Jorada Limited

Hamilton House

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 House (also known as Bluebird Care (Medway), is a domiciliary care agency registered to provide personal care for people who require support in their own home. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service was supporting 80 people. They provide care services mainly to people living in the Medway local authority area, but also to some people who live in the Kent local authority area.

People's experience of using this service:

People told us they felt safe with staff.

People had good relationships with staff, who were knowledgeable of their physical and emotional needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs. If needed, they sought advice from relevant professionals.

People felt included in planning their care. People's rights and their dignity and privacy were respected.

People were supported to live the lifestyle of their choice. People told us they were listened to by the management of the service.

People could involve relatives and others who were important to them when they chose the care they wanted.

People received a person-centred service that met their needs and helped them to achieve their goals and ambitions. People were encouraged to be as independent as possible.

People were fully involved in their care planning and received information in a way that they understood. The care plans were consistently reviewed and updated. Care planning informed staff what people could do independently and what staff needed to do to support people.

Staff supported people to maintain a balanced diet and monitor their nutritional health. People had access to GP's and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People were protected from the spread of infection and medicines were stored and managed safely. There were polices and procedures in place for the safe administration of medicines. Staff followed these policies

and had been trained to administer medicines safely.

People felt comfortable raising any complaints with staff and the registered manager.

People were asked for feedback about the service they received.

People found the registered manager approachable and supportive.

The registered manager recruited staff with relevant experience and the right attitude to work with people. New staff were given an induction and on-going training. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs.

The provider who was also the registered manager made sure they monitored the service in various ways to ensure they continued to provide a good quality service that maintained people's safety.

The registered manager and staff were working with a clear vision for the service.

More information is in the detailed findings below.

Rating at last inspection: This service was rated, "Good" at the last inspection on 19 and 21 April 2016.

Why we inspected: This was a planned comprehensive inspection to check the service remained Good. We found the service continued to meet the characteristics of Good.

Follow up: We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

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 Safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was Effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was Caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was Responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was Well-Led Details are in our Well-Led findings below.	**Good**

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One inspector and one expert by experience carried out this inspection on the 30 January 2019. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned people that used the service to gain their feedback. Two inspectors carried out the second visit to the office on the 15 February 2019.

Service and service type:
Hamilton House is a domiciliary care agency providing personal care to people in their own homes. Not everyone using Hamilton House receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the registered manager 48 hours' notice of our inspection as Hamilton House is a community based service and we needed to be sure the registered manager and staff would be available. Inspection site visit activity started on 30 January 2019 and ended on 21 February 2019. We visited the office location on 30 January 2019 and the 15 February 2019 to see the registered manager and office staff; and to review care records, staff records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection, in April 2016. This included details about incidents the provider must notify us about, such as abuse or serious injury. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke to eight people including relatives, ten care staff, the provider/registered manager, deputy head of care and support and the training and recruitment manager.

We reviewed a range of records. This included six people's care records and medicine records. We also looked at four staff files recruitment, assessment and supervision and support. We reviewed records relating to the management of the service, staff training and policies and procedures.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

• People told us they felt perfectly safe when being supported by the staff employed by Hamilton House. One person said, "No problems, I trust them with everything."
• Staff knew how to identify different types of abuse and were confident that any concerns they had would be managed appropriately by the management team.
• Training was regularly updated so staff could keep up-to-date with changes to legislation and best practice. The registered manager liaised with the local authority safeguarding team when required.

Assessing risk, safety monitoring and management

• The risks involved in delivering people's care had been assessed to keep people safe. Risks to people and the environment were assessed before people started to receive a service. The assessments always took place in people's homes.
• When risks were identified, staff were provided with guidance on how to reduce those risks. For example, for one person instructions to staff were clear in relation to when and where cream was to be applied to protect skin integrity. The care records included instructions on what action to take if any change in skin integrity was noted.
• Individual moving and handling assessments were carried out for those who required it. These included for instance, how people were supported to walk or get out of bed, if they needed to be assisted by equipment such as a hoist.

Staffing and recruitment:

• The provider employed enough staff to be able to provide the care and support people had been assessed as needing. There were enough staff to meet people's needs.
• A staff rota provided staff with the details of the hours they were working and the people they were supporting. Staff were paid for the time they spent travelling between visits. This meant that people always received their full allotted support time. People told us staff arrived on time. If staff were late due to traffic, they would inform the next person to be visited by phone. People and staff were supported out of office hours by an on call system manned by senior staff.
• New staff pre-employment checks were made. Staff completed Disclosure and Baring Service (DBS) checks before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support. We found on the first day of inspection that staff recruitment processes had not been fully followed for three staff. However, on the second day of inspection, the provider had taken action to follow up references and a risk assessment was in place for any

staff that did not have a second reference on file. A new process for auditing staff files had been put in place to make sure the recruitment policy was followed and staff were recruited safely.

Using medicines safely:

• Processes were in place to make sure people received their medicines safely. Not everyone using the service needed support with their medicines. People's ability to manage their own medicines was assessed before the service began.
• People able to administer their own medicines made it clear this was their decision and choice and it was recorded in their care plan.
• Processes were in place to safeguard people and staff when medicines were being administered. Staff supporting people with medicines had undertaken medication training.

Learning lessons when things go wrong

• A system was in place to record accidents and incidents. Incidents, accidents and near misses were reported by staff in line with the provider's policy. The registered manager took steps to ensure that lessons were learned when things went wrong.

Preventing and controlling infection

• Staff had access to personal protective equipment such as gloves and aprons. The office had plenty of supplies.
• Infection control training was provided to staff on their induction into the service and regularly updated.

Good

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.

Good: 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.

• People's needs and choices had been assessed so that care achieved effective outcomes in line with national guidance.
• Assessments considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion.

Staff support: induction, training, skills and experience.

• People were supported by staff who had the skills, knowledge and experience to deliver effective care. A member of staff said that they had just had medication refresher training, and another member of staff told us they were just starting end of life care training.
• Newly recruited staff received an induction which included gaining experience by shadowing more experienced staff. A member of staff told us that when they started work they shadowed a more experienced member of staff. Experienced members of staff had the opportunity to become care mentors to support new staff in their first weeks of employment. Care mentors kept in regular contact with the new staff member, offering support and advice.
• Established staff received a mix of online and face-to-face training, including subjects such as first aid, basic life support, moving and handling theory and practice and health and safety. When people had specific health conditions, staff were provided with specialist training in order to effectively care for them. Specialist training was available or sought out by the registered manager if it was required. For example, PEG training.
• Staff received supervision and an annual appraisal and told us they felt well supported. Staff received three different types of supervision. The different one to one supervisions were alternated so that staff had a mixture of individual support, skill building and development.
• Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

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

• Staff were skilled in making sure people had access to support from health and care professionals when needed.
• People were encouraged and supported to be as independent as possible managing their own health, for example ringing for GP or district nurse appointments. If people were not able to manage their

appointments, their family carers would usually do this, with staff supporting where necessary. Staff however recorded any concerns around people's health, and if appointments had been requested or made, in the daily journal. Some people did not have family to help them and in this case, staff would always support when necessary, making sure their health needs were taken care of.
• All staff made contact with health and social care professionals when needed for routine health issues, such as district nurses or the GP. People's medical conditions and how they managed them were thoroughly documented in their care plans.
• Staff supported people by arranging for them to be assessed for specialist equipment that might enhance their lives, such as special beds or mattresses.

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

• Most people were supported to eat and drink by their family members. People's care plan gave guidance and instruction for staff to follow. When needed, other people were supported by competent staff who were trained in, for example, food hygiene.
• Some people were supported with their meals, in some instances staff made a whole meal and at other times prepared meals, dependant on the wishes of people and their families. One person said, "They (staff) do my breakfast and evening meal. I have ready meals or sometimes they get me fish and chips. There is no trouble at all, it is all to my taste and liking."

Ensuring consent to care and treatment in line with law and guidance

• The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.
• We checked whether the service was working within the principles of the MCA and found that they were.
• The provider ensures that there are Lasting Powers of Attorney (LPA) in place for Health and Welfare and Lasting Powers of Attorney for Finances for people living with dementia. Should the provider have any concerns as to whether the LPA is registered, they contact the Office of the Public Guardian to make sure the LPA is registered and active. This is done to safeguard people.

Good

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

• People were treated with kindness and compassion in their day-to-day care. Staff told us they knew people well because rotas allowed them to support people consistently. One person told us, "Absolutely brilliant carers, I am so happy now. They will do anything, look after me really well."
• Staff sought accessible ways to communicate with the people they supported. Staff told us that they would communicate with people about what they were going to do before they did it. This was detailed in care plans which explained when people needed reassurance.
• People were asked about how they wanted to be supported to meet their equality and diversity needs such as support relating to their religion or sexuality. No one at the service wanted any support with these needs at this time.

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

• People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
• Staff invited people and their relatives to the person's initial assessment and subsequent reviews of their care.
• People were involved in the review of their care plans and risk assessments and able to voice their opinion if things were not working for them. People told us about their review meetings and said they felt able to speak up. They had signed their assessments and care plans to say they agreed with the content.
• If people did not have relatives to support them, the management team would refer to external advocates for support. Advocates are people who are independent of the service and who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

• People were supported by staff to be as independent as possible. Care plans considered people's strengths and abilities, such as how they take part in making decisions about their care, or what aspects of the care they can complete themselves.
• People had their dignity and privacy respected. Staff said this might include shutting doors when providing intimate support and covering the person with a towel during personal care. One person told us, "At the beginning I told them I did not want men carers and so far they have not sent any."
• The registered manager made arrangements to ensure that private information was kept confidential. Care and staff records containing private information were stored securely at the office when not in use.

Computer records were password protected so that they could only be accessed by authorised members of staff. Staff told us they would not share information about a person without their consent.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People received support which was based around their needs, choices and preferences. Each person had their own individualised care plan which detailed the support they needed, and how staff were to provide that support. The plans were written in a personalised way.
• Many people had complex care needs and lived with relatives. However, care plans described people's individual care needs and choices. The care plans enabled people or their relatives to check they were receiving the agreed care.
• Family and friends who were important to people were recorded in their care plan. For example, different family members such as sons and daughters and grandchildren as well as close friends who played an important role in people's lives. Support networks were clearly set out so that staff knew the relationships and who to contact when.
• Care plans were regularly reviewed. One relative told us, "They send someone to do a review every six months. In fact, we have just received some additional health care support. Everything is covered at the moment."
• Care plans were drawn up taking into consideration information and advice from health professionals such as district nurses and occupational therapists.
• The provider met the principals of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were taken into account and recorded in the care plan for staff guidance.

Improving care quality in response to complaints or concerns

• The complaints procedure was detailed, giving the information needed if people wanted to make a complaint. Guidance was given about where to take their complaint if people were not satisfied with the response, such as the Local Government Ombudsman (LGO).
• People and their relatives told us they knew how to make a complaint and felt any concerns they had would be treated seriously by the registered manager. One person said, "No complaints, but I speak to staff regularly, they are always helpful and polite."
• Information on how to make a complaint was held in care records at each person's home. This information included details on what to do if the person or relative was not happy with how the complaint was responded to, such as contacting external organisations.
• The service had received five complaints in 2018. Complaints had been responded to in a timely manner and all had been resolved.
• A number of compliments had been received. One person commented, 'Thank you for your service. It was

always reliable and all the carers who came treated (relative) with respect and consideration.'

End of life care and support

• People wishes were recorded and people were supported at the end of their life to have a pain free and dignified death. This included support from other health care professionals.
• Staff worked closely and sensitively with involved health professionals to make sure people received the right support.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy. Staff had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for.
• The management team checked if staff followed the values held by the provider by discussing them in supervisions and checking at spot checks in people's homes. Staff told us, "We get regular unannounced visits by management to make sure we are doing what we should."
• Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. People using the service said the service was well led. One person said, "Overall, I am very happy and would recommend them. The service is useful and completely what you want."

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

• There was a registered manager in post. 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.
• It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.
• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

• Arrangements had been made for the service to learn, innovate and ensure its sustainability.
• The registered manager carried out a number of audits and checks to make sure a safe and effective service was provided. Additionally, the views of people, their relatives and staff were gathered in order to help improve the service. At the time of the inspection a new electronic monitoring system was being introduced but was not fully operational. We were reassured by the management team that auditing was still being carried out on a regular basis.
• Regular staff meetings were held about every three months. Care mentors met three to four times a year to share their learning and experiences within their role supporting new staff. Senior staff met every week to update each other and keep abreast of what was going on in the service, aiding communication. A staff member said, "It's a great place to work". Staff were supported by a management structure with various ways of gaining feedback and the opportunity to develop.
• Staff felt they were well supported by the management team. The providers had various initiatives to engage staff and to thank them for their hard work and commitment. A 'carer of the month' was announced in the monthly staff briefing. A staff awards ceremony was also held once a year and all who had been nominated were invited out for dinner and to be present for the announcements. Awards included 'employee of the year'.

Working in partnership with others

• The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as occupational therapists and voluntary services in the wider community.
• The provider was involved in the local community in various ways, some of which would have a direct positive impact for the people who used the service. The provider had a particular interest in raising awareness of the impact on people and families of living with dementia. As dementia friends champions, they encouraged people to become 'dementia friends' by giving presentations to local community groups. The dementia friends programme is a national initiative to change people's perceptions of dementia. Awareness sessions for the public and friends and families were held during dementia friendly week. We were told about other fund raising and awareness days. For example, stroke awareness day, breast cancer and dementia awareness week. There was also a 'Beating Isolation' group held monthly. The provider stated that the number of people attending the group had risen from 7 to 40 members over the period of time the group has been meeting.