care planning and can contribute to them. I did various training and have had observations of practice over time."
- Staff we spoke with felt supported. One staff member told us, "I enjoy working here and feel we work as a team; I like the smaller home atmosphere as its homelier and I know the residents well. Managers are very supportive and want staff and people to be happy."
- People and their relatives felt staff were competent. One relative said, "Staff are competent in what they do; they're all good and I've never witnessed any bad practice here." We found staff had used 'virtual reality' goggles as part of the training they received around dementia; the use of these goggles helped staff to better understand what life was like living with dementia.

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day. Care plans included a nutritional fact sheet with information on any personal aids used, if the person was on a special diet, if supplement needed, food consistency, fluid consistency, any special equipment likes/dislikes.
- During the inspection we observed the lunchtime meal. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people.
- Some people were provided with specialist diet types to meet their dietary requirements, such as diets with food fortification. We saw extra drinks and snacks were served to people mid-morning and mid-afternoon.
- There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed each month and people's daily nutritional intake was recorded, where applicable.
- Malnutrition Universal Screening Tool (MUST) assessments were completed which enabled staff to closely monitor people's nutritional status and respond accordingly such as if they needed to be referred to agencies for advice.

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

- Staff worked in partnership with other agencies to support people effectively and we saw evidence staff and management worked with relevant health and social care professionals.
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and doctors. A healthcare professional who regularly supported the service told us, "I feel the home refers to our service in a timely and appropriate manner; they follow our advice if we have put something in place and no-one [person] has deteriorated. We have a good relationship with the home and the registered manager, who seems very competent and always approachable."
- Where necessary, the service supported people with arranging healthcare appointments.

Adapting service, design, decoration to meet people's

- The premises were homely and well maintained. There was enough space inside and outside for people to get around freely without restriction, including when using a wheelchair and there was a passenger lift access to the upper floors of the home.
- People could choose to sit in different lounges or in their own rooms and there was easy access to the communal landscaped gardens.
- People's rooms were personalised and reflected their personal interests and contained personal family objects.
- The home used 'dementia friendly' signage to identify different areas or rooms such as bathrooms; people had chosen the colour schemes of their rooms and communal areas.
- Equipment such as bath aids and hoists were in place to enable people to have a bath or shower safely.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in MCA and DoLS. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care. One staff member said, "A DoLS is usually in place if someone has dementia and may be unsafe to go outside alone, but people can make choices at all times and we always ask first, for example about what clothing to wear or what to eat. Just because a person may be subject to a DoLS this doesn't mean they can't make decisions, and we should always ask first and allow them to do this."
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.
- Records showed people signed to consent for their care and treatment.



## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 demonstrated a caring and kind approach towards the people they supported. We saw numerous occasions when staff enquired about people's welfare, for example when people got up in the morning staff asked everyone if they were feeling well and if they wanted a drink before breakfast. It was clear staff had developed good relationships with people and their relatives.
- The home had a privacy and dignity policy and policies on equality and diversity; staff were aware of these policies and how to follow them.
- Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit so that no-one would become alarmed or concerned.
- Equality and diversity were promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against. A person told us, "Nothing is too much trouble for staff; they all definitely know what they are doing, and everything falls into place."

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

- Staff respected people's wishes, for example about what to wear, what activities to take part in or what they wished to eat that day.
- People we spoke with, and their relatives, told us they had choices and were involved in making day to day decisions. Relatives said they were involved in care plan discussions and that they were kept up to date with any changes in [their relative's] circumstances.
- Regular reviews were held with people, or when needs changed, and their relatives had opportunities to attend and be involved in this process; care records recorded when relatives had been involved, or when telephone conversations had been held with them.

## Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed if supporting people with personal care.
- Staff valued the importance of maintaining people's independence and told us they promoted this where possible, for example, people were encouraged to carry out tasks they could do the themselves such as selecting their own clothes.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.
- People told us staff promoted their dignity, one person said, "Staff are great; they speak to me with respect at all times and always knock on my door before coming in. Staff talk to me about my needs and what I like and don't like."



## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Holistic assessments and care plans had been completed which reflected each person's needs, wishes and preferences.
- Any cultural or religious preferences had been recorded, which ensured the service was aware of how people's cultural and religious needs should be met.
- Regular reviews ensured people had been involved in updating their care plans if they wished to be.
- From our discussions with staff and observations, we found staff knew people well and delivered care in line with people's wishes. One person said, "I feel very lucky to be here and settled, and I have no worries at all." A second person told us, "This place feels very homely to me; staff come quickly if I press my call-bell, my room is personalised and kept spotless and I'm always laughing with staff every day."

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.

- There was signage used around the home to identify rooms and help people orientate around different areas.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.
- Information could be provided in different formats, such as large print, on request.

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 were provided with opportunities to participate in a range of activities of their choice both within the home and on outings to the local community. Regular activities were planned with people.

- We saw people's rooms contained items in relation to their individual hobbies. One person said, "I think there is enough going on, I like to read and do bingo and dominoes and we also go out a lot in summer, and we use the garden."
- People's interests and hobbies were noted in their care planning information. Historical pictures were available showing people taking part in activities.
- A pictorial activities planner was on display in the hallway, including nail painting/foot spa/hand massage, hairdresser, bingo, chair aerobics, bingo, communion, invite friend to dine with you, movies and munchies, wellbeing Wednesday, dominoes club, virtual reality experience, Saturday night takeaway, games.
- We observed staff playing dominoes with one person encouraging the person throughout the activity and it was clear the person was enjoying the game. Other people were making Christmas cards or playing dominoes. There was a lively positive atmosphere within the home and most people were engaged on doing something such as board games with staff, watching TV or chatting with each other.

#### Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints and there was an up to date complaints policy.
- People had access to a 'service user guide' which detailed how they could make a complaint. People and their relatives told us they knew how to raise a complaint and felt comfortable doing so. One person said, "I'm not worried at all but would know what to do if I had an issue." A relative told us, "I have no worries about this home; staff are always asking me if everything is okay for [my relative] and I feel very much involved."
- Complaints and concerns were very minimal. We looked at historical complaints or concerns raised and found the registered manager had acted on these appropriately and in a timely way, and fully communicated with the complainant during the process of investigation.
- The service had received a high number of compliments since the last inspection.

#### End of life care and support

- People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end of their lives, and advanced care plans were in place; at the time of the inspection no-one was at the end stages of life
- People had supportive care records, which identified if people had a 'do not resuscitate' order (DNACPR) in place, which were signed by the person or their relative.
- A visiting healthcare professional who supported the home when people were in the end stages of life told us, "I've had no concerns at all about end of life care when I've visited the home over the years. Staff know what they are doing and are always very caring. We work alongside each other sometimes and they [staff] ensure dignity for people when assisting them."
- We saw the home had received lots of positive feedback from the relatives of people previously supported at the end of life. One comment stated, 'Words cannot express enough the love we feel for you all after the way you cared for [our relative]. Nothing was ever too much trouble and [our relative's] last days will never be forgotten. We feel comfort from knowing we are welcome anytime. The Hamiltons is not just a care home but a 'home' as it's filled with love and that is all down to the staff.'



## Our findings

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Throughout the inspection we saw the deputy manager walking around and observing and supporting staff and people which meant they were aware of updates to people's circumstances.
- The deputy manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support, for example via annual surveys or questionnaires and as part of the process of care plan reviews.
- Staff were enthusiastic about their roles and committed to providing person centred care.
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.

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

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service.
- The service had a registered manager who was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last inspection report was displayed within the home and was available for all to see.

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

- People and their relatives we spoke with said the home was well managed and that the registered



manager was approachable. One person said, "The manager is very nice, she helps us not to worry and I think she does very well in her job." A relative told us, "I feel the registered manager and deputy manager are always available to us. The Hamiltons is a good choice for [my relative] and I would recommend the home to anyone."

- Staff at all levels understood their roles and responsibilities; managers were accountable for their staff and understood the importance of their roles.
- We checked the provider's website and saw that the rating awarded at the previous inspection was displayed, as required by law.
- A range of audits were undertaken by the registered manager (and by the deputy manager in their absence) and these were used by the service to monitor health, safety, welfare and people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The registered manager ensured staff, people, relatives and healthcare professionals could attend reviews at the home and share their feedback about the service with them.
- We saw people's feedback was sought in meetings where people could share their views and socialise with each other. Feedback was also sought through questionnaires sent to people and their relatives. Results from the most recent survey were positive and demonstrated the provider listened to people and responded to people's comments. Comments included, 'Menu and chef improvements very noticeable,' and 'Lovely friendly peaceful and caring atmosphere,' and, 'As a family we have found the transition to The Hamiltons a positive experience. I am absolutely sure we made the right choice with Hamiltons as [my relative's] care has been second to none.'
- The registered manager promoted best practice in person-centred care; there was a culture focused on achieving positive outcomes for people which was reflected in their care file information. The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.
- Staff meetings were held regularly which discussed people and their needs. A handover meeting was held in between staff shifts to ensure they staff had the latest up to date information about people.

Working in partnership with others

- The registered manager had been proactive in engaging with clinical professionals and social care professionals who visited the home to check on people's welfare and identify any issues as a pro-active measure; this helped to ensure people's welfare was maintained.
- The service worked in partnership with the local community, other services and organisations and attended care home forums to learn and improve practice. Local schools and churches visited the home and people were supported to access the local community facilities.
- Records showed multi-disciplinary teams were involved in people's care.

