

Mrs Mary McTeggart

Upalong Residential Home

Inspection report

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Tel: 0127631356

Date of inspection visit:
27 June 2017

Date of publication:
06 July 2017

Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

The inspection took place on the 27 June 2017 and was unannounced.

Upalong Residential Care home is a privately owned care home providing care, support and accommodation to up to 9 older people some of who are living with dementia. Accommodation is set over two floors, the first floor is accessed by stairs and a stair lift. At the time of the inspection there were 7 people living at the service.

We carried out an unannounced comprehensive inspection of this service on 7 June 2016. A breach of one legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirement in relation to ensuring the principles of the Mental Capacity Act 2005 (MCA) were followed and people's legal rights were protected.

We undertook this focused inspection to check the provider had followed their action plan and to confirm that they now met this legal requirement. This report only covers our findings in relation to that requirement and the key area of effective. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Upalong Residential Home on our website at www.cqc.org.uk

Staff were able to demonstrate their understanding of the MCA and sought people's consent before providing care. A policy was in place and the provider had begun the process of completing capacity assessments. We have made a recommendation that the provider ensures this work is completed and systems are embedded into practice.

Staff were provided with on-going support and development to support them in their role. Regular supervision was provided to staff to monitor their performance and development needs. Staff told us they felt supported by the provider and manager.

People told us they liked the food and were able to make choices about what they had to eat. Staff were aware of people's preferences and were attentive to people's needs. People's nutrition needs were monitored and staff were aware of the action they should take if changes occurred. People had access to healthcare professionals. Guidance was provided to staff in meeting people's healthcare needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Since the last inspection action had been taken to ensure staff understood their responsibilities regarding the Mental Capacity Act 2005. The provider had begun to implement systems in line with requirements although this process had yet to be completed. We have made a recommendation regarding this.

Staff received effective induction, training and supervision to meet people's needs.

People's nutritional needs were met and people were provided with choices regarding their food.

People received support to access healthcare when required.

Upalong Residential Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Upalong Residential Home 27 June 2017.

This inspection was done to check that planned improvements, to meet one legal requirement after our 7 June 2016 inspection, had been made. We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting one legal requirement at the last inspection.

The inspection was undertaken by one inspector due to the small size of the service. Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During our inspection we spoke with three people living at the service, the provider and three staff members. We reviewed care records for three people, staff training and supervision records and menu plans.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in June 2016 we found that the provider was not working within the principles of the MCA framework and staff lacked understanding regarding their responsibilities in this area. At this inspection we found that improvements had been made although additional work was required. Because staff had received training and now understood their responsibilities and because the manager had started to take action, the impact for people, while these few minor improvements take place, had been reduced. People's rights were not being restricted.

Staff had received training in relation to the MCA and were able to demonstrate how this effected their work. One staff member told us, "The MCA is about people's right to make decisions. If people haven't got full capacity to make decisions we involve their families and maybe the GP to make sure they're safe. You need to give people time to make the decision and bear in mind that people's capacity may change. You have to encourage them and find out what they want, give them time and show patience." Another staff member told us, "When people aren't able to make their own decisions it's still not up to us to force them to do anything. We need to discuss what's best for the person with their families, GP, other professionals and staff who know them. We need to fill in a DoLS if there's any restrictions."

During the inspection we observed staff offering choices to people regarding what they would like to drink, eat and how they would like to spend their time. Staff took time to gain people's consent and agreement prior to supporting them with their personal care needs. The front door to the service was locked although plans were in place to ensure that this did not impact on people's rights. One person's care records showed they regularly visited a family member using a taxi service. Risk assessments had been developed to ensure this was safe for the person. One staff member told us, "If someone said they wanted to go out then we'd take them out."

However, we found that capacity assessments had not been completed for specific decisions where required. There was a new manager in the service who told us they were aware of the need to ensure that the appropriate paperwork was completed. They had recently completed their training and provided evidence that the process to ensure people's legal rights were protected had been started. An MCA policy had been developed and forms to record the decision making process were in place. A series of meetings had been booked with a registered manager from another service to guide the manager through the process. They told us that although they understood the principles of what needed to be done, they had sought support to ensure this was done correctly. They told us, "It's an important area; I've given staff MCA

prompt cards to carry with them as a reminder."

We recommend that the provider ensures the plans in place to ensure the principles of the MCA framework are continued and embedded into practice.

Staff received an induction into the service prior to working on their own. An induction checklist was in place to introduce new staff into the running of the service and staff had the opportunity to shadow more experienced staff members. One staff member who had recently started work at the service told us, "My training is all up to date. When I started everyone was so supportive and helped me to learn the ropes."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. A training matrix was in place which showed that staff received on-going training to support them in their role. Training completed included safeguarding, moving and handling, health and safety, fire and first aid. Staff told us they found the training useful. One staff member told us, "Training is being updated all the time. I enjoy it all, it keeps you updated and you always learn something new." Another staff member told us, "We get all the training we need for the job. I recently went on external training for activities. We gained so much from it. We got ideas of new things around for people. Since the training I've been doing art and other activities on the iPad. One person in particular gets so much from it."

Staff received regular supervisions and appraisals to support them in their role. A supervision tracker was in place which showed staff received supervision every two months and an annual appraisal. Supervision and appraisal records evidenced discussions with staff regarding their performance, the running of the service, training and development and future work targets. Staff told us they felt supported by the management of the home. One staff member said, "We get every support we could possibly want. There is nothing the provider wouldn't do for the staff or the residents. She's fabulous." Another staff member said, "Every manager we've had here has been supportive. It's a family run business and very focussed on staff and clients."

People's nutritional needs were met and choices were offered to people. We observed people being offered a choice of two options at lunch time. When one person couldn't decide which they preferred staff said, "How about both then you can choose which you eat." Choices of drinks were offered including sherry, wine and squash. The tables were nicely laid and staff were attentive to people's needs. The food provided looked and smelt appetising. One person told us, "They food is very nice, I especially like the cooked breakfast." Another person said, "I always enjoy it." People's food likes and dislikes were recorded in their care records and staff were knowledgeable about this. People's weight was monitored monthly and instructions were in place to ensure that any significant changes were addressed.

People had access to healthcare professionals when required. Records showed that prompt action was taken to address any changes in people's health. Records were maintained of the outcomes of health care appointments and where required guidance was provided to staff. Records showed that healthcare professionals involved in people's care included, GP, district nurses, opticians and chiropodists. Where people had specific healthcare issues, care plans were in place to guide staff on how to support the person. One person told us, "They look after us very well, the doctor comes if there's any problems."