

Healthcare Homes Group Limited

Uvedale Hall Residential 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

Uvedale Hall can accommodate up to 29 people and there were 25 people using the service on the day of our inspection. Uvedale Hall is Georgian building which has been converted to provide residential care to people some of whom are living dementia.

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

The manager and senior staff carried out an assessment of people's needs before they commenced using the service. The information recorded, explained how the support was to be provided in line with the person's preferences and choices.

Staff had received training including the safeguarding of people, administration of medicines, dementia awareness, infection control and moving and handling. Staff informed us they had regular supervision and a yearly appraisal. People using the service told us that there were sufficient members of staff on duty at all times to support them. The service continued to recruit staff safely through a robust recruitment process.

Staff recorded when necessary how they had supported people to have enough to eat and drink of their choice. People's care plans recorded information about support provided by other professionals and when healthcare appointments had been made for them by the staff with their permission.

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.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of the people they cared for and supported, such as people with a diagnosis of diabetes or dementia.

The service had a complaints process and we saw that complaints were recorded and responded to in line with the service procedure. During times of planned care reviews staff spoke with people to determine if they had any end of life wishes and those shared were recorded in the care plan. Activities continued to be developed with the people living at the service so that they could enjoy hobbies and interests at the service while accessing the local community.

An operational manager was overseeing the service at the time of the inspection. They worked closely with the regional director who visited the service regularly to support the service governance process. Senior staff arranged audits and surveys to determine the views of people using the service and professionals supporting people to determine if any improvements could be made.

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 2 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 ●

Uvedale Hall Residential 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.

Service and service type

Uvedale Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care.

The service had a manager registered with the Care Quality Commission. 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. At the time of the inspection the registered manager was supporting another service and an operational manager was in day to day charge of the service. This information had been shared with the CQC and the registered manager was due back at the service on a permanent basis during the first week of March 2020.

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 used the most

recent information the provider sent us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. We contacted the Local Authority and Healthwatch for any information they had about the service to help us plan our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of the information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experiences of the care provided. We spoke with five members of staff including the regional manager, operational manager in day to day charge of the service, head of care, senior care assistant and cook in charge. 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.

We reviewed a range of records. This included three people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We sought clarification from the provider to validate evidence found which was supplied the day after the inspection. We looked at training data and quality assurance records. We spoke with two relatives.

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

- The service had a safeguarding policy in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- Members of staff informed us they knew how to report any concerns to the relevant external agencies. One member of staff informed us, "I would tell the senior person first, but I can also inform the local authority."
- People we spoke with told us they felt safe. One person said, "I was not sure about coming here at first, but the staff are lovely and kind and I do feel safe here."

Assessing risk, safety monitoring and management

- People's care records contained risk assessments which informed the staff about how the risks to people's well-being were reduced. This included risks associated with falls, diabetes and moving and handling.
- Care plans were reviewed monthly or more frequently after an event to update the risk assessment as necessary.
- The fire alarm was tested weekly and a fire risk assessment had been written with reference to individuals personal emergency evacuation plans (PEEP).

Staffing and recruitment

- The service had developed robust recruitment practices. New staff were appointed only after checks were completed which ensured they were of suitable character to work with people who had care and support needs.
- There were consistently enough staff to meet people's assessed needs. Senior staff calculated from assessments of people's needs the number of staff needed to be on duty.
- People living at Uvedale Hall considered there were enough staff on duty at all time. One person told us, "If I ever need a member of staff to help me they come quickly."

Using medicines safely

- People's medicines administration records (MAR) showed people received their medicines as prescribed. One person told us, "Staff bring my medicines to me, they never fail."
- When people were prescribed medicines on a 'when required' basis, there was written information available to guide staff about how and when to give this medicine to ensure it was given appropriately.
- Competency assessments were completed for all staff who administered medicines for the purpose to help ensure they were safe to administer prescribed medicines to people.

Preventing and controlling infection

- The service was clean and there were appropriate procedures in place to manage and prevent infection control risks.
- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. For example, they used gloves and aprons appropriately and kept the service clean as directed by cleaning schedules.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The senior staff held regular meetings and implemented actions as necessary to improve the service and to keep people safe.
- Incidents and accidents were reported by care staff. These were reviewed and investigated by the senior team to determine if any action was required to reduce the risk of recurrence.
- The service had a system in place to record and analyse any accidents or incidents. The purpose of this was to identify any trends or themes and for the service then to act upon that knowledge.

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

- Peoples were assessed before they started to receive support from the service. Information was recorded into an assessment tool and included people's needs, preferences and personal histories.
- Each person's care plan was detailed and followed a procedure for completion while clearly recording the individual's needs. There was detailed guidance, for staff to follow to make sure staff supported people in the way they preferred.
- People told us about their assessments. One person told us, "They asked me a lot of questions about me before I came to live here."

Staff support: induction, training, skills and experience

- New staff completed an induction which included completing service mandatory training and shadowing experienced colleagues before supporting people on their own.
- Staff informed us about the training they had completed and were aware of the on-going training arranged. One member of staff told us, "I am happy that we have enough training and if we do require any more or anything special the training department will arrange this for us."
- The regional manager explained to us that the training team reported to them and they arranged as well as the planned programme of staff training, additional training in response to newly identified needs of anyone using the service.
- Staff told us they felt well-supported. They received regular supervision and an appraisal. One member of staff told us, "I like working here because there is a good team and we help each other."

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

- People told us they really enjoyed their meals. One person told us, "I like having a roast during the week as well as weekends and the fish and chips on Friday."
- People were provided with a variety of different options and picture menus were used to help people choose. The chef spoke with people after their main meal for their feedback.
- The head of care explained to us that people were weighed monthly and then more frequently if there were concerns about their weight. The service contacted dieticians and other healthcare professionals for their advice should there be concerns that people were not eating and drinking sufficiently.

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

- The staff supported people using the service to arrange healthcare appointments with professionals to

discuss and support the person's well-being. One person told us, "The doctor comes here once per week, but you can see them at other times as well."

- Peoples care plans contained information regarding dental, optician and chiropodist appointments and how the staff supported people to meet their needs.
- Relatives informed us that healthcare support was arranged as necessary and they were informed of the information appropriately.

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

- People's rooms reflected people's individual preferences and people were encouraged to bring their own possessions when moving to help feel at home.
- Information on notice boards around the service were produced in formats people could easily read.

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 staff involved people in making decisions about their care and support. One person told us, "Yes the staff always ask your opinion and is it alright to help you."
- Staff completed regular training about mental capacity and consent and understood the procedures required by the MCA. One member of staff explained that they worked in the persons home and how important it was for people to make their own decisions in their own home.
- Should people require additional support to make decisions, designated staff would arrange best interest meetings with family members with Lasting Powers of Attorney, and health care professionals to support the person and to make decision regarding their on-going health needs.

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

- People living at Uvedale Hall felt the staff treated them with respect and empathy. One person told us, "No fault to find with the staff they are nice people." Another person told us, "The staff treat you with respect always use the name I like."
- Respect for the way people chose to live their lives was respected. Some people chose to spend much of their time in their own room, where as others spent more time in the lounges and dining room. We heard staff offering a person the choice after lunch of staying for activities or to return to their room. One person told us, "I go to my room some afternoons and others I stay downstairs, but I always go to my room for four o'clock to watch tipping point."
- Staff responded promptly to people's needs and provided reassurance. We heard during our inspection staff speaking kindly to people with understanding and encouragement.

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

- People and their families were directly involved in the planning of the individuals care and support. People's views were detailed in their care plans regarding their preferences and choices.
- People told us they that they were in control of making decisions about their care and support. One person told us, "The staff explain things to me when needed and I do have care plan everything is written."
- Staff knew people and their relatives well and understood when they may need additional support to make decisions. They made sure people and their relatives had access to the relevant information. For example, there was information available about independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respect. We observed staff tactfully reminding and encouraging people to use the bathroom.
- People were supported to do as much as possible for themselves. One person told us, "The staff help me to dress and wash but leave me to do what I can myself."
- We saw in peoples care plans information had been recorded about how to support the person with dignity and privacy. We saw unless personal care was being provided, the person liked to have their room door open. Throughout the inspection when staff left people we heard them say. 'would you like the door shut?'

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

- People received a service that was person-centred because the staff responded to their individual needs and preferences. People informed us they were involved in the planning and review of their care. The senior staff arranged care reviews every six months or more frequently if required.
- Prior to a person joining the service an assessment of their need was carried out by a senior person of the service to determine if the staff could meet the person's needs.
- Each person had a care plan which stated their needs and how the needs were to be met. Their life history has been recorded with their preferences of how they wished their care to be provided.
- Information was available in the event of a medical emergency within the person's care plan to share with other professionals to help them understand how best to communicate with the person.

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.

- Information was available for people if required in larger print and also pictorial versions to help people make a decision about choice of meals for example.
- People's care plans included detailed information and guidance for staff about the person's communication preferences and styles.
- During the inspection we saw staff using non-verbal communication such as hand gestures and facial expressions to help explain their points. One member of staff told us they checked with a person if their television was at the right volume for them.

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

- People were supported to engage with a variety of activities within the service. A selection of board games and painting equipment was available in the afternoon of our inspection people were playing carpet bowls.
- A staff member was designated to provide activities and we saw that there was a programme each day. People told us they enjoyed entertainers coming to the service by arrangement and the dog which visited most days.
- Visitors were actively encouraged to visit and people were supported to maintain relationships that were important to them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. The operational manager informed us they spoke with people when they toured the service whenever they were on duty and hence this approach and support helped to resolve any matters quickly.
- Information about how to raise a complaint was given to people when they commenced using the service.

- People felt able to raise concerns if they wished to and none of the people we spoke with as part of this inspection said they had raised any complaints. One person told us, "Nothing to complain about, quite happy here."

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care needs. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded and this was checked at times of review.
- The general manager was confident that the staff could support people should their health deteriorate regarding end of life care with the support of other professionals such as district and hospice nurses.
- Staff had received training in end of life care, to enable them whenever possible to support people they knew well remain to remain in their own home should this be their wish.

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 remained 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

- People and their relatives told us the service was well-led. One person said, "The staff are always cheerful and smiling, so I take it that is all well with the management."
- The operational manager told us they promoted a 'Whole team approach' and had supported the development of senior staff to become involved with additional responsibilities such as auditing.
- During the absence of the registered manager the operational manager had kept in contact with them so they were aware of the work in progress for when they returned in March 2020.

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

- People and relatives all had confidence in the management and staff and spoke positively about them. One person told us, "I think the managers are nice people and honest with us at the meetings when we can talk about anything."
- Systems to monitor the quality of service, including reviewing care plans, checking medicines management, health and safety and the environment, were robust. Any shortfalls identified, an action was taken to reduce the risk of reoccurrence and reflective learning sessions were held with staff. The regional manager or the assistant regional manager was available by phone to offer support and advice.
- The regional and operational manager understood their responsibilities under the duty of candour and were open and honest with us throughout the inspection process.

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

- The service was well-organised and there was a clear staffing structure. The staffing rota was organised well in advance and this helped senior staff to identify gaps in the staffing rota to be covered.
- Senior staff were busy trying to recruit to a small number of staffing vacancies and cover arrangements were in place. Staff told us they were asked to work some additional shifts to cover and they did so in agreement and were never pressurised to work if they were too tired.
- Senior staff arranged the reviews of peoples care plans, audits and staff training and supervision.
- During our inspection we listened to the handover from the morning to the afternoon shift to learn about the care that had been delivered and what was required to be done in the afternoon. The head of care organised and checked with staff so that the staff were clear upon what they were required to do during their shift.

- Staff understood their roles and responsibilities and found the head of care supportive and understanding.
- There was an on-call procedure in operation so that the staff on duty could call for additional support from senior colleagues when required.

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

- People, relatives, staff and health care professionals were encouraged to provide feedback about the service. Regular surveys were completed, and the results were analysed to determine any improvements to be made.
- Staff informed us they felt supported by a culture of continuous learning and improvement. Each member of staff we spoke with said they found the operational and regional manager approachable and helpful.

Continuous learning and improving care

- Regular meetings with people, relatives and staff were held. These were opportunities for everyone to comment on and make suggestions about the day to day running of the service.
- The operational manager met with the senior staff regularly to discuss and plan the smooth running of the service

Working in partnership with others

- The service worked with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health care professionals.