

Sentimental Care Limited

Hamilton Park Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hamilton Park Nursing Home provides accommodation and nursing care for up to 34 people. Accommodation is arranged over three floors and all bedrooms are single occupancy. The home is staffed 24 hours a day and a registered nurse is always on duty. 19 people were living at the service at the time of the inspection.

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

The service had not been consistently well led in the past few months. This had led to some quality assurance measures not being carried out and some identified shortfalls not being addressed. This meant the systems in place to monitor the quality of people's care and safety had not been fully implemented to drive improvements. At the time of the inspection the provider was taking action to improve the management of the home. The provider had been working with recruitment agencies to find a registered manager for several months.

Improvements were needed to ensure fire safety checks were completed regularly when the maintenance person was on leave. Some equipment needed to be serviced and we have made a recommendation in relation to medical equipment.

People said they felt safe living at the service. Comments included, "I am happy and safe here. Staff are very nice to me"; "Life is not at all bad here. I'm very well looked after" and "I have no concerns about my care."

Relatives and professionals felt people were safe from harm and they expressed confidence in the staff and the care provided. Comments included, "(Person) is very happy indeed and getting all the care (they) need. We have no complaints at all" and "Yes, (person) is definitely safe. We trust them (staff). They are excellent at their job".

People told us staff usually responded quickly when they required help. Rotas and feedback from staff showed the provider's recommended staffing levels were not always maintained due to unplanned staff sickness levels. However, people confirmed they received the care and support they needed. Regular agency care staff and registered nurses were booked in advance to cover vacancies or planned absences such as holiday.

Risks to people's health and wellbeing were being managed. People's care records identified risks and mitigating actions for staff to follow. Care and nursing staff worked with other health and social care professionals. They sought guidance and advice from health professionals to ensure the safety and wellbeing of people was maintained. Health professionals confirmed they were informed of any concerns. For example, GPs confirmed they were alerted in a timely way to any changes to people's health.

People received their medicines safely from staff who had received specific training to carry out the task.

The standard of cleanliness throughout the home was good and appropriate infection prevention and control measures were in place including staff using PPE . We have signposted the provider to resources to develop their approach.

Although staff did not have the full management support they needed, they described a team which worked well together to deliver a good standard of daily care. People were supported by a staff team who were committed to providing good care for them. Throughout our two days at the service we saw many kind and compassionate interactions. Staff supported people safely when helping them to move and ensured people's dignity was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection; The last rating for this service was Good (published 22 October 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, the safe management of medicines and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hamilton Park Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 good governance and quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hamilton Park Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an assistant inspector. The inspectors visited the service on 7 and 13 October 2021.

Service and service type

Hamilton Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 not had a manager registered with the Care Quality Commission since June 2020. The provider had arranged for a registered manager from another service to oversee the management of Hamilton Park while they recruited a new manager. We have referred to them as 'the manager' throughout this report. During this period of no registered manager, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced with the second visit announced.

What we did before the inspection

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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with 15 members of staff including the nominated individual and company director, acting manager, administrator, two registered nurses, senior care workers, care workers and maintenance and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service. We sought feedback from seven relatives and received feedback from six.



Is the service safe?

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 now deteriorated to requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Improvements were needed to ensure fire safety checks were completed regularly when the maintenance person was on leave. Fire safety checks had not been completed for a three week period. We found three fire doors which were not closing properly. The maintenance person took immediate action to adjust the doors to ensure they closed properly.
- There was no record for the maintenance or servicing of wheelchairs used within the service. We were told this was done on an ad-hoc basis. We observed one person using a wheelchair with only one-foot plate. They told us they were uncomfortable. The wheelchair had not been assessed and repaired. This was brought to the attention of the manager who arranged for the wheelchair to be serviced.
- The kitchen had been inspected October 2021 by the food standards agency and was awarded four out of five rating. This meant hygiene standards were acceptable, but some improvement was required. Recommendations were being acted upon.
- Thickeners used for drinks for people with a choking risk were left on lockers instead of being securely locked away. Thickeners could cause harm if eaten. We brought this to the attention of the manager, who addressed this issue. Ongoing vigilance was needed, so people were protected.
- Risks to people's health and wellbeing were being managed. People's care records identified risks and mitigating actions for staff to follow. For example, risks associated with the development of pressure ulcers, weight loss and risks related to certain conditions such as diabetes. Where people were at risk of developing pressure ulcers, pressure mattresses (set appropriately) and chair cushions were used to reduce the risk. Where people were at risk of weight loss, food supplements and fortified calorific meals were used to reduce the risk.
- Health professionals confirmed they were informed of any concerns. For example, GPs confirmed they were alerted in a timely way to any changes to people's health. People had access to various health professionals to maintain good health, including tissue viability nurses, speech and language therapist and opticians.
- Environmental risks to people had been addressed. For example, radiators were covered or had low heat surfaces to reduce the risk of burns. Hot water was maintained at a temperature which did not pose a risk of scalding. Windows above the ground floor were restricted to reduce the risk of falls. Equipment such as fire detecting and lifting equipment was checked and serviced by outside contractors.
- Plans were in place to guide staff about the action to take in an emergency. Personal emergency evacuation plans (PEEP) were in place with information about people's support needs in an emergency.

Staffing and recruitment

- People told us staff usually responded quickly when they required help. Comments included, "Staffing is reasonable it just depends on the availability of the staff, but they usually come quickly when they can" and "They look after me very well. They do their best. Sometimes they are short staffed, and they can take a bit longer to come and see me, but they are very good, and they do their very best to get you what you want".
- On the first day of the inspection there was one unplanned staff absence due to short notice sickness. The manager had arranged for a member of staff to cover the shift from late morning. Ancillary staff were in place, for example an administrator, activity coordinator, kitchen, domestic and laundry staff. We did not observe anyone waiting for help or assistance during the inspection. Call bells were answered quickly. However, one relative said their loved one had experienced long waits on occasions. A review of the last call bell audit in March 2021 showed the longest wait was for 10 minutes.
- Rotas and feedback from staff showed the provider's recommended staffing levels were not always maintained due to staff sickness levels. Regular agency care staff and registered nurses were booked in advance to cover vacancies or planned absences such as holiday. Staff confirmed the manager always tried to get cover for any unplanned absences.
- Feedback from professionals in relation to staff skills and knowledge was positive. Comments included, "The hands-on care is good. No important issues are missed...we don't have concerns about poor care"; "Staff are always lovely and keen to engage. Regular agency staff are knowledgeable" and "Staff are aware of our eating and drinking care plans and from reported information follow these. The person on my current caseload reports they are being given the correct diet and fluids". However, professionals said staff were often too busy to engage fully and support professionals when visiting.
- The provider was actively recruiting for a registered manager, clinical lead and care staff. After the inspection, the acting manager confirmed a clinical lead had been appointed and was expected to start work at the service at the beginning of November 2021.
- The manager ensured admissions were being managed safely until more staff were employed.
- People were cared for by staff who had been safely recruited. Pre-employment checks were carried out for new staff to ensure they were suitable for the role.

Using medicines safely

- Staff were assessed to ensure they were competent in the safe administration of medicines. We saw that staff gave medicines to people in a caring and supportive manner.
- Staff spoken with were able to say how decisions were made to support people with medicines prescribed to be taken "when required".
- Controlled drugs (medicines that have additional controls due to their potential for misuse) were stored in accordance with current regulations.
- Medicine containing patches were not always applied in accordance with the prescriber's directions. The recording of the location of application of the patch was inconsistent. There was no documented monitoring that the patch remained in place or that the previous patch had been removed. Some patches were applied to areas of the body more frequently than recommended by the manufacturer which could lead to inflammation and irritation of the skin.
- We found that some of the emergency equipment at the home had not been recently serviced or checked and some products were date expired. The manager said they would take immediate action to have the equipment serviced.
- Some of the policies in use (e.g. homely remedies policy) reflected that applied to another service rather than Hamilton Park. However, the content of the policy was appropriate.
- Staff carried out medicines' audits, although these had not identified the issues found at the inspection.

We recommend the provider follow manufactures guidance when using medicine patches and that they

ensure medical equipment is serviced as per the manufacture's recommendations.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. Comments included, "I am happy and safe here. Staff are very nice to me"; "Life is not at all bad here. I'm very well looked after" and "I have no concerns about my care. They are very good here. We get excellent care and attention".
- Relatives and professionals felt people were safe from harm and they expressed confidence in the staff and the care provided. Comments included, "(Person) is very happy indeed and getting all the care (they) need. We have no complaints at all" and "Yes, (person) is definitely safe. We trust them (staff). They are excellent at their job".
- Professionals confirmed they had not witnessed any practice of concern. Comments included, "We haven't seen any neglect. Personal care and continence care seem good".
- Staff had received safeguarding training and were knowledgeable about how to identify and report safeguarding concerns. They told us they felt comfortable raising concerns with the nurse in charge or acting manager. They were aware of who to contact externally if they had any unaddressed concerns.
- The manager and nominated individual reported concerns to the local safeguarding authority when required. They worked with the local authority to ensure any concerns were investigated. There was one on-going safeguarding enquiry at the time of the inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean throughout with no malodours. However, cleaning schedules did not clearly record the regular cleaning of frequently touched points. The manager assured this was happening throughout the day. Not all hoist slings were used for individual use. The manager explained two slings had recently been taken out of service to be replaced. New slings were being ordered to ensure the service had individual moving and handling slings. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were reported by staff. The manager reviewed reports to assess if any changes

were needed and to check for any trends that needed further action. For example, to identify if there were times of days or places where people had more accidents.

- Minutes from staff meetings showed incidents, such as safeguarding, were discussed and any learning shared to improve ways of working and supporting people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had been without a registered manager since June 2020. The provider was actively recruiting and had made two appointments. One manager joined the service but left within eight weeks. Another was appointed but unable to start due to personal issues.
- The provider was working with eight recruitment agencies to find a suitable manager. In the meantime, the provider had engaged a consultant to help with the required improvements.
- There were interim management arrangements in place to oversee the day to day running of the service. The interim manager spent one day a week at the service and provided remote support for staff, along with the nominated individual.
- The lack of permanent leadership had impacted on staff morale and was the number one concern for relatives and professionals. When we asked staff what improvements they would make, a permanent manager was the response from them. This was echoed by relatives and professionals.
- One relative felt overall standards had "slipped" and staff needed more direction and consistent management to deliver the care expected. The loss of a permanent clinical lead was also causing some organisational issues. Health professionals said they found it difficult to engage with non-permanent staff. However, the current manager was praised by staff and professionals for the work they did to support the staff and service. Comments included, "(The manager) is trying so hard against all odds and has worked so hard to keep the service safe. I can't praise her enough". Following the inspection, the provider confirmed that a clinical lead had been appointed.
- There was a governance system in place, however, we found it to be ineffective at times. Some of the audits had not identified the concerns we found on inspection. There was not sufficient oversight of these audits to ensure they were completed correctly, to ensure they identified and addressed any areas requiring improvement. For example, the management arrangements had not ensured essential safety checks, such as fire safety checks, had been completed as required. Wheelchair maintenance had not been monitored and the legionella check was overdue. Following the inspection, the manager confirmed a date for the legionella check.
- The manager had developed an improvement plan in September 2020. This had been reviewed by the manager and nominated individual in August 2021. There were a number of identified improvements from 2020 which had not been achieved. For example, continued work to improve the laundry facilities; the replacement of the call bell system and the replacement of some flooring in corridors. The nominated

individual explained some of this work had been stalled due to the pandemic and financial constraints during this time. No new timescales had been set to ensure the identified improvements were made.

- Accurate, complete and contemporaneous care records were not always maintained. Due to issues with the access to WIFI the manager was transferring people's care records from an electronic system to a paper based system. This meant there were two sets of records of each person. The manager and nursing staff were working to ensure all records were transferred. However, working with two sets of records could risk important information being missed.
- Some daily records were not up to date or lacked detail. For example, there were some gaps in people's re-positioning charts and diet and fluid records. Records support the planning, monitoring and delivery of care. For example, knowing what position to support a person to move to or if fluids need to be increased. While there was no indication that people had not received the care they required, records did not provide assurance about the care and support provided. Some staff explained this was because staffing shortfalls at times meant they focused on meeting people's needs rather than completing charts. During the inspection we observed people were supported to change position regularly and were offered diet and fluid at regular intervals.

The provider failed to ensure effective systems and processes were established to monitor and assess the safety and quality of the service, drive improvement and maintain accurate and contemporaneous records. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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; Continuous learning and improving care

- Records showed investigations were undertaken and actions were implemented to make improvement when things had gone wrong. For example, complaints or concerns were acknowledged, responded to and where required written apologies given to people and their relatives in accordance with duty of candour principles.
- Notifications with regard to deaths, serious injuries or allegations of abuse were sent to CQC as required. This helped us with ongoing monitoring of the service.

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

- People were supported by a staff team who were committed to providing good care for them. Throughout our two days at the service we saw many kind and compassionate interactions. Staff supported people safely when helping them to move; they ensured people's dignity was maintained when using a hoist in communal areas.
- People's feedback about staff's attitude and approach was positive. They said staff were kind and caring. Comments included, "They (staff) look after me very well. The nurses are beautiful and treat me well" and "I'm comfy here. The routines are good. I'm free to go to bed and get up when I want. I have nothing to worry about here". A relative said, "The staff are excellent. A dedicated team who genuinely care for residents. I feel lucky (person) is there..." Another told us, "They (staff) really care about people... We can see when staff are with (person) they react with smiles to them. That is so reassuring..."
- Although staff did not have the full management support they needed, they described a team which worked well together to deliver a good standard of daily care. Staff said they enjoyed their jobs. Comments included, "I love it. We work hard here to make sure people are happy" and "I would be happy to have loved one here. The team are very good". Staff knew people well and were able to describe any risks to people's health and wellbeing and how to reduce the risk.

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

- The manager had sought people's feedback in July 2021 using a brief satisfaction survey. People had been supported to complete the survey by the manager. We discussed the use of family, friends or advocates to assist people with future surveys to ensure confidentiality and impartiality. Responses to the survey were generally positive. The manager had begun to address areas identified for improvement. For example, activities.
- Relatives were able to visit their family members, in line with current guidelines, enabling people and their families to reconnect. Prior to this, where possible, video conferencing services had been used to enable people to speak with their families.
- There was evidence that relatives were updated about their family members wellbeing or changes to their needs.
- Staff meetings were held at the service, but these were infrequent. Minutes from meetings in July and August 2021 showed a variety of issues were discussed, including any lesson learnt or areas for improvement. Staff said they found the meetings useful and would like the opportunity for regular staff meetings so they could be kept up to date with any changes at the service.

Working in partnership with others

- Care and nursing staff worked with other health and social care professionals. They sought guidance and advice from health professionals to ensure the safety and wellbeing of people was maintained.
- Professionals confirmed staff reported any concerns or changes to people's health but felt communication and partnership working would be improved once a permanent registered manager, clinical lead and care staff were appointed.
- Any concerns raised by professionals in regard to staff's performance, professionalism, attitude and approach were addressed by the manager.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Effective processes were not in place to monitor the safety and quality of the service.