

London Residential Healthcare Limited

Hamilton Nursing Home

Inspection report

24 Langley Avenue
Surbiton
Surrey
KT6 6QW

Tel: 02083999666

Website: www.lrh-homes.com

Date of inspection visit:

31 January 2023

Date of publication:

20 February 2023

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 Nursing Home is a care home that provides nursing and personal care for up to 39 older people in one adapted building. At the time of our inspection there were 35 people using the service including those living with dementia.

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

People, their relatives and staff thought that Hamilton Nursing Home was a safe place to live. Any risks to people were regularly assessed, reviewed and minimised. This meant people could enjoy their lives whilst being able to take acceptable risks. Any accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were enough staff to support people and meet their needs. Staff were recruited and trained appropriately, including how to safely administer medicines. The home used Personal Protection Equipment (PPE) safely, effectively and followed current guidance. The infection prevention and control policy were up to date.

Hamilton Nursing Home was well-led and managed in an open, transparent, and positive manner with an honest culture. The provider had a clear set out vision and values that staff understood and followed. Staff and management areas of responsibility and accountability were identified, made clear and a good service was maintained with regular reviews. Thorough audits were conducted, and records kept up to date. When possible community links and working partnerships were established and kept up to minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals said that the service was well managed and met people's needs in a professional, open and friendly way.

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 1 November 2018). The overall rating for the service remains good. This is based on the findings at this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Hamilton 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Inspection activity started on 30 January and ended on 14 February 2023. The inspection visit took place on 31 January 2023 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 the local authority and health professionals who work with the service. We used the information the provider sent 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager, 12 people using the service, 10 relatives, 8 staff and 8 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 7 people's care plans and risk records and 5 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including staff rotas, audits, quality assurance, policies and procedures. We observed activities and lunch.

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.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives said that the home was a safe place for people to live, staff treated them well and had their best interests at heart. This was reflected in the care and support we saw people receive and their positive body language, towards staff. This was relaxed and indicated that people felt safe. One person said, "I do feel safe." Another person told us, "I am happy living here, I feel comfortable, well looked after and safe." A relative said, "[person using the service] calls it home now, which when you consider she lived in her last property for 70 years is some achievement."
- Staff received training in how to identify abuse towards people, safeguard them and the appropriate action to take if encountered including how to raise a safeguarding alert. A staff member said, "I would always let my line manager know straight away if I saw anyone being abused at the home." Staff had access to the provider safeguarding policy and procedure.
- Staff advised people how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety was monitored.
- People were enabled to take acceptable risks and enjoy their lives safely by staff following people's risk assessments. All aspects of people's health, daily living and social activities were included in the risk assessments. In order to keep people safe, the risk assessments were regularly reviewed and updated when people's needs, interests and pursuits changed.
- Staff demonstrated a good understanding of identified risks people might face and the action they needed to take to prevent or safely manage those risks. For example, staff were aware what action they needed to take to prevent or appropriately manage behaviours considered challenging. A relative told us, "[Person using the service] was very ill and they [staff] were even given specialist training to ensure [person using the service] was properly looked after."
- People had up to date care plans that contained detailed risk assessments and management plans to help keep them safe. They addressed important areas such as people's personal care, mobility, nutrition and hydration needs, and risk of falls.
- The home had a well-established staff team who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks.
- General risk assessments were regularly reviewed and updated including reference to equipment used to support people. This equipment was regularly serviced and maintained.
- Fire resistant doors tested closed automatically into their frames when released. We observed all the

managers and staff on duty at the time of our inspection respond immediately to an emergency call alarm being activated in accordance with the providers protocols and staff training.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations was being met.

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. There were enough staff to meet people's needs.

- During our visit, staffing levels matched the rota and enabled people's needs to be met safely. People told us that the home had enough staff to meet their care and support needs. Staff were visibly present throughout the inspection, providing people with the appropriate care and support they needed. A person told us, "There seems to be enough staff about. They [staff] come as quickly as they can when I call them." Another person added, "The staff always come when I call them. A bit of a delay sometimes if they're busy, but generally they're pretty good."

- Staff were visibly present throughout this inspection providing people with the care and support they needed. We observed staff respond quickly to people's requests for assistance or to answer their questions. Staff told us the care home was well-staffed. We saw 1 to 1 staffing was in place throughout our inspection for 1 person who was designated this support.

- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 months probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

Using medicines safely

- People received their medicines safely.

- Medicines were safely administered, regularly audited by the care home's management team and nursing staff and appropriately stored and disposed of. People's medicine records were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at.

- People told us staff ensured they took their prescribed medicine's as and when they should. A person using the service told us, "Staff are very good at making sure I always get my medicines on time." A staff member said, "The managers regularly test us to make sure our knowledge about how to manage medicines safely is up to date. If we do make a mistake, we know we will have to do a refresher medicines course before we're allowed to administer medicines again."

- Nurses understood their roles and responsibilities in relation to the safe management of medicines.

Managers and nursing staff authorised to manage medicines in the care home had been trained and assessed as competent to do so safely, which was refreshed at least annually.

- People's prescribed medicines, including controlled drugs were securely stored in locked medicines trollies and cabinets located in the clinical room, which remained locked when not in use.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. If appropriate, people were encouraged and supported to administer their own medicines. People told us staff made sure they took their prescribed medicines as and when they should.

Preventing and controlling infection

- We were assured that the care home was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons, as required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We observed that staff wore masks in line with current guidance and wore gloves and aprons appropriately when required. People told us staff always wore personal protective equipment in the care home. One person said, "Staff always wear their face masks when they come and see me." Managers and staff confirmed they had ample supplies of PPE and were routinely tested for COVID-19.
- People told us, and we saw that the home environment was kept clean and hygienic.
- The home looked and smelt hygienically clean.

Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely. A relative told us, "We don't have to give any advanced warning when visiting and are always made welcome." It remains the policy of the service for all staff and visitors to the nursing home to continue wearing PPE. This was when in direct contact with people living there, which we observed managers and staff comply with throughout the inspection and was as directed by one of the commissioning authorities.

Learning lessons when things go wrong

- The home learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed, analysed and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff during team meetings and handovers.
- Following a medicine's recording error that occurred in the home the provider responded appropriately by not permitting the staff concerned to handle medicines until they had refreshed their safe management of medicines training and were considered competent in this area of practice.
- Healthcare professionals thought the home provided a safe environment for people to live in.

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 remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a culture that was person-centred, open, inclusive, and empowering.
- People and their relatives said the home was very well run, the registered manager and staff caring, approachable and this was reflected in people's positive, relaxed body language towards the registered manager and staff. This indicated the service was provided in a manner that met people's needs.
- People and their relatives thought the managers and staff worked hard to meet their needs and make their lives enjoyable. One person told us, "Staff are all very friendly and always help us out whenever I need them." A relative said, "Communication is absolutely excellent, and, as family carers, we are made to feel as partners in care and are consulted about all aspects of care. Such a consistent positive approach will not have happened by accident and so I believe the home to be very well led and the staff supported; with team work very evident."
- People had the services provided by the home, explained to them and their relatives. This meant they understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people that also set out the organisation's vision and values. The vision and values were understood by staff, and people said reflected in staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

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 understood their duty of candour responsibilities and was open and honest with people.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the positive and proactive attitude of the registered manager and staff.
- The registered manager, managers and nursing staff met each morning to discuss changes made to people's packages of care and do a walkabout tour of the premises to observe staff working practices.

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

- The registered manager and staff understood and were clear about their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People living at the care home and staff working there were very positive about the way the service was managed. A person using the service told us, "The [Registered] manager is very nice, and all the staff here are excellent." A relative said, "I have no idea what training the home's staff receive but they appear to be

knowledgeable, competent and well informed; with good interpersonal skills." Another relative told us, "Couldn't ask for anything more from the staff or [registered] manager, really lucky to have found this place."

- To ensure staff remain clear about their roles and continue to provide good quality and safe care the service has appointed several suitably competent and experienced members of staff to be champions. The role of these in-house champions was to help support and guide their fellow co-workers in various aspects of their work, specifically in relation to staff's awareness regarding safeguarding, fire, moving and handling and infection prevention and control. A staff member said, "I feel really empowered by the [registered] manager and team."
- We received positive feedback from staff regarding the leadership style of the registered manager, other managers and how well run the care home was. A staff member commented, "We work so well as a team here and I think a lot of that is down to the registered manager who is a very likeable and approachable person. Best team spirit I've ever encountered working in a care home, and I've worked in a few."
- The quality assurance systems contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out well. This was reflected by the positive praise from people and their relatives.
- The registered manager, staff and the provider carried out thorough, regularly reviewed audits that were kept up to date. The audits included care plans, dementia provision, mealtime experience, documentation and health and safety. There was also a regional manager service visit report, development plan and visits from the provider quality assurance team. This meant people received an efficiently run service.
- The provider conspicuously displayed their previous CQC inspection report and rating in a communal area, ensuring this information was accessible to everyone living or visiting the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People, relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- The provider encouraged an open and inclusive culture that sought the views of people using the service, their relatives and staff. This enabled people to voice their opinions about the service. The provider used a range of methods to gather people's views about what the care home did well or might do better. This included regular group meetings for people and their relatives, care plan reviews, and annual satisfaction surveys. The provider also circulated a regular newsletter. A person using the service said, "Staff are easy to speak with and always listen to what I have to say." Another person told us, "If I was unhappy about something I would feel able to tell the staff and I'm sure they would listen to me and do something about whatever was troubling me."
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group supervision and team meeting's, and work performance appraisals with their line managers. This ensured staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the service management and their fellow co-workers.
- During the inspection visit, the registered manager, management team and staff regularly checked that people were happy and getting the care and support they needed, within a friendly family environment.
- Relatives said they had frequent contact with the home and made regular visits. They also said that they were kept informed, and updated with anything about people, good or detrimental and adjustments were

made from the feedback they gave. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The provider worked in partnership with various community health and social care professionals and external agencies, including local authorities. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- During our inspection we observed a community mental health professional working closely with staff to develop plans to help support people living in the care home whose behaviours might be considered challenging.
- Managers and staff told us they regularly liaised with external bodies and professionals, welcomed their views and advice; and shared best practice ideas amongst the team.
- Healthcare professionals told us the home was well managed and there were good lines of communication.