

# The Cheshire Residential Homes Trust

# Upton Grange Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 4 February 2016.

The service was previously inspected in August 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Upton Grange Residential home provides personal care and accommodation for up to 25 older people.

Upton Grange is an older style large country house, with a pleasing and spacious interior. There are 25 single bedrooms, all of which have en-suite facilities. Communal space consists of two lounge areas and a dining room. There is a large private garden with walkways and seating areas and an enclosed courtyard. A laundry room and hairdressing salon is also available for people to access.

Twenty three people were being accommodated at the time of the inspection.

At the time of the inspection there was a manager at Upton Grange Residential home. The manager started her post in August 2015 and provided evidence to the inspection team that she had applied to be the registered manager, however this process had not yet been completed.

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.

During this inspection visit we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to ineffective quality assurance and auditing systems, recruitment processes, and lack of systems in place for safe care and treatment. You can see what action we told the registered provider to take at the back of the full version of the report.

The manager was present during our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors. During the inspection we found Upton Grange to have a warm and relaxed atmosphere and overall people living in the home appeared happy and content.

Feedback received from people using the service spoken with was generally complimentary about the standard of care provided. People living at Upton Grange told us the manager was approachable and supportive.

The provider did not have an effective recruitment and selection procedure in place and did not carry out relevant checks when they employed staff.

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. There were however, gaps in dementia care and Deprivation of Liberty

Safeguards (DoLS) training.

The service lacked governance systems to assess, monitor and improve the quality of the service. For example, effective systems to seek feedback of the experience of service users were not in place and auditing systems were not robust.

The registered provider has not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect people's needs.

We found that the home was properly maintained and ensured people's safety was not compromised.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

The registered provider had policies and systems in place to safeguard people from abuse. Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff told us they were able to speak with the manager if they had a concern.

Medicines were ordered, stored, administered and disposed of safely. People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Recruitment systems were not robust to ensure the safety of people using the service.

A basic emergency plan was not in place to ensure an appropriate response would be followed in the event of an emergency.

Staffing levels were based on people's needs and shifts were arranged to ensure sufficient staffing numbers at key times of the day. There were enough staff to keep people safe.

Safe systems and procedures for supporting people with their medicines were followed.

### Is the service effective?

**Requires Improvement** 

The service was not consistently effective.

Staff received training and support from the provider, to enable them to develop their skills and knowledge. However we found there were gaps in dementia and DoLS training for staff.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

People were able to see their GP and other healthcare professionals when they needed to.

### Is the service caring?

**Good** 

The service was caring.

People were cared for with respect and dignity. Staff were

knowledgeable about the individual needs of people and responded appropriately.

Staff were polite and friendly in their approach. They had a good understanding of how each person communicated their wishes and emotions.

### **Is the service responsive?**

The service was not consistently responsive.

Some aspects of the care planning system were not person centred and did not always provide sufficient detail of what support the person needed and / or how risks were to be managed.

People had access to a range of individual and group activities and received care and support which was responsive to their needs.

**Requires Improvement** ●

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

The service was not consistently well led.

The provider did not seek feedback from the people using the service, relatives or staff.

Although auditing systems were in place, it was evident that there were gaps in the home's care planning system and significant scope for improvement.

**Requires Improvement** ●

# Upton Grange Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 February 2016 and was unannounced. The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Upton Grange Residential home. We took any information they provided into account.

As part of our inspection we spent time talking with people who were living at the home. Eighteen people were able to share their views with us about the home.

We also spoke with the manager, and deputy manager. Additionally, we spoke with four other members of staff including three care staff, and one cook.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: five care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

# Is the service safe?

## Our findings

We asked people who used the service if they found the service provided at Upton Grange to be safe. People spoken with confirmed they felt safe and secure at Upton Grange. Comments received from people included: "You cannot fault the staff here, they are superb, I find them very attentive and helpful" and "I do feel safe living here the staff know who's coming and going."

Through examination of records we found that recruitment and selection procedures did not meet the requirements of the current regulations.

We looked at a sample of four staff records for staff recently recruited. In all four files we found that there were gaps, such as: application forms; dates on references, and medical statements. For example we found in one file had no application, no proof of identity, and no evidence of medical statements. In another staff file, we found a medical statement dated four days after the persons start date, and no dates on references and gaps in previous employment were not accounted for.

Disclosure and Barring Service (DBS) criminal records checks had been completed for newly recruited staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We looked at the provider's policies and procedures relating to recruitment checks. The provider used an external policy entitled 'Employment Consultancy Services' dated August 2015, to provide guidance on recruiting new staff. We found this policy was not service specific to Upton Grange and did not provide essential guidance such exploring gaps in employment, carrying out Disclosure and Barring Service (DBS) criminal records checks and detailing the application process.

This was a breach of regulation 19 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered provider had not ensured that recruitment procedures were established and operated effectively.

An accident book was in place to record incidents, accidents and falls and to maintain an overview of incidents. The manager informed the inspection team that a monthly summary report was produced by the home's maintenance worker. This report was then sent to the Cheshire Residential Homes Trust board. A chart was available but this didn't disclose the information that was captured and did not provide any evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. The manager acknowledged this observation and assured us she would update records so this information was included to ensure best practice.

Upton Grange Residential home did not have a basic emergency plan in place to ensure an appropriate response would be followed in the event of an emergency. This meant that staff and management did not have the relevant contact details if an emergency did arise; in the event of gas, electric, plumbing, nurse call or other emergencies.

Personal emergency evacuation plans (PEEPS) had not been produced for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.



After the inspection the manager provided evidence of PEEPS she had completed individually for people living at Upton Grange.

At the time of our inspection Upton Grange was providing accommodation for 23 people who required nursing or personal care with varying needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

Staffing levels set by the provider for Upton Grange were one deputy manager, one senior care assistant and two care assistants on duty from 8.00am to 8.00pm, additionally there was also one care assistant on duty from 8:00am to 2:00pm. During the night it was recorded on the rota that there were two waking night staff on duty from 8:00pm to 8:00am.

The manager was supernumerary and worked flexibly subject to the needs of the service.

We noted that a staffing dependency tool to calculate staffing hours and people using the service had not been devised. The manager informed the inspection team that she felt confident with the current staffing levels and would immediately respond to increase the staffing if she felt people's needs had changed to ensure quality of service provision.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm'; and 'Whistleblowing'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

We checked the safeguarding records in place at Upton Grange. We noted that a tracking tool had not been developed to provide an overview of incidents of safeguarding and care concern. Staff we spoke with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We noted from our records that there was one safeguarding concern raised in January 2016 for Upton Grange. The manager was not aware of this safeguarding concern due to it being raised externally by a professional who contacted the local authority after visiting Upton Grange. The concern raised was regarding a person receiving the respite service at Upton Grange since October 2015 not having a care plan in place for over two months. The concern stated this person had high restrictions in place to keep them safe, however a Deprivation of Liberty Safeguards (DoLS) had not been authorised or submitted to confirm the correct authorisations had been applied for. After this concern was raised by the professional, the provider ensured this person had a robust care plan implemented, along with an urgent referral to the DoLS team.

We looked at the management of medicines at Upton Grange with the deputy manager. We were informed that only the deputy manager and designated senior staff were responsible for administering medicines. All staff responsible for the management of medication had completed medication training. We were informed by the deputy manager that staff are shadowed to monitor competency levels however this assessment of competency was not recorded. The manager informed the inspection team that they would start to record medication competencies for the staff who administer medicines.

A list of staff responsible for administering medicines, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

The policy was available in the medication storage room for staff to view, however we found this policy was due to be updated in January 2016 and was in need of development and review. Upton Grange used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record.

A monthly audit of medication was undertaken as part of the home's quality assurance system. We signposted the manager to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

We recommend that a basic emergency plan to be established, to provide detailed information on how to respond if an emergency did arise at Upton Grange.

We recommend that a safeguarding tracking log also be established to provide an overview of safeguarding incidents, action taken and outcomes.

## Is the service effective?

### Our findings

We asked people who used the service if they found the service provided at Upton Grange to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: "The staff are very helpful, I have diabetes and they are aware of this by providing me with a healthy balanced diet"; "I am very happy here, I have made many friends since I have moved here"; "The food is top notch and there is plenty of choice"; "The manager will speak to my daughter and keep her informed if I am feeling unwell." "We have our own hair salon here, I can use this whenever I like."

Upton Grange is an older style large country house, with a pleasing and spacious interior that is ideal for a comfortable and satisfying retirement. There are 25 single bedrooms, all of which have en-suite facilities. Communal space consists of two lounge areas and a dining room. There is a large private garden with walkways and seating areas and an enclosed courtyard. A laundry room and hairdressing salon is also available for people to access and there is a passenger lift in place and communal facilities for cooking, dining, personal care, relaxing and leisure.

The environment of Upton Grange had been decorated to a high standard and was well maintained throughout. People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. People were also seen to have access to personal aids to help them mobilise independently and to ensure their comfort.

We spoke to four members of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; and health and safety.

Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

A number of the people living at Upton Grange were living with dementia. We found that there was no training in Dementia Awareness being provided to staff. Discussions with the manager confirmed this was the case and the manager informed the inspection team she will address this matter to ensure dementia training is provided to all staff.

We noted that team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and supervisions every two months. Staff spoken with confirmed they felt valued and supported in their roles.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager. Discussion with the registered manager showed he had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the manager confirmed that at the time of our visit to Upton Grange there were four people living at Upton Grange who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation.

The manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

We found evidence that a DoLS was applied for on 16 December 2015 for a person using the respite service at Upton Grange. This DoLS application was made two months after the person began to use the respite service. This person was subject to a DoLS and had high restrictions in place to keep them safe, however a DoLS had not been authorised or submitted to confirm the correct authorisations had been applied for in a timely manner.

We found that a large number of the staff had completed the Mental Capacity Act 2005 (MCA) e-learning training, but this did not cover the Safeguards (DoLS) training. The registered manager said all staff would complete this training in the near future.

A four week rolling menu plan was in operation at Upton Grange which offered people a choice of menu and was reviewed periodically. The daily menu was on display in the dining area.

The most recent local authority food hygiene inspection was in October 2015 and Upton Grange had been awarded a rating of 5 stars which is the highest award that can be given.

We observed a meal time and saw that people had different options and a drink of their choice. Additional refreshments and snacks were also seen to be provided throughout the day. Staff were observed to be accessible and responsive to people requiring support at mealtimes. Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that they were completed consistently. People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician therapist or an appointment with a general practitioner.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists etc. subject to individual needs.

# Is the service caring?

## Our findings

We asked people using the service if they found the service provided at Upton Grange to be caring. People spoken with told us that they were well cared for and treated with respect and dignity by the staff at Upton Grange.

Comments received from people using the service included: "The staff are very, very caring and will take time to listen to you. Some of the staff will speak to me about my interests and check in on me when I am in my room." and "The staff are passionate about providing quality care."

One staff member said, "I feel we provide excellent care to the people here, we have an established staff team and we know the people's needs and requirements."

During the inspection we observed staff supporting people at various times and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled. On the morning of our inspection we observed an activity coordinator providing entertainment in the form of 70's era music being played. Staff were on hand to provide assistance and encouragement for people living at Upton Grange. The manager confirmed they tend to arrange an activity coordinator to visit Upton Grange at least once a month. The manager informed the inspection team that they had recently recruited an activities coordinator who was due to start their post at Upton Grange in the forthcoming weeks.

Through discussion and observation it was clear that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care.

The manager and staff were seen to enjoy friendly banter between each other and the people using the service. The home had a warm atmosphere and people were seen to respond to this interaction positively and appeared happy, content and relaxed.

Staff greeted people with a smile, made eye contact when talking to people and used positive touch to connect with, or reassure people throughout the day. It was obvious from our observations, that staff were familiar with people's needs, preferences and were responsive to how people were feeling as well as their physical care needs, ensuring reassurance was given where needed. This supported people's wellbeing. It was clear from our observations that people trusted the staff and management team.

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted. When asked if staff respected their privacy and dignity and whether they asked permission before doing something, people responded: "Of course. The carers always knock on the door", and "They will not intrude when you have family visiting you." A third person said, "Yes always respect my privacy. If I want help with something I can ask for it." People were treated with dignity and respect.

During our observation we observed people's choices were respected and that staff were attentive and responsive to the needs of people who required support at meal times. We also noted that staff communicated and engaged with people in a caring manner and that the mealtime was unhurried and relaxed. There was a sufficient number of staff on duty at this mealtime. We noted that there was a choice of music available for the people to choose from while they enjoyed their lunch.

It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, and promoting independence.

Personal information about people receiving care at Upton Grange was kept securely to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

## Is the service responsive?

### Our findings

We asked people who used the service if they found the service provided at Upton Grange to be responsive to their needs. People spoken with confirmed that the service was responsive to their individual needs.

For example, three people reported: "I feel the home is responsive to my needs. They always keep me up to date with any relevant health appointments I may have" and "Some staff will pick up on little things to do with my health for example if I have a cold or a bad chest they will offer me medication and advice", and "I like to go out at times and the staff never bother me or tell me to be back at a certain time, it's lovely to still have a level of my freedom left while I live here."

We looked at five care files during our inspection. We found that the provider had developed guidance on care planning for staff to follow and files viewed contained a range of information such as: assessments of need care, plans and risk assessments. This system was colour coordinated; yellow for assessment, green for care plans, pink for falls assessments and purple for MCA. This colour coordinated care file system helped the staff quickly locate the risk assessments / care plans for the people at Upton Grange. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required.

We found that care plans had not always been completed in sufficient detail in particular for the people who had recently moved to Upton Grange for respite care. There were gaps in records, for example moving and handling assessments, continence assessments and personal evacuation plans. Some risk assessments were vague and lacked person centred information on the actions required to minimise / control actual and potential risks. This has the potential to place the health and welfare of people using the service at risk. Speaking with the manager she confirmed that the care plans with gaps were still in the process of being completed by her team.

For example one person's respite care file we viewed was not implemented at the time they started their respite care at Upton Grange. We found a robust care plan containing risk assessments was implemented on the 16 December 2015; which confirmed the person did not have a care plan for over two months while they had been staying at Upton Grange. During the first week of this person's stay at Upton Grange it was recorded on a paramedics call out log that they had a fall at the home. The person did not require hospital treatment and was closely monitored by the staff at Upton Grange. The provider did not complete a falls risk assessment until two months later when this person was having their care plan implemented. The provider failed to mitigate risk and provide a detailed risk assessment and care plan for staff to follow to keep this person safe.

The manager stated the person's pre-admission assessment was in place and followed by the staff at Upton Grange before a care plan was implemented. The manager explained that people using the respite service at Upton Grange did not always have a care plan implemented because they did not tend to stay for long periods. However due to the shortfalls of the previous person not having a robust care plan in place for over two months the manager assured the inspection team that respite care files will be set up immediately for people using the respite service at Upton Grange.

This was a breach of Regulation 12 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect people's needs.

People who live at Upton Grange told us they believed their support needs and preferences were being met by the staff team.

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

We reviewed the record of complaints received and the actions taken and saw evidence that issues had been dealt with appropriately, within the timescales of the policy.

A monthly newsletter was produced for the people living at Upton Grange. This disclosed information about events and activities at the home. We noted that daily activities were being carried out such as hair and pamper days, magical musical shows, and bingo. Additional activities on offer included: theme nights; board and interactive games; baking; arts and crafts; trips; gentle exercises and fitness; outside entertainment and church services.

People spoken with confirmed they were satisfied with the activities on offer and records of individual activities were maintained and available for reference.



## Is the service well-led?

### Our findings

We asked people who used the service if they found the service provided at Upton Grange to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments from people included: "The management team are superb here. They are very warm and welcoming;" "You can always speak to the manager or staff if you have any problems and they will deal with them," and "The manager is friendly and so are the staff;"

The manager and her deputy manager were both present throughout our inspection. Both managers were observed to be helpful and responsive to requests for information and support from the inspection team.

During our inspection we observed that people felt able to approach the manager directly and she communicated with them in a friendly and caring way. People were observed to refer to the manager by her first name which reinforced that there was a friendly relationship between them.

The registered provider had developed a policy on 'quality assurance'. We also saw that there was a system of routine checks and audits in place for a range of areas to enable the manager to monitor the operation of the service and to identify any issues requiring attention.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective particularly in areas such as care planning, and health and safety. We found these checks were not completed on a regular basis and was not detailed in their findings. For example we found no audits for health and safety being carried out and the gaps in respite files had not been picked up on the care plan audit.

Upton Grange did not have systems in place to seek feedback from people using the service, their relatives and stakeholders.

Although auditing systems were in place, it was evident that there were gaps in the home's care planning system and significant scope for improvement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has not ensured effective systems were in place to monitor and improve the quality of service provided.

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in satisfactory order.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected

people who used services.

Information on Upton Grange had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents. We found this statement of purpose did not provide details of the complaint procedure. The manager assured the inspection team they would have the statement of purpose updated.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider has not ensured that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect people's needs. Regulation 12 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider has not ensured effective systems were in place to monitor and improve the quality of service provided. Regulation 17
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider had not ensured that recruitment procedures were established and operated effectively. Regulation 19 (3) (a) (b)