

Upsall House Residential Home Limited

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Inspection report

Swans Corner, Guisborough Road
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Tel: 01642300429

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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: Upsall House is a care home which provides residential care for up to 30 people. The care provided is for older people, some of who may be living with a dementia type illness. At the time of the inspection 21 people were accessing the service.

People's experience of using this service: People and their relatives were happy with the care and support they received from the provider.

The management team and staff developed good relationships with people and their relatives to ensure they received the right support to improve their quality of life.

People told us they felt safe whilst being supported by staff. Relatives were confident family members were well cared for. There was a proactive approach to assessing and managing risk which allowed people to remain as independent as possible.

The provider promoted person-centred care which was delivered through the assessment and planning of people's individual and specific needs. Care plans were detailed and informative. They identified the specific care that people required.

Staff were skilled and knowledgeable in the care and support people required. They provided flexible care and support in line with a person's needs and wishes. The staff team was consistent with some staff working at the service for many years. Staff worked with family members and a range of professionals to ensure people were provided with the care and support they required.

Medicines systems were organised, and people were receiving their medicines when they should. The provider was following national guidance for the receipt, storage, administration and disposal of medicines.

People were involved in decisions about the care they received. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider was open and approachable which allowed people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the management team.

The management structure in the service ensured people and staff had access to, and support from, a competent management team. The registered manager and provider monitored quality, sought people's views and had plans in place for improvements to the service environment.

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

Rating at last inspection: Good (Report published 29 November 2016)

Why we inspected: We inspected the service as part of our inspection schedule for 'Good' rated services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

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. 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: The inspection was completed by one inspector and one 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: Upsall House is a care home. People in care homes receive accommodation, nursing and personal care. 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 was an unannounced inspection.

Inspection activity started on 10 April 2019 and ended on 12 April 2019.

What we did: Our inspection was informed by evidence we already held about the service. We also used feedback received from the local authority.

We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is a record about important events, which the provider is required to send us by law.

During the inspection we spoke with eight people who used the service and five relatives. We also spoke to the provider, registered manager, two senior care staff, five care staff and the cook.

We reviewed a range of records. These included two people's care and support plans, medicines records, recruitment files for three care staff and the providers training records. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- People told us they felt safe with the services provided. One person said, "Safe and secure? Yes, I feel safe, I leave my door open as I like to see people go past and say – hello, how are you."
- Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- The provider worked closely with other relevant authorities to make sure people were protected from abuse and avoidable harm.
- The provider's robust recruitment process helped minimise risks to people. Appropriate recruitment checks had been made.
- There were enough staff to meet people's needs. Staff told us they worked flexibly and were supported to respond to changes in people's needs when required. One person said, "They [staff] are good at responding to the buzzer. It's always handy – I just have to press the buzzer. [Staff] ratio is about right."

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Care plans and risk assessments were up to date and regularly reviewed to ensure they reflected people's current needs. Staff were provided with clear guidance of actions they should take to manage and support people with health conditions such as diabetes.
- Staff could explain to us how they minimised risks to people's health and well-being.
- Staff received training which ensured the safe use of equipment. This included the use of hoists to support people to transfer safely.
- The provider had contingency plans in place to support people in emergency situations for example, adverse weather conditions or passenger lift failure.
- People were protected from the risk of infection; staff were trained and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

Using medicines safely.

- People who required help to take medicines received support from trained staff.
- Medicines arrangements were safe and regularly reviewed by the management team.
- People were happy with how their medicines were managed. One person said, "I'm absolutely happy with the way my tablets are given. They come first thing, lunch, tea and bedtime. Water is always there to take them with, I have boiled tap water. I have arthritis so yes, I know what my tablets are for."

Learning lessons when things go wrong.

- Effective arrangements were in place to learn when things went wrong.
- Where accidents and incidents occurred, the management team learned lessons from them and ensured any changes were shared with the whole staff team.

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.

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 were fully assessed before they began to use the service.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported.
- People received support in accordance with their assessed needs because staff understood the importance of care plans and made sure they were kept up to date.

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

- The layout of the building provided adequate space for people with mobility needs.
- The building met the current needs of people, however it required redecoration and improved signage to support people who were living with a dementia type illness. The provider had an extensive refurbishment plan in place to modernise and improve the environment which included the areas we identified during our inspection.

Staff support: induction, training, skills and experience.

- People were supported by staff who had the skills, knowledge and training to effectively and safely support them.
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- The management team were approachable and available when staff required advice or support. Staff were supported through regular supervision and appraisal. One member of staff said, "The [registered] manager does a one to one, asks if you have any concerns, would you like any training and follows it through. They [registered manager] are approachable, very, I could go to them."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Most people could make decisions for themselves and staff respected their choices.
- DoLS applications were made appropriately and conditions were met.
- Staff sought people's consent before undertaking any personal care. One person said, "They do things for me I've never had done in my life and yes they ask my permission. They wouldn't do anything you didn't want them to do."
- Where people lacked the mental capacity to make specific decisions staff worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's relatives.
- Care plans clearly set out how staff should support people to make choices.

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

- People were encouraged to be as independent as they could be with eating and drinking. One person told us staff read the menu to them each day so they could choose their meal.
- Staff supported people with their nutritional needs as required.
- Kitchen staff had completed training to meet people's needs. The cook was fully aware of people's individual dietary and nutritional needs.
- People told us the food was home cooked, nutritional and they had a choice. One person said, "Food is good, I enjoy my meals. There is enough, and you get a choice. There's plenty to drink, she [staff] is going to bring some orange juice now."
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist (SALT) to reflect any recommendations needed to minimise risks for people.

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

- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- People had regular access to healthcare services when they needed it. Care plans showed staff monitored people's health and reported any concerns. One visiting GP told us the service worked closely with them and sought timely advice when people required it.
- The staff worked with other healthcare professionals to make sure people's health needs were met this included district nurses.

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.

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.

- Staff received training in equality and diversity. People's cultural and spiritual needs were respected. One person said, "There is a church service every Monday and everyone's invited, I go, we sing songs, it's nice."
- The provider had systems to monitor staff practices to ensure they were kind and caring.
- People said staff were respectful and treated them with kindness. One person said, "Care is absolutely fantastic – day and night. They are wonderful staff. Some are really special. You couldn't have a nicer place."
- The service had received many compliments about the support they provided. One recent compliment read, 'There are no words to describe my thanks and appreciation during my [relative's name] stay with you. Your care, professionalism and love to us both was second to none other. Thank you all, you wonderful people, you are worth your weight in gold.'

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

- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
- People and their representatives were involved in all decisions about their support. One relative said, "I went through my relatives care plan. It's updated. [Person's name] has more needs now and they cope with that."

Respecting and promoting people's privacy, dignity and independence.

- Staff could clearly explain how they respected people's right to have their privacy and dignity promoted. One member of staff said, "I always make sure doors are closed when doing personal care, keep people covered, put towels around their shoulders and lap to keep them comfortable. I keep people covered as much as possible."
- Staff helped people to develop their independence. Care plans reflected the steps staff should take to encourage people to be independent. One person said, "I still have some independence. They [staff] respect that, yes they do."
- People received care and support from a consistent staff team. One relative said, "The staff love my relative, they are kind and compassionate. They often look at old photos. One particular carer is fantastic. My relatives face lights up when they see [member of staff]."

Is the service responsive?

Our findings

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

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's needs, and preferences were assessed. Care plans showed people were involved in planning their care and changes were made when needs or wishes changed. One person said, "I saw my care plan, they've got all my history, any resident can read their own care plan."
- People's cultural and spiritual needs were considered as part of their initial assessment.
- Staff handed over information about people between each shift. This meant staff coming on duty had up to date information to support people effectively.
- The service planned activities each day with staff and people. Some external entertainers visited the service and outings were planned. One person told us, "There was a fun night at Christmas, residents and staff all having fun together. Also fun at Halloween. A church group comes in each week. There is music and karaoke, it's best when they play old CD's, and everyone is chilled. Staff play cards with residents. The entertainment side of things? I'm happy with that."
- The service identified people's information and communication needs by assessing them. People's communication needs were identified and recorded in care plans. The service was complying with the requirements identified in the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- People felt able to share any concerns with staff who supported them. People knew how to make a complaint and felt they would be listened to by the management team. One person said, "The [registered] manager is nice, you can sit and have a word with them anytime. I don't go often but they are there if you want them. I've never had a complaint. If I did, I'd tell the staff first, then the [registered] manager"
- The provider encouraged an open culture where people and their relative's felt able to raise issues.
- The service had received no complaints since the last inspection.

End of life care and support.

- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- When required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility.

- People received personalised care. The registered manager and staff showed a commitment to providing high standards of care.
- The provider understood their responsibilities under the duty of candour and were open and honest about any lessons that needed to be learnt after any incident which placed a person at risk of harm.
- People and relatives told us they felt the service was well-led.

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

- The management team carried out observations and a range of audits to monitor quality and individual staff performance. This helped to ensure people received a consistent level of support.
- Staff at all levels of the service understood their roles and responsibilities.
- Communication within the service was good. One relative said, "Communication is great – they just ring me up with any updates."
- People benefited from a management team who were committed to raising standards. There were regular management meetings where service improvements were discussed and planned.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

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

- The management team spent time with people who used the service and staff. This allowed them to gain people's views and involve people in any changes being made to the service.
- Meetings took place for people and relatives. These covered topics such as any changes at the service, meals and activities. One person said, "My relative goes to the relative's meetings. [Person's name] wants to be involved. They ask things like – what do you have concerns about; what would you like."
- People could also share their views through feedback surveys. The results of the surveys showed a good level of satisfaction with the care provided. Comments included, "[Person's name] has been cared for at Upsall house for nearly two years. I cannot speak highly enough of the care shown and the support given to both [person's name] and myself. The staff are all wonderful. Thank you everyone'.
- Staff team meetings were held regularly. Staff said they could speak up at these. Meetings covered areas such as refurbishment plans for the service, communication and training.
- The service worked with a range of other professionals and agencies to best meet people's needs.

