

Krinvest Limited

# The Hamiltons Care 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

This comprehensive inspection took place on the 09 and 10 January 2018. The first day was unannounced. This meant the provider did not know we would be visiting the home on this day. The second day was announced.

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; both were looked at during this inspection.

The Hamiltons provides personal care for up to 18 people. The service has bedrooms and communal rooms including bathrooms to the ground floor and to the second 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.

As part of the homes registration conditions it is required to have a registered manager employed to oversee the day to day running of the service. A registered manager has been in post at the service since February 2017.

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.

At the last comprehensive inspection on 01 and 02 December 2016 we found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We recognised that although medicines practice had significantly improved since our previous inspection in April 2016 the service was still required to improve on areas such as missing signatures on medicine records and a lack of omission codes being used for medicines which were prescribed as, 'when necessary' (PRN).

At this inspection we found the service was now compliant in this area. Medicines records were now completed appropriately including PRN, as required and staff were now using the correct coding system. Medicines audits were robust and identified any errors. Medicines were kept secure and staff were appropriately trained to administer medicines in a competent way.

Safeguarding policies and procedures were in place to ensure people, staff and visitors were aware how to raise concerns if needed and what constitutes abusive practice. Staff received training in this area and a record of safeguarding referrals was kept securely.

Risk assessments were in place in people's files to recognise individual risk taking and also environmental

risk assessments were completed for both internal and external areas. Appropriate checks were done by registered external tradespersons on areas such as gas appliances, fire equipment, electrical appliances, hoists and lifts.

Business continuity plans were in place to offer information and guidance in the case of adverse weather or any other unforeseen circumstances which could affect the day to day running of the service. People had personal evacuation plans and fire audits were completed by both external agencies and internally by the maintenance person.

The service had recently undergone a decorating schedule, mainly in the communal areas which made the environment brighter. We observed no malodour around the building during the inspection.

During the inspection the service had an outbreak of upper respiratory infection which meant a number of people using the service were required to be cared for in their bedrooms. The service dealt with this well and contacted the relevant authorities to seek advice and guidance.

People had care files which contained person centred information. Each care file was written in a way which reflected the individual and only contained documents relevant to the person. People's human rights and diverse needs were reflected within each plan and we received positive feedback during the inspection which evidenced people were being treated fairly and in line with their personal preferences.

The home was working within the requirements of the Mental Capacity Act (MCA). Deprivation of Liberty Safeguards, (DoLS) applications were made where people were deemed to lack capacity to make their own choices and decisions about their care.

Staff interacted and engaged well with people. Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People's opinions were routinely sought and acted upon by means of questionnaires and residents meetings. This enabled people to provide influence to the service they received.

Recruitment processes were robust and designed to protect people using the service by ensuring appropriate steps were taken to verify a new employee's character and fitness to work.

The service had a sufficient number of staff to support the operation of the service and provide people with safe and personalised care. People told us they never felt rushed and staff were responsive to their needs.

Staff received training appropriate to their roles and prior to becoming an established member of staff they were subject to a period of induction, training and supervision.

Positive feedback was received from people who used the service and staff about the management structure. People told us they were able to ask for assistance from the registered manager when required and people also informed the registered manager was present throughout the day in the communal areas. Staff also said they felt well supported and they could approach management with any concerns.

## 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.

People told us they felt safe and were cared for by staff who would listen to any worries then may have and act upon them appropriately.

Medicines were administered in a safe way by staff who had received training appropriate to the role.

Appropriate maintenance and environmental checks were carried out to ensure the environment was fit for purpose and free from hazards.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to ensure they had the correct skills to support people using the service effectively and in line with their preferences.

The principles of the Mental Capacity Act and Deprivation of Liberty Safeguards were followed and no person was unlawfully deprived of their liberty.

People's nutritional requirements were met and people told us they were served with good home cooked food.

### Is the service caring?

Good ●

The service was caring.

People told us they were cared for well and involved in their care choices.

Interactions between staff and people living at the home were kind and caring.

We observed people being treated with dignity and respect and offered choice throughout the day.

### Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which captured their personal preferences and people received care and support which was responsive to their needs.

Procedures were in place to deal with people's complaints. People told us they were confident that any complaint would be dealt with appropriately.

People's human rights were being respected. People's care files considered their diverse needs and requirements.

### Is the service well-led?

Good ●

The service was well led.

The service had a manager employed who was registered with CQC.

The registered manager was approachable and had been instrumental in driving up improvement within the service.

Audit and quality assurance systems were in place and were effective to ensure good governance within the service.

# The Hamiltons Care Home

## 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 is 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.

This inspection took place on the 09 and 10 January 2018. The first day was unannounced. This meant the provider did not know we would be visiting the home on this day. The second day was announced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

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.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports, action plans and any notifications sent to us by the home including safeguarding incidents. This helped us determine if there were any particular areas to pursue during the inspection.

Prior to the inspection the provider had completed 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.

At the time of the inspection there were 17 people living at the home. During the day we spoke with the registered manager, deputy manager, two visiting professionals, five people who lived at the home and three care assistants. As part of the inspection, we looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included four care plans and six staff personnel files.

Throughout the day we observed how staff cared for and supported people living at the home and observed

lunch being served to see if people's nutritional needs were being met.

## Is the service safe?

### Our findings

People told us they were safe. One person stated, "I have no concerns or worries. The staff take all those kinds of things away from me; they make sure I am as safe as can be." People also told us that if they were worried about the way they were treated they would be able to approach staff or the managers with their concerns and were confident their voice would be heard. One person added, "Oh any concern's I have or if I am not happy about how the staff are with me I am able to speak with whom I wish. I have never had to do this but if I ever do I would have no concerns at all about speaking to someone."

At last inspection on 01 and 02 December 2016 we found the service to be in continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. This was due to missing signatures on medicines administration records (MAR) and lack of omission codes being used for medicines which had been refused or not required.

As a result of the breaches identified in previous inspections the service was subject to regular audits from the Clinical Commissioning group (CCG) in relation to medicines management. On the second day of inspection the CCG visited the service to carry out a routine audit of medicines practice. This audit covered all areas of medicines management looked at by the inspection team. Following discussion with the representative from the CCG we concluded that the service was now compliant in this area.

Medicines storage was secure and behind a locked door and medicines stock was well organised. Medicines temperatures were being consistently recorded.

MAR's detailed the person's picture for identification purposes and contained relevant information to enable staff to safely and confidently administer people's medicines as prescribed. We reviewed a sample of six separate people's MAR records covering a three week period. It was concluded that these were adequately completed with only two missing signatures found for, 'as required' medicines such as lactulose.

When 'as required' medicines (PRN) protocols were in place, these explained what the medicine was, the required dose and how often this could be administered, the time needed between doses, when the medicine was needed, what it was needed for and if the person was able to tell staff they needed the medicine. The MAR had a section on the reverse to enable staff to document the time PRN medication had been given. This ensured PRN medicines were being administered safely and appropriately.

Information to guide staff when and where to apply creams was in place. A body map was completed to identify where creams were to be administered and a separate record was maintained by the care staff to demonstrate they had been administered. Creams were stored out of view in people's bedrooms.

Fluid thickening agents were not prescribed to anybody using the service at time of inspection. Therefore we could not identify if these were being used safely and as per manufacturers instruction.

Safe recruitment was adhered to. We looked at five staff recruitment files, a full application form was seen with no gaps in employment history, references had been sought prior to successful appointment to the post and Disclosure and Barring (DBS) checks had been completed. These checks are essential to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staffing levels were appropriate at the time of inspection to safely meet the needs of the people using the service. The registered manager told us the service used a staff dependency tool to determine the number of staff hours required based on the needs of each individual. We looked at one month's staff rota and saw that a consistent number of staff was maintained each day. Staff reported that they felt there was a good level of staff and told us they were required to work additional shifts to cover staff sickness. The registered manager told us the service did not use agency care staff because the core staff team would pick up any sickness cover.

The service ensured thorough procedures and clear guidance was in place to inform staff and people using the service including their visitors about safeguarding/abuse matters. Information and contact numbers in relation to safeguarding was seen in people's rooms for them to refer to should they wish. Staff we spoke with gave appropriate examples pertaining to safeguarding matters. One staff member told us, "Abuse can be physical, mental and financial. If I were to witness anything or have any concerns I would contact the safeguarding team or speak with my manager." A second staff member stated, "I have been on safeguarding training and if I see anything I am not happy with or someone tells me something I would make sure I tell my manager straight away."

Where accidents occurred, these were investigated and preventative measures put in place to keep people safe. All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. Action points were recorded as an outcome and we saw evidence of these being completed.

We saw files dedicated to safeguarding concerns, accidents and incidents. We found any concern was referred to the local authority for further investigation when appropriate. The registered manager evidenced a detailed audit trail which captured the date of referral the outcome and any actions. We were also able to determine the registered manager referred the appropriate information to the CQC.

People's care files contained a series of risk assessments personal to their own circumstances. For example one person's file identified that this person was at risk falls. Due to this a risk assessment had been created to inform staff how to mitigate the risk, in addition a mobility care plan had been created for the person and provided further information to staff about the person's risks, habits and preferences. Individual risk assessments were also evident for people who required the use of a stand aid or hoist. Again each of these risk assessments detailed information relevant to the person.

Further risk assessments were seen covering areas such as, communication, hearing and vision, pressure areas, mental health and diet.

The service had a policy in place to guide staff in supporting people to make informed decisions around risk taking. The policy highlighted the importance of supporting people's independence to take reasonable risks wherever possible by providing each person with information and choices to inform their decision making.

Fire audits were in date and fire safety checks were completed. Appropriate fire signage and extinguishers were seen around the home. We noted training had been given to staff to deal with emergencies such as fire

evacuation. Personal emergency evacuation plans (PEEPs) were in place in people's care files and copies of the plans were kept at the main entrance in the form of a 'grab file' to ensure they were easily accessible should an emergency situation occur. The grab file also contained floor plans, showing where the fire escapes were as well as the 'safe zones' in the event of a fire.

Business continuity plans were in place detailing steps to follow in the event of any unforeseen or anticipated significant disruption to the operational practice and management of the business, including failures of utility services and equipment. The service also had policies to support these procedures.

We looked at what processes the service had in place to maintain a safe environment and protect people using the service, visitors and staff from harm. We noted arrangements were in place to identify any hazards and clear assessments were evident to remove or reduce the risk. We reviewed health, safety and building maintenance records and saw documentation and certificates which demonstrated relevant checks had been carried out in respect of gas and electrical safety, substances hazardous to health (COSHH), risks associated with waterborne viruses and hot water temperature checks.

A recent environmental health audit had been carried out which highlighted significant improvement in the services kitchen area. Previously the environmental health audit had achieved a low score of one. However the service had improved and had achieved a score of three at time of this inspection. We looked around the kitchen and noted that items were stored appropriately and there was a cleaning schedule which covered just the kitchen area.

We looked at seven people's bedrooms at random and noted that each of these were clean and free from odour. On first entering the building we noticed a slight malodour, however this was quickly rectified and on entering the service on the second day we did not note any unpleasant odours. We saw the communal areas had been decorated since last inspection which gave a brighter feel and the carpet had been cleaned. People we spoke with were complimentary about their surroundings and felt their bedrooms were maintained to a good standard.

During the first day of inspection the service was diagnosed with an outbreak of, 'upper respiratory infection' for five people.. The registered manager informed the Public Health Agency without delay and followed instruction from them in relation to quarantine arrangements and correct signage around the building. In addition to this the registered manager submitted a notification to CQC and kept us updated on the progression and management of the infection.

## Is the service effective?

### Our findings

People we spoke with told us they liked staff and felt they were good at their job. One person said, "The staff are great, they are very good at what they do and seem to know what I like and don't like." A second person commented, "The carers are lovely they certainly do have the right attitude and skills to look after all of us."

Service induction training was offered to all staff prior to working independently. Service induction allowed each new member of staff to work in addition to the normal care team so that when the time was appropriate for them to be integrated into the team the staff members basic learning and training had been completed and they were familiar with people using the service and their individual needs. Staff we spoke with informed us they had been subject to this process and felt it useful and equipped them with the correct skills to work as part of the team in a confident and knowledgeable way.

On-going training was also offered to the staff team. We saw evidence of staff training in staff personnel files and the staff we spoke with gave examples of recent training courses they had attended. We looked at the staff training matrix and noted all staff were up to date with mandatory training subjects such as, safeguarding, moving and handling and first aid. We noted further training topics were also offered such as COSHH, fire safety, basic life support, dementia and eye care and these were up to date.

Supervision sessions for all staff had been routinely carried out and we saw a supervision schedule planner for 2017 which evidenced this. The registered manager informed us she was working on a new schedule for 2018. Supervision sessions provided an arena for the staff member and manager to discuss any performance issues, training needs and examples of the staff member's good practice. Staff told us they valued these sessions and felt they were useful. The registered manager also informed us additional 1-1 sessions were also held should they be required.

We saw people's capacity to make their own decisions and choices was considered within the care planning process. Where possible people had signed a consent to care and treatment plan and in circumstances where this was not possible it had been signed on their behalf by a suitable representative. Care files were person centred and contained information that was personal to each person's circumstances and history. People told us they were able to freely move around the building and access the community with family and staff should they wish to. One person told us, "I can go to my room during the day if I wish to. I can also go outside but it's too cold at the moment so I haven't been out."

Staff received training in equality, diversity and human rights and the statement of purpose made reference to people's rights and choice, quoting, "At the Hamilton's we believe that every person has the right to live in a home where individuality is emphasised with staff who have the time to give attention to small detail." The Registered manager told us a private room was made available should a person wish to meet the clergy of their chosen denomination. The manager added that the clergy visited once per month to meet with people who wished to engage. At time of inspection there was no person using the service who had an alternate diet or life style preference. Therefore we could not assess if their needs were being met appropriately.

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 the mental capacity to make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. At the time of inspection we noted the service was appropriately managing active DoLS. The registered manager and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority. At time of inspection there were currently five people subject to DoLS authorisations. Staff had received training and were able to give appropriate examples of how to support a person who lacked capacity. One staff member spoke with us about the importance of still offering choice even if the person is unable to make their own informed choice.

People living at the home had nutritional care plans in place, with Malnutrition Universal Screening Tool (MUST) assessments also completed and updated each month. This enabled staff to closely monitor people's nutritional status and respond accordingly such as if they needed to be referred to agencies for advice. We saw people were weighed either weekly or monthly so that staff could determine if any further action was required. These records were up to date and held in people's care plans. People were offered a choice at meal times and had information about future meals in advance. People's comments supported that the food was, "Home cooked." One person told us, "The food is very nice, it is proper home cooked." A second person stated, "They listen to what we want, we like good home cooked food. None of this pasta, we are all of an age in here where we were not brought up on food like that. The food meets our expectations and there is always plenty of it and it's always hot."

We observed two breakfast and lunch time meal time experiences and noted they were relaxed and people were not rushed. Tables were equipped with table cloths and condiments and people who chose to eat their meals in the communal areas and bedroom were able to do so without restriction.

We looked at how people were supported with their health. Records had been kept of healthcare visits including, podiatry, district nurses, dietician and GP. Where appropriate people had plans in place to meet the requirements of their health needs and dietary requirements. These provided detail to staff on how best to support the person to meet these goals.

Equipment such as bath aids, hoists and lifts were in place to ensure people were able to have a bath and access the upper floors should they wish. There was also a wet room situated on the ground floor with stand rails to assist people to independently stand whilst taking a shower should they wish.

## Is the service caring?

### Our findings

People told us staff were caring, considerate and helpful. One person stated, "Oh the girls do live up to their titles as carer's they are definitely that, caring." Whilst a second person stated, "You need to be a caring person to do this job, the staff have been chosen well. They cannot do enough for us. The manager is very good too she is very caring."

The service ensured people were consulted about their daily living choices. We saw examples over the two days of inspection of staff asking people what they would like to do and people replying confidently. One person we spoke with told us, "Oh staff are always respectful when asking; it's up to you if you want any help. If you can do it on your own that is fine they let you get on with it." Staff also gave relevant examples about how to ensure a person was enabled to make their own choices. One staff member stated, "It's about listening to what the person wants and enabling them to do this if they struggle to do it alone. That's what our job is about."

It was evident that people had been encouraged to personalise their bedrooms and had input into the décor of the home along with soft furnishings. Each bedroom was individual to the person and contained their personal possessions such as small furniture items and ornaments.

Residents meetings had been offered historically and we saw evidence of this, however the registered manager stated, "We seem to have had a rough time recently especially over the winter months where people have not been feeling up to participating. Therefore it was not felt appropriate to hold a meeting of this nature. However, this is something I am organising once people are feeling better." We spoke with the registered manager about the importance of still holding such meetings, even if two people were in attendance as this still offered an opportunity for people to express their concerns/ wishes and for the registered manager to provide feedback on areas beneficial to the people using the service.

Quality questionnaires were sent to people and their families on an annual basis. Questionnaires covered areas such as staff performance and attitude, people's safety, quality of food and the environment. We looked at nine of the most recent survey responses and noted positive answers to each of the questions in each of the nine. Comments made included, "The care received is excellent," "Excellent atmosphere and managed well," and "Staff are able to have a laugh which brightens [my relative] up." A fourth comment stated, "Staff have lots of patience."

People told us their privacy and dignity was respected at all times. People added staff sensitively supported them with the personal care requirements and never made them feel exposed or compromised. Staff gave relevant examples about knocking on people's doors before entering and ensuring the person's dignity whilst supporting them with intimate care needs. One staff member told us, "People have a right to privacy and we should respect that."

We saw information was offered to people to enable them to access an advocate should they wish to. We saw information was provided in the service user handbook which was located in each bedroom and also at

the main entrance. The registered manager told us two people were accessing advocacy services at time of inspection.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

## Is the service responsive?

### Our findings

People indicated they felt listened to by staff. We observed people speaking freely and openly with staff about any worries, requests or questions they had.

Pre-assessments were carried out before a new admission to the service was accepted. This document considered areas such as the person's wishes and feelings, background, perceived historical and current risk, aims and goals. In addition to this the local authority (LA) supplied the service with a support plan which detailed their assessment of the person. The registered manager told us she used the LA support plan as an initial assessment but would always meet with the person and their families where appropriate to complete the service's own document. She added, "This is always with the support from the person themselves and family members when appropriate."

People's care plans had been created to capture the person's wishes and feelings and a 'Resident/relative' document had been implemented to highlight the involvement of people and their families throughout the care planning process. The registered manager added, "Care plan reviews are completed annually or more often if a person's needs have changed. This review requires the family member or resident where appropriate to read through the full care plan to ensure they are happy with the contents and that it reflects the person's current needs." She added, "This has proved very successful."

Care plans covered a varied number of areas based on each person's individual needs. Hearing and vision, communication, mobility, mental health, cognition, behaviour, diet, and daily routine were some of the areas considered. Each care plan we saw contained information to enable staff to understand the person's need in each particular area. This would ensure each individual person received care and support in line with their specific requirements.

We looked at how people's human rights were being respected and spoke to staff about their understanding of this. We noted people's care files considered people's rights and needs and people told us they felt these were being respected. Staff gave examples of ensuring people were treated fairly and their lifestyle choices honoured at all times. The registered manager added, "We would treat each person equally despite their sexual orientation, belief or lifestyle choice and accommodate their wishes wherever possible."

Staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences in a person-centred way.

Daily reports provided evidence that people had received care and support in line with their support plan. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

Staff handover happened before each shift and in addition the deputy manager completed a 'weekly Friday report to the registered manager.' The registered manager explained, "This is a report on each person which

covers areas such as medicine changes, illnesses, pressure areas, incidents and health appointments." She added, "This is useful and enables me to keep up with the weekly goings on and changes."

During the two day inspection we saw very few activities happening. We observed at times staff sitting conversing with people and one staff member manicuring people's nails, however we did appreciate that due to the outbreak of infection people did not want to engage in activities. We spoke with people about how they spend their day and people told us that at times activities did happen and over the Christmas period they had enjoyed singers who had been brought in externally. One person added, "The girls do try but people don't want to get involved. I suppose at our time of life most of us are happy snoozing in our chairs, reading and watching TV. We keep each other company too." We saw an activities plan displayed on the wall and each person had an activities log situated in their file. The registered manager told us the service did not employ an activities coordinator, however each day a member of staff would be allocated to participate in offering activities.

The registered manager told us the service had not received any complaints since last inspection, therefore we could not assess how complaints were handled. However we did see the service complaints policy and a designated complaints file. In addition the complaints policy was situated in each person's bedroom and at the main entrance, should people require the information. People we spoke with knew they could raise any concerns with staff or the registered manager and added they had not needed to do this for some time. One person said, "People are generally happy. We are not given any reason to complain."

At the time of inspection there was no person receiving end of life care and support. The Hamiltons is not a nursing home and therefore does not have qualified nurses employed, however they are able to offer care and support to a person nearing the end of their life with the support of the district nurse team and the hospice staff. The registered manager told us, "This is something I feel strongly about; we should not be moving people nearing the end of their lives unless this is absolutely needed. We are able to provide that here, in an environment that the person is familiar with and feels comfortable along with their families."

We saw care files contained documents to consider people's end of life wishes and in some cases documents had been signed by the person's GP. However we did note that not all end of life documentation had been completed. The registered manager told us, "Sometimes people do not wish to speak about this, therefore we need to respect that and try again some other time."

## Is the service well-led?

### Our findings

There was a registered manager at time of inspection that had been registered with the Care Quality Commission since February 2017. 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.

The service had historically been subject to a local authority 'service improvement plan' (SIP). The purpose of this plan is to support services to make improvements, in line with Care Quality Commission and council requirements. This was implemented following the inspection carried out by the Care Quality Commission in April 2016. The service had engaged well with the local authority and as a result, at time of this most recent inspection was no longer subject to the plan. The hard work which had been implemented by the management and staff in driving up improvement within the service was identified during this inspection.

People we spoke with felt the registered manager was approachable, fair and kind. The registered manager ensured that she was located centrally in the building which enabled people to see her presence and allow her to observe staff conduct. At time of inspection the registered manager was providing relief cover to a second home but told us she would be present at the Hamiltons three days per week and in her absence she was supported by her deputy manager who was present at the service each day throughout the week. The registered manager added, "I am on the other end of the telephone should anybody need me on the days I am not in."

The service had a wide range of policies and procedures which provided staff with clear and relevant information about current legislation and good practice guidelines. Policies included, manual handling, meal planning, medicines, mental capacity, person centred care, safeguarding, health and safety, whistleblowing and human rights. We were able to determine they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

The service had an infrastructure of auditing and quality assurance in place to monitor the quality of service delivery. These audits were sectioned into monthly, weekly and quarterly schedules and covered areas such as care plans, medicines, documentation, health and safety, slips trips and falls, infection control, weekly fire alarms and other fire equipment, support files, staffing levels and complaints.

Night checks were also in place. Staff were expected to look at areas such as people's bedrooms to ensure the nurse call alarm was in place and people could reach it when in bed, if the nurse call was charged in the en-suite, people's food and fluid, personal care and continence records; all were completed in full.

Health and safety meetings were held each month. We noted these involved the registered manager, deputy manager, cook and maintenance person; the last one was held in December 2017.

The registered manager told us all audits were input into a monthly health and safety report. This was a one page document which evidenced and pulled together information about service compliance. It looked at areas such as number of safeguards that month, weight loss, pressure areas, maintenance requests and number of notifiable incidents. Once all of the information was collated it was forwarded to the company director who reviewed and investigated should there be any concerns. The registered manager added, "I meet up with the director four times per month to review documentation and converse about any areas of concerns either they or I have.

All employees had been provided with a copy of the provider's code of conduct and practice standards. These standards were reinforced during the staff member's induction period. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them and failure to follow this would result in disciplinary action.

Staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full.

As identified in the report the service used a range of other systems to monitor the effectiveness and quality of the service provided to people and to seek people's views and opinions about the running of the home, such as day to day discussions, quality questionnaires for people using the service and their relatives. The registered manager also added, "My door is also open and people can walk in should they need to see me."