

Darbyshire Care Limited

Hamilton House

Inspection report

21-23
Houndiscombe Road
Plymouth
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Tel: 01752265691

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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 care home that can accommodate up to 36 people who require residential care. The home can provide care to people who might be living with dementia. Hamilton House is an older style property and is set out over three floors. At the time of the inspection 31 people were living at the home.

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

Medicines were managed safely, and people received their medicines as prescribed. The provider had made improvements to safe recruitment and risk management practices.

Staff regularly assessed the risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.

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.

The service was well-led by a registered manager who was committed to improving people's quality of life. We received positive feedback about the management of the service.

The provider and registered manager had developed effective quality assurance processes which were used to improve people's care. The service had a clear management and staffing structure in place and staff worked well as a team. Staff worked well with external social and health care professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 December 2019).

At our last inspection we recommended the provider reviewed processes for recording risks associated with individual's emotional needs and learning from untoward events.

At our last inspection we recommended the provider introduced robust processes to protect people from the risks associated with being cared for by staff who are not suitable for the role.

The provider had acted on these recommendations and made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 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 Health and Social Care Act 2008.

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 1 inspector and 1 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 House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hamilton House is a care home without nursing care. 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

This inspection 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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 5 relatives. We spoke with 5 members of staff, the registered manager and the provider. We observed how staff interacted with people. We reviewed a range of records. This included 6 people's care records and medicine administration records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider reviewed processes for recording risks associated with individual's emotional needs and learning from untoward events. The provider had made improvements.

- People had their individual risks assessed and monitored. This included risks associated with mobility, skin integrity, swallowing and emotional support.
- People living with long term health conditions such as diabetes and epilepsy had specific risk assessments in place to guide staff on how to keep people safe and when to seek medical advice.
- However, we noted that two people who were at risk of experiencing seizures did not have formal seizure care plans in place. We were satisfied that the risks associated with seizures were being managed and the provider took immediate action to address our concerns.
- There were systems and processes in place to learn lessons, including when incidents and accidents occurred. For example, the registered manager and provider identified increased incidents relating to falls at certain times of the day, as a result they increased staffing in certain areas of the service to mitigate the risk of falls.

Staffing and recruitment

At our last inspection we recommended the provider introduced robust processes to protect people from the risks associated with being cared for by staff who are not suitable for the role. The provider had made improvements.

- Staff had been recruited safely. Records showed references and Disclosure and Barring Service (DBS) had been obtained before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager and provider used a 'dependency tool' when carrying out ongoing assessments on people's care needs. We saw evidence of how this tool was being consistently completed and reviewed by the management team.
- Staffing was maintained at the level the provider had assessed was needed and although there were mixed views about staffing arrangements, we saw staff had the skills to meet people's needs and were able to respond to requests in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. Comments included, "I'm safe here, I'm checked on regularly", "I think it's very good. I've been here five years, the carers make it feel like home" and "Staff are kind, I'm well cared for".
- The provider had systems in place to protect people from harm or abuse. Staff completed safeguarding training and safeguarding concerns were reported to the local authority safeguarding team and the registered manager ensured any issues were appropriately addressed.
- Staff were able to explain their understanding of what safeguarding meant and knew how to report any issues appropriately. One member of staff said, "I would report my concerns immediately to my manager".

Using medicines safely

- Systems and processes were in place to make sure people received their medicines safely and as prescribed. Staff were trained and assessed as competent to administer medicines. Medicines administration records were completed when medicines were given.
- Care plans and medicines profiles described what support people needed to take their medicines and any additional risks or monitoring that was required to manage their health conditions.
- The medicines management was based on current best practice. Where people received topical medicines, the topical Medicine Administration Records clearly showed when and where the medicine had been administered.

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.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management structure provided clear lines of responsibility and accountability. The registered manager and staff understood their roles and strived to ensure care was delivered in the way people needed and wanted it.
- The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The leadership team was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Continuous learning and improving care

- Governance systems were in place to monitor the quality of the service. The registered manager was working through a comprehensive action plan to assess, review and monitor the quality of care and service provided. This was overseen by the provider.
- Regular audits were carried out by the registered manager and the provider. These included audits of care plans, medication and the day to day running of the service. Findings from audits were analysed and action were taken to drive continuous improvement.
- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

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

- We found an open and transparent culture, where constructive criticism was encouraged. The registered manager was enthusiastic and committed to further improving the service.
- Through our observations and speaking with people, relatives and staff, it was clear that the culture within the service was positive and constructive.
- The provider and staff team promoted a person-centred culture to ensure people received personalised care and support. People told us they were happy living at Hamilton House, and we saw they were relaxed and happy with staff.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were given opportunities to contribute feedback and ideas regarding the running of the service.
- People told us the leadership team got involved in the day to day running of the service. Staff told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to peoples protected characteristics.
- Staff worked in partnership with external health and social care professionals to improve outcomes for people along with ensuring people maintained their health and well-being.