

Upton House

Upton House

Inspection report

Upton House
Deal Road, Worth
Deal
Kent
CT14 0BA

Tel: 01304612365

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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

Upton House is a privately owned residential care home for up to 20 older people living with dementia. 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. At the time of our inspection 16 people were provided with accommodation and personal care. The house is a large, Georgian style, listed building set in its own private well-maintained grounds near to the village of Worth. Accommodation is provided on two floors with stair lifts to enable people to access both floors. There are communal lounges on the ground floor, a large dining room and conservatory.

Our last inspection on 20 December 2016 was a focused inspection to check the home was meeting the legal requirements following a breach from the previous comprehensive inspection on 10 and 11 March 2016. The breach was in relation to insufficient staff guidance for risk management and medicines not being managed safely. At the focused inspection we found improvements had been made and the provider had met the legal requirements with regards to risk management and the management of medicines. However, there was a recommendation for the provider to ensure all risk assessments were personalised and contained full guidance to reduce and mitigate risks to people. We therefore rated the home as Requires Improvement in the safe domain and it remained Good in all other domains and overall.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

At this inspection we found the service remained Good.

The provider had acted on our recommendation. Risks to people were assessed on an individual basis and there was comprehensive guidance for staff. People were kept safe from avoidable harm and could raise any concerns with the registered manager. There was enough suitably trained and safely recruited staff to meet people's needs. Medicines were administered safely and there was clear guidance for staff on how to support people to take their medicines. People were protected from any environmental risks in a clean and well-maintained home. Lessons were learnt from accidents and incidents.

People's needs and rights to equality had been assessed and care plans had been kept up to date when people's needs changed. Relatives we spoke to told us their loved one's general health and wellbeing had improved since living at the home. Staff had the right induction, training and on-going support to do their job. People were supported to eat and drink enough to maintain a balanced diet and were given choice with their meals. People accessed the healthcare they needed and staff worked closely with other organisations to meet individual's needs. People's needs were met by the homes facilities and attention was paid to make the home 'dementia friendly'. People were supported to have maximum choice and control of their lives and

staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People and relatives we spoke with told us that staff were caring and the management team ensured there was a culture which promoted treating people with kindness, respect and compassion. Staff were attentive to people and everyone was clean and well dressed. The home had received positive feedback and people were involved in their care as much as possible. Staff protected people's privacy and dignity and people were encouraged to be as independent as possible. Visitors were made welcome.

People received personalised care which met their needs and care plans were person centred and up to date. Where known, people's wishes around their end of life care were recorded. Technology was used to enable people to keep safe and promote their independence. People's communication needs were met and people were encouraged to take part in activities they liked. There was a good level of external entertainers brought into the home. There had not been any complaints but people could raise any concerns they had with the registered manager. The provider sought feedback from people and their relatives which was recorded, reviewed and used to make improvements.

The management team consisted of the owners, the registered manager, the general manager and team leaders. People and relatives were happy with the management of the home and staff understood the vision and values of the home promoted by the owners and management team. There was a positive, person centred and professional culture. The registered manager had good oversight of the quality and safety of the home, and risks were clearly understood and managed. This was supported by good record keeping, good communication and working in partnership with other health professionals. The managers promoted continuous learning by reviewing audits, feedback and incidents and making changes as a result.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service has improved to Good.

Risks to people were assessed on an individual basis and there was guidance for staff on how to manage the risks.

Systems and processes were in place to protect people from abuse and avoidable harm.

People's medicines were managed and used safely.

There were sufficient, suitable staff available to keep people safe and meet their needs.

People were protected by the prevention and control of infection.

The management team learnt from incidents and accidents and made improvements as a result.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Upton House

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 was planned to check whether the provider is 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.

This comprehensive inspection took place on 11 October 2018 and was unannounced. The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home including two previous inspection reports. We looked at notifications which had been submitted to inform our inspection. A notification is information about important events which the provider is required to tell us about by law. We looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the home, what the home did well and improvements they planned to make. We took this into account when we inspected the home and made the judgements in this report.

During the inspection we met people who lived at Upton House and observed their care within communal areas. We looked at the interactions between staff and people. 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 inspected the environment, including the kitchen, bathrooms and people's bedrooms. We spoke to three people, three relatives, two care staff, the registered manager and the general manager. We received feedback from a visiting health professional. We displayed posters in the reception area inviting feedback from people, relatives and staff. Following this inspection, we did not receive any further feedback.

We reviewed four people's care records. We looked at medicines records. We reviewed four staff recruitment files, staff induction, training and supervision records and a variety of records relating to the management of the home including staff rotas, surveys and quality audits.

Is the service safe?

Our findings

Following the recommendation made from our last inspection on 20 December 2016, we checked whether the provider had ensured all risk assessments were personalised and contained full guidance to reduce and mitigate risks to people. We found that all risks to people were assessed on an individual basis and there was comprehensive guidance and information for staff in people's care records. For example, people at risk of falls had detailed assessments and falls procedures in their care plans and these had been updated following an incident. Risk assessments around people's mobility also considered the need to support people to stay independently mobile, within their capabilities, whilst keeping them as safe as possible. For example, we saw one person walking around the home unaided. Staff asked them kindly where their walking frame was and went to help them find it.

People and their relatives told us they had no concerns with their safety and could speak to the registered manager if they did. One person, when asked if they felt safe and could report any concerns said, "Yes, of course I do. It doesn't happen. I have never thought about it." One relative told us they think their relative is safe and get told "every time anything happens." Safeguarding and whistleblowing policies were in place and worked in line with Local Authority safeguarding procedures. The provider had notified us of any concerns. Staff had received training, were able to recognise the signs of abuse and could tell us what they would do in the event of a safeguarding concern. Staff told us they were confident that the registered manager would act immediately. Appropriate systems were in place which ensured information held about people was secure.

There were sufficient staff available to meet people's needs. This was evidenced by rotas and feedback from people, relatives and staff. The provider did not need to use agency staff and this was confirmed by one relative who said, "They work their socks off, staff come in to help out if people are sick. There is no agency use." A robust recruitment and selection process was in place and all staff had been subject to criminal record checks before starting work. These checks were done by the Disclosure and Barring Service (DBS) and supported employers to make safer recruitment decisions and prevent unsuitable staff being employed. The provider was not currently renewing these checks periodically in line with best practice guidance. However, during the inspection they implemented a new policy to renew staff DBS checks every five years.

Medicines, including controlled drugs and 'as required' medicines, were received, disposed of, and administered correctly. People had an individualised medicine administration sheet (MAR), which included a photograph of the person and their known allergies. MAR charts are a document to record when people received their medicines. There was clear guidance for staff on how to support people to take their medicines. People's medicines were securely and safely stored in a medicines trolley or a medicines cupboard and they were only administered by senior staff who had received appropriate training and competencies.

Staff understood how to prevent and control infection and people confirmed that staff followed procedures, for example wearing gloves and aprons. The home was maintained and clean. All the necessary health and safety checks and audits were completed, for example around fire safety, equipment checks and Legionella.

Certificates indicated safety checks and servicing had been carried out as needed, for example for the chair lift and hoists. All accidents and incidents reports were recorded and the cause reviewed to prevent future reoccurrence.

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home, to ensure the home could provide the care required to meet their needs. Care plans had been reviewed regularly and updated when people's needs changed. Effective outcomes were achieved, for example at the time of the inspection there was no one with a pressure wound as people received good care. One relative told us how their loved one's general health and wellbeing had improved since they had lived at the home.

People's individual protected characteristics under the Equality Act 2010 were considered during needs assessments and within people's care plans. This means people were protected from unfair treatment in relation to identified personal characteristics: people's age, disability, race, religion, gender, sexual orientation and gender reassignment. No-one was currently practicing a religion or had any specific cultural needs. The registered manager told us that they used to have a priest visiting the home but no one wanted this currently. One person liked to go to church sometimes with their relative. Staff had received training on equality and diversity.

The provider ensured managers and care staff had the right induction, training and on-going support to do their job. All staff had completed the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Staff recruitment files and training records confirmed this. Staff told us they had received an induction, on-going training, competencies assessment and supervision.

People were supported to eat and drink enough to maintain a balanced diet. People had the involvement of a dietician and food and fluid charts were maintained where needed. People were given a choice of two menus daily and there were other choices available for people if they didn't want what was on the menu. One person said, "The food is fine, the cook is particularly good." One relative told us how their loved one had been eating better since moving there. We observed breakfast time, people were given assistance with eating where needed, were offered choice and encouraged to have as much as they wanted to eat and drink.

People were supported to access the healthcare they needed. Where people had been in hospital, they had clinical assessments in their care files which provided guidance for staff. The provider worked closely with partner organisations to meet individual's health needs. For example, occupational therapists, dieticians and chiropodists; and community nurses visited the home.

The provider ensured people's needs were met by the home's facilities which were accessible for everyone. Where needed, people had specialised equipment, for example around their mobility needs. The registered manager and general manager had paid some attention to ensure the home was 'dementia friendly'. For example, there were pictures outside people's bedrooms to help them find their room. The registered manager told us how generally people needed guiding to their rooms or the bathroom due to their mobility needs. We discussed with the registered manager how people could benefit from further accessible signs such as for the dining room and toilet. The general manager acted on this on the day of our inspection and

ordered some more 'dementia friendly' signs.

The home was working within the principles of the Mental Capacity Act 2005. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Our findings

All the people and relatives we spoke with told us that staff were caring. One person said, "They are lovely". One relative said, "They're fantastic, caring and competent staff". We observed positive and caring interactions throughout the day. For example, one person was feeling unwell so staff supported them to go to their room for a rest. The staff member was speaking with the person in a gentle and caring manner.

The management team were committed to ensuring there was a culture which promoted treating people with kindness, respect and compassion. We observed staff being attentive to people and that everyone was clean and well dressed. The home had received positive feedback. For example, one relative had written, "The home has brought my (relative) back to health...the staff and management are excellent. My (relative) is well cared for and the home goes the extra mile...feels like a home, not an institution."

People were involved in developing their care plans as much as possible where they wished to. Relatives told us they were kept informed if anything happened and were involved with care reviews. The registered manager told us that people were not accessing advocacy services currently as their relatives spoke on their behalf, where needed. However, they would refer them to the relevant service if required. Advocacy services offer trained professionals who support, enable and empower people to speak up. People were involved in the day to day decisions about their care. For example, a questionnaire was completed with people to determine their food preferences.

People and their relatives told us that staff protected their privacy and dignity. Staff told us how they did this, for example closing doors and covering people up when providing personal care. People were encouraged to be as independent as possible. For example, one staff member told us how they supported one person to use a walking frame to go to the hairdressers to keep up their mobility and independence. Another staff member told us they encouraged people to wash their hands and face themselves, where possible.

People's rights to a family life were respected. Relatives told us they were made welcome apart from at mealtimes, unless by prior arrangement. The provider had this policy in place to ensure people were not distracted from eating and relatives respected this. Communal areas were welcoming and we observed that people spent time with their visitors in these areas. The general manager said, "Our ethos is that no-one stays in their room, during the day, unless they want to".

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. Care plans were current, detailed and person centred. For example, they detailed morning routines or how many pillows the person liked on their bed. They looked at what was important to the person, including their life history, their likes and dislikes and values and beliefs. Technology was used where useful to enable people to receive the care they need whilst maintaining their safety and independence. For example, floor and door alarm sensors to alert staff that a person was out of bed during the night. This enabled staff to ensure the person had got back to bed without falling.

The registered manager was aware of the Accessible Information Standard (AIS) and discussed ways that they provided information to people. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard. There were visual aids around the home, for example daily menus and the planned entertainment. Information about people's communication needs was available in their care plans.

People were encouraged to take part in activities they liked. External entertainers came in four times a week, for example singers, musicians and yoga instructors. A hairdresser visited weekly and barbeques were held regularly in the summer. We witnessed live entertainment playing in the lounge where 12 people were sat. We saw people enjoyed the activity as they were smiling, moving in time to the music and some people were singing along. One relative said, "It's homely and there is always something going on." One person told us the activities on offer were good, especially the music.

People and relatives told us they had not had any complaints but would raise any concerns or complaints they had with the registered or general manager. The complaints procedure was available although an easy read version had not been produced. We spoke with the registered manager about this during our inspection who told us that any feedback was likely to come from people's relatives but that they would produce an easy read version to ensure accessibility. The provider actively sought feedback from people and their relatives and there was a suggestion box in the reception area. Feedback was recorded, reviewed and used to make improvements. For example, a visitor had suggested the home did some gentle exercises for people and they had recently started a yoga session for people.

There was no one receiving anticipatory medicines or end of life care at the time of our inspection. However, care plans included people's wishes in this area where known.

Is the service well-led?

Our findings

There was a registered manager in post at the home. 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.

Relatives told us they thought the home was well managed. One relative said, "I am highly impressed with the whole outfit...It's well maintained and if I had the staff team they have here, I would be happy." Staff told us they felt supported by the management team. One member of staff said, "I can go to any of the management team and the owners if I had any problems". Staff understood the vision and values of the home and told us how the owner had said to them, "Do what's right for people, that they can have what they want, when they want it." Staff told us how the owners were often at the home and were very supportive.

The management team promoted a positive, person centred and professional culture, had good oversight of the quality and safety of the home, and risks were clearly understood and managed. Internal audits were completed, for example on medicines and quality, reviewed and discussed during meetings and action taken. Surveys had been done with health professionals, staff and relatives and people. Record keeping was good and included monitoring to ensure people received the care they needed. For example, people had monitoring charts for their personal care needs so the registered manager was reassured that people had their glasses cleaned and nails checked and cut as needed. The registered manager promoted continuous learning by reviewing audits, feedback and accidents and incidents and making changes as a result.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about important events such as deaths that had occurred and had met all their regulatory requirements.

The registered manager was open and receptive to feedback. People and relatives were engaged in the home through day to day conversation as well as more formal methods, such as surveys. Regular management meetings, team meetings and handovers took place to ensure good communication within the staff team. The managers and staff worked in partnership with other services, for example community pharmacists, district nurses and occupational therapists to ensure people's needs were met.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website.