

Upsall House Residential Home Limited

# Upsall House Residential Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Upsall House Residential Home Limited is a care home providing accommodation and personal care for up to 30 people. At the time of our inspection there were 20 people using the service, some of whom were living with a dementia type illness. The home accommodates people in one adapted building over two floors.

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

Some improvements had been made to people's care plans and individual risk assessments. Further information was required to record how people's health conditions could impact upon their lives. We have made a recommendation about improving the quality of information contained in care records.

Infection prevention and control measures had improved. Visitors were robustly screened and improvements had been made to the environment. We were assured staff were wearing appropriate PPE. Further improvements were required to support good hand hygiene. We have made a recommendation about staff being bare below the elbow.

Medicines were stored safely and people received their medicines as prescribed. Further information was required to record the effectiveness of 'as and when required' medicines and where on the body creams were to be applied. We have made a recommendation about the recording of some medicines.

Increased auditing and monitoring checks were in place. Further actions were required to address the issues found at inspection. The provider's quality monitoring of the service had not been effective in identifying these issues. We have made a recommendation about quality monitoring.

People told us they felt safe. Staff understood their safeguarding responsibilities. Leadership and oversight had improved. Action plans had been put in place following the previous inspection. The service sought and encouraged feedback from people, staff, relatives and professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 22 December 2020) and there were multiple breaches of regulation. This service has been in Special Measures since October 2020. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding people from abuse, staffing, and good governance.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. This service is no longer in breach of regulations or in Special Measures.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to check whether the warning notices we previously served in relation to regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection (published 16 May 2019) for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection and our last focused inspection, by selecting the 'all reports' link for Upsall House Residential Home Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We have asked the provider for an action plan. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Upsall House Residential Home Limited

## **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.

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

Two inspectors carried out this inspection.

#### Service and service type

Upsall House Residential Home Limited 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.

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.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the administrator, senior care workers, care workers, and one member of laundry staff.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional documents and policies to be sent to us electronically, including training data and audits.

# 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 inadequate. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection of the service, there was a failure to assess, manage and respond to risks of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The quality of care records had improved. The provider was in the process of reviewing and updating people's care plans and risk assessments to ensure they included up to date information on people's medical conditions.
- Further improvements were needed to ensure the quality of care records was consistent and important information was communicated to staff.

We recommend the provider continues to review their quality monitoring of records to ensure risks are identified, monitored, and communicated to staff.

- Safety of the premises had improved. The provider had taken action to immediately address any concerns found during the inspection.

### Preventing and controlling infection

At our last inspection of the service, infection prevention and control measures were not effective and did not support the delivery of safe care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.
- We were somewhat 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.

We recommend the provider reviews staff understanding of the importance of being bare below the elbow to support good hand hygiene and reduce the risk of infection.

### Using medicines safely

At our last inspection of the service, medicines were not managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Medicines were stored securely and were administered by staff who had appropriate training.
- People received their medicines as prescribed. There was a clear system in place for recording medicine administration. Care plans around medicines were in place and guidance for staff was easily accessible.
- Reviews had been undertaken of 'as and when required' medicines, the use of 'homely remedies' and, medicines that come in the form of creams and ointments. The administration of these medicines was clearly documented. Further information was required to record the effectiveness of these medicines and where on the body creams were to be applied.

We recommend the provider considers current best practice guidance for recording 'as and when' required medications and topical medicines.

### Staffing and recruitment

At our last inspection of the service, there were not enough suitably trained and competent staff on duty. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We received mixed views from staff about staffing levels. One staff member told us, "Staffing levels have been reduced but I think there should be more night staff." The provider told us they were reviewing staff levels and would increase night staff.
- Staff had the right skills and experience to safely care for people. Staff had received up to date training and further mandatory training was scheduled to take place.
- Safe staff recruitment procedures were in place. Appropriate checks were carried out to ensure staff were suitable to work at the service.



## Systems and processes to safeguard people from the risk of abuse

At our last inspection of the service, systems and processes were not effective enough to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Policies and procedures were in place to safeguard people from the risk of abuse. The provider reported any safeguarding concerns and took appropriate action.
- People told us they felt safe. One person told us, "I feel very safe and well cared for. [The staff] are always there for you, they are very good."
- Relatives told us they thought people were safe. One relative told us, "[Person] is very well looked after, I have no concerns. [Person] is the happiest I have seen them and [person] laughs more." Another relative told us, "I am 100% assured that [person] is very safe."
- Staff understood their safeguarding responsibilities and were confident any concerns would be acted upon.

## Learning lessons when things go wrong

At our last inspection of the service, there was a lack of effective systems in place to ensure the safety of people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Accidents and incidents had been recorded and reviewed by the registered manager. A monitoring system was in place to look for patterns and trends.
- Action plans were in place following the last inspection. Improvements had started to take place. Feedback from professionals had been acted upon.

# 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 inadequate. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection of the service, there was a failure to effectively monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Increased auditing and monitoring checks were in place. Further improvements were needed to ensure any gaps in auditing were addressed.

We recommend the provider undertakes a review of their quality monitoring systems of the service.

- The quality of the service had improved. Action plans were in place following the previous inspection and in response to the issues we found.
- The provider's understanding of their roles and responsibilities had improved. Records demonstrated oversight of care was improving. Notifications were submitted to CQC appropriately.

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

At our last inspection of the service, there was a failure to effectively lead staff and support people to receive high-quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Leadership had improved. Staff received regular appraisals and were given constructive feedback to improve the quality of care. Meetings between the registered manager and the provider were being held to ensure improvements continued.
- The registered manager encouraged and welcomed feedback from staff. One staff member told us, "We can raise concerns openly and we are encouraged to do so."

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

At our last inspection of the service, there was a failure to have effective systems in place to support the improvement and development of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Feedback had been sought from professionals and relatives with the use of surveys. One professional said, "Always made welcome. Staff are cheerful and very helpful." One relative said, "Lovely staff. Always feel safe and welcome. Couldn't ask for more." Changes had been made in response to feedback received.
- People, their relatives and staff, had been kept updated about the service. One relative told us, "Communication is really excellent, they are straight on the phone to let us know what is happening."
- The service worked effectively with other professionals to meet people's needs and improve the quality of care. Referrals to other services, such as the dietician and the falls team, were made in a timely manner.