

Mrs Janet Walters

# Hamilton Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hamilton Rest Home is a residential care home providing personal care and support for up to 23 people aged 65 and over, some of who were living with dementia. The service does not provide nursing care. At the time of the inspection there were 15 people living in the home.

Hamilton Rest Home is an older style property with accommodation on two floors. A stair lift provides access to the first floor. The home is situated on a main road close to shops and a park.

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

During the inspection, we found the provider had failed to report all incidents occurring in the service to the Care Quality Commission (CQC). However, we had received other notifications from the service and the local authority safeguarding team confirmed all incidents had been reported to them. The registered manager had previously sought advice about notifications and this had been misinterpreted. Appropriate action had been taken following the inspection to resolve this.

People told us they felt safe and were happy with the service they received. They said staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Recruitment processes ensured new staff were suitable. There were enough numbers of staff to meet people's needs and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive support with minimum risk to themselves or others. The home was clean and free from odours. The provider had a system to ensure staff documented any accidents or incidents which had taken place. We discussed how this could be improved.

People were given choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Staff received ongoing training, supervision and support. People's health and nutritional needs were monitored. People enjoyed the meals and were offered variety and choices. Staff worked in partnership with healthcare professionals, when needed.

Management and staff had developed friendly, caring and respectful relationships with people using the service and their families. People's care was tailored to their needs and staff knew about their routines and preferences. People, or their family members, had been consulted about their care needs and some had been involved in the care planning review process. People had access to a range of appropriate activities. People did not have any complaints about the service but were confident to raise any issues.

People were happy with the way the service was managed. There were systems to assess and monitor the quality of the service and the practice of staff. Appropriate action was taken when shortfalls were noted.

Staff received support from management team and from each other and they felt valued. People's views and opinions of the service were sought and acted on.

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 15 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hamilton Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

# Hamilton Rest 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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hamilton Rest 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 a manager registered with CQC. 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 looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted local authority commissioners and asked them for their views about the service; we received positive feedback from them. This information helps support our inspections. We used all this information to plan our 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home and with one relative. We also spoke with the registered manager and four staff.

We looked at three people's care and support records, staffing rotas, six people's medicine records, two staff recruitment records, training, induction and supervision records, minutes from meetings and complaints and compliments records. We looked at records related to the safety, auditing and monitoring of service and carried out a tour of the home.

#### After the inspection

We asked the registered manager to send us some information including staff training matrix, notifications, service user guide and people's terms and conditions. This was sent promptly. We also spoke with the local authority monitoring team and a healthcare professional; they had no concerns about the service.

# 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 remains good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The management team had not always been clear about when to report safeguarding concerns to CQC. However, we found incidents and safeguarding concerns had been reported to the local authority and appropriate actions taken to safeguard people in line with the safeguarding process. We found no evidence that people had been harmed.
- The provider confirmed incidents and safeguarding concerns would be reported appropriately.
- The provider ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise any concerns about poor practice. People told us they felt safe and were happy with the care they received.

Assessing risk, safety monitoring and management

- The registered manager assessed and managed risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner. A relative said, "They manage any potential risks."

Staffing and recruitment

- The registered manager made sure there were enough staff to meet people's needs in a timely way and in line with their plan of care. People and staff confirmed there were enough staff.
- The registered manager carried out pre-employment checks on all new staff. The recruitment procedure was under review to ensure health questionnaires were requested in a timely way.

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling. One person said, "You won't get a cleaner house than this."

Learning lessons when things go wrong

- The registered manager reviewed all incidents and accidents to ensure appropriate actions were taken. We discussed, with the registered manager, the need for an analysis of accidents and incidents to help prevent a re-occurrence and to determine whether there were any trends or patterns. Following the

inspection, the registered manager told us an analysis tool was in place.



# Is the service effective?

## Our findings

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

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

- The registered manager ensured assessments of people's needs were carried out before they came to live at the home, to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition and skin integrity. This supported a good quality of life for people.
- The initial care assessment supported the principles of equality and diversity and staff considered people's protected characteristics, such as age, religion or belief. However, this information was not always recorded in people's care records. The registered manager agreed to address this.
- Management and staff used technology and equipment such as, internet access, call alarms, sensor mats and pressure relieving mattresses, to deliver effective care and support.

Staff support: induction, training, skills and experience

- The registered manager made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Staff were complimentary about the support they received from the management team. People said, "The staff appear to have all the skills and experience necessary" and "The staff seem to work well together."

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

- The registered manager made sure people's nutritional needs and dietary preferences were met. People told us they enjoyed the meals and were provided with meals, snacks and drink choices throughout the day.
- Staff monitored people if they were at risk of poor nutrition. Advice from appropriate healthcare professionals was sought, as needed.

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

- The provider had made improvements to the home; communal areas were comfortable and homely, and bathrooms were suitably equipped. There was no formal development plan, but the registered manager was able to discuss the plans for ongoing improvement. Maintenance processes ensured prompt attention to any reported issues.
- People were happy with their bedrooms and the communal areas. Some had personalised their bedrooms with their own furniture, pictures and ornaments.

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

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently.

#### 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.

- The registered manager understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests. At the time of the inspection, six applications had been authorised by the appropriate agency.
- Staff received training and demonstrated an awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- People's capacity to make decisions was recorded within the care plans. Where possible, people's consent was recorded. However, consent records in relation to medicines management and access to records was not consistent. The registered manager agreed to review this.

# Is the service caring?

## Our findings

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

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 supported people well and treated them with care and kindness. We observed appropriate humour and warmth from staff towards people. People liked the staff at the home. They told us staff were kind, compassionate and respectful. Their comments included, "You couldn't get better if you paid a fortune" and "They will do anything to help you."
- Staff and people living in the home had developed good relationships. Staff chatted with people while they supported them, and conversations were friendly and affectionate.
- Staff knew about people's preferences and diverse needs and respected what was important to them; this was recorded in the care plans. People's gender and sexual orientation were not documented. The registered manager told us this information would be gathered in future.

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

- Staff involved people in decisions about their care. We observed staff encouraging people to express their views and make every day decisions about their care when they could, such as what they had to eat and where they spent their time.
- People's care needs had been discussed with them or where appropriate, their relatives or legal representatives. This helped ensure staff knew how people wanted to be supported.
- The registered manager ensured information about local advocacy services was displayed. These services can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence. Staff knocked on people's doors and waited to enter and privacy screens were available in shared bedrooms.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

# Is the service responsive?

## 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

- Staff provided people with care which reflected their diverse needs and preferences. People told us staff were helpful and knew how they liked to be supported.
- Staff offered people choices and encouraged them to make decisions.
- Staff reviewed people's care plans regularly and updated them when people's needs changed. Some people told us they were involved in this. We discussed improving the detail in people's care plans to ensure they reflected the care and support being given. The registered manager agreed to review this.

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.

- Staff assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary.
- The registered manager told us improvements were planned to improve people's access to documentation. Consideration was being given to improving signage around the home, to support people living with dementia.

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

- Staff encouraged people to maintain relationships that were important to them. Visitors felt welcomed.
- Staff supported people to follow their interests and take part in activities. People were happy with the activities available at the home.

Improving care quality in response to complaints or concerns

- The provider had processes to investigate and respond to people's complaints and concerns. There had been no complaints made about this service.
- People had no complaints about the service they received but knew how to complain or raise concerns if they were unhappy.

End of life care and support

- Staff had documented people's end of life care wishes and understood what was important to them. No-

one was receiving end of life care at the time of the inspection. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available when required.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we recommended the provider recruited a manager to be registered with CQC. The provider had recruited and registered a manager.

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

- The provider had failed to ensure some regulatory requirements had been met. There were five safeguarding incidents over the 24 months prior to the inspection which the registered manager had failed to report to CQC. However, we had received other notifications from the service. The registered manager had previously sought advice from CQC regarding notifications and this had been misinterpreted. The local authority safeguarding team confirmed all the incidents had been reported to them and managed safely. We found no evidence that people had been harmed.
- The provider responded immediately during and after the inspection. They reported the incidents retrospectively to CQC and confirmed all future notifications would be forwarded in line with regulatory requirements.
- The provider had systems to monitor the quality of the service and to monitor staff practice. Action had been taken to address any shortfalls and there was clear evidence improvement had taken place. We noted some audits had not been carried out consistently; the registered manager addressed this following the inspection.
- The management team ensured records were accessible and organised.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to a set of policies and procedures, contracts and job descriptions.

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

- The provider and registered manager were committed to providing people with positive outcomes. Management and staff knew people well and encouraged people to make decisions about their care and support. People told us they were satisfied and happy with the service and described the home as well managed and homely. One person said, "I can't find any fault with this place, I wouldn't change anything."
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service.
- The registered manager was known to people. People described the registered manager as helpful and approachable. Staff felt the service had improved under the registered manager and it was well managed.

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

- The provider and registered manager understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The provider was aware of their responsibility to be open and honest when something had gone wrong.

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

- The provider regularly sought feedback from people using the service, health and social care professionals, visitors and staff to ensure they were happy and to ensure their diverse needs were met. A recent customer survey indicated people were satisfied with the service provided.
- The provider had effective communication systems and staff told us they were kept up to date.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager encouraged continuous learning and development. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care and support for people.
- The registered manager worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service. The provider and registered manager attended local forums to keep up to date and to make improvement in the service.