

Parkcare Homes (No.2) Limited

Hamilton House

Inspection report

Leigh Sinton
Malvern
Worcestershire
WR13 5DZ

Tel: 01886832456
Website: www.craegmoor.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hamilton House is a residential care home providing personal care and accommodation for younger people with learning disabilities and autism. The service was a domestic style property registered to support up to six people. Six people were using the service during our inspection visit.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People received personalised care in a safe way. Relatives felt people were safe living at the home. Safeguarding procedures were in place to protect people. Staff were recruited safely, and enough staff were on duty to provide safe care during our visit. Staff had the skills they needed to support people.

Risks associated with people's care and support were assessed. Detailed risk management plans helped staff to manage and reduce risks. The home was clean and tidy during our visit and the environment met people's needs.

There was not a current registered manager at the home at the time of our visit, however, the manager had applied to be registered with us. The leadership of the service had been maintained since our last inspection. Completed audits and checks demonstrated good governance and effective risk management. The provider and their management team demonstrated commitment to learning lessons when things went wrong. People and relatives were treated as active partners in their care. People's care plans contained detailed information about their individual goals and guidance for staff to support people in achieving them.

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 June 2018).

Why we inspected

This was a focussed inspection to assure ourselves the service was meeting people's needs, that staff had the necessary skills and experience and the management processes were effective. We reviewed 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. The overall rating for the service has not changed and remains good overall. This is based on the findings at this inspection.

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Hamilton House

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

One inspector visited the service.

Service and service type

Hamilton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This meant 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 inspection visit took place on 19 November 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners who work to find appropriate care and support services for people and fund the care provided. We had not received, at the time of the inspection visit, the information the provider sends to us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We therefore asked for additional information from the manager, whilst we conducted our inspection.

During the inspection

Due to their complex needs, some people were unable to talk with us about the care they received, or the

quality of the service provided. Therefore, we used other methods to understand what it was like to live at Hamilton House. For example, we observed how staff supported people to help us understand people's experiences of living at the home.

We spoke with five members of staff including the new manager, a service manager and a team leader.

We reviewed two people's care records to ensure they were reflective of their needs. We looked at two people's medicine administration records. We reviewed records relating to the management of the service such as quality audits and monitoring reports.

Following our visit

We received feedback from two relatives about the support their relation received. We also received feedback from an additional member of staff.

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 maintained a good rating. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed. One person could display behaviours that caused themselves or others harm. Their risk assessment provided staff with the detailed guidance they needed to mitigate the risk, with a positive effect.
- Staff understood how to manage risks and there was a positive approach to risk taking. For example, one person really enjoyed going out in their local community and wanted to feel independent. Staff supported them to go out often and made sure, when it was safe to do so, they were encouraged to take part in community activities without staff presence, to increase their independence.
- The provider had systems to minimise risks related to the premises and equipment, such as periodic safety checks of gas, water, fire and electrical equipment in line with safety guidance.
- Emergency and contingency plans were in place. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.
- People had personal emergency evacuation plans (PEEPs). These provided staff and emergency services with information on how to support people to evacuate the home quickly and safely in the event of an emergency.

Learning lessons when things go wrong

- The whole staff team shared a commitment to learning lessons when things went wrong. A variety of systems were used to record accidents and incidents that happened.
- Each incident was analysed by the provider's positive behaviour support practitioner to identify any triggers and patterns of behaviour. To prevent reoccurrence, staff attended briefing sessions to reflect on their practice and, if necessary, received further training.
- The provider shared learning across their organisation to drive forward continual improvement.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt their family members were safe. One relative said, "Staff know how to support people safely and protect them from harm."
- Systems were in place to protect people from harm. Information was available in formats people could understand if they wished to report concerns.
- Staff completed safeguarding training which supported them to understand the different types of abuse people may experience. Staff knew what to do and who to tell if they had concerns about the well-being of anyone living in the home.
- The registered manager understood their responsibility to share information, when required, with the local authority and with us (CQC), to ensure allegations or suspected abuse were investigated.

Staffing and recruitment

- People required one to one support from staff to keep them safe. During our visit enough staff were on duty to respond to people's needs in a timely way and maintain their safety.
- Staff were recruited safely. The provider completed checks to ensure staff working at the home were suitable.

Using medicines safely

- People's medicines were administered by trained staff whose competency was checked by managers to ensure their understanding of safe procedures.
- The provider followed safe protocols for the storage and administration of people's medicines.
- Guidelines for medicines to be given on an 'as required' basis were available, so staff knew when to give people their medicines.
- A series of effective medicine checks took place. This meant any errors could be quickly identified and addressed.

Preventing and controlling infection

- The home was clean and tidy during our visit.
- Staff completed training on the prevention of infection and followed good infection control practice when they provided support which protected people from the risk of infection.

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 been maintained. This meant the service was consistently managed and well-led.

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

- Leaders and the culture they created promoted high-quality, person-centred care. People were empowered to achieve outcomes which improved their quality of life.
- People's care was planned in a way which respected their diversity, and was person centred.
- People were encouraged to make independent choices, and to take positive risks, to increase their knowledge and experience. The staff team worked together to ensure people had the right support to live each day as they wished and enjoy life. People's care and support was developed with a positive behaviour support practitioner, to ensure staff knew how to support them.
- We saw good team work and communication between the staff and management team during our visit. For example, the staff team encouraged people to spend time together watching television and sharing meals. Where people required support to go out of the home, the staff team worked together to ensure enough permanent staff remained at the home to support any temporary staff, and to ensure people's safety.
- The management team had a 'hands on approach' and worked alongside staff every day. This approach along with the daily 'walk around' ensured managers had an overview of how staff were providing care and support to people.

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

- People and their families were fully involved in their care and support. Their views were continually gathered in a variety of different ways including discussions and meetings. A relative said, "Yes we are involved in planning and reviewing care and support needs."
- There were numerous examples of where feedback gathered had been acted upon to improve people's lives. For example, people had opportunities to experience new social activities.
- Staff attended regular team meetings and had regular updates and team briefings from the management team to ensure they were kept informed of any developments or changes at the home.

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

- The provider's management team consisted of the new manager, a team leader and a positive behavioural support practitioner. The new manager had worked at the home for approximately two months and was applying to be registered with the CQC. The management team were also supported by the provider's

quality assurance team, and a local service manager to ensure the new manager had support during their induction period.

- Quality assurance processes and the results of regular audits demonstrated good governance and effective risk management. Audit findings and completed actions were shared with the provider who monitored actions were taken in a timely way.
- The manager demonstrated a good understanding of their regulatory requirements and kept their knowledge of legislation and best practice up to date.

Continuous learning and improving care; Working in partnership with others

- The new manager was part of a registered manager network. They told us being part of the network helped them to learn and share best practice amongst colleagues. They explained how they cascaded their learning to the staff team to drive continual improvement.
- Staff worked in partnership with health and social care professionals such as social workers and GPs to ensure people received good holistic care.

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 manager understood their responsibility to be open and honest when things went wrong. Lessons had been learnt and had been shared with staff, to prevent reoccurrence.