Mrs Hazel Paterson

Upton Cottage

Inspection report

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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

This inspection took place on the 30 August 2107 and was unannounced. When the service was last inspected in June 2016 we found one breach of the regulations of the Health and Social Care Act 2008 and one breach of the CQC (Registration) Regulations 2009. The breaches related to good governance and statutory notifications of incidents. These breaches were followed up as part of our inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Upton Cottage, on our website at www.cqc.org.uk

Upton Cottage is registered to provide accommodation and personal care for up to 16 people with learning disabilities. At the time of our inspection there were 16 people living at the service.

A registered manager was in post at the time of inspection. 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.

At our previous inspection there was not an effective system in place to monitor and identify issues with the building and infection control procedures. At this inspection we found sufficient improvements had been made. People were cared for in a safe, clean and hygienic environment.

At our previous inspection the service had not submitted statutory notifications of incidents as required by the CQC (Registration) Regulations 2009. Statutory notifications are information about important events which affect people or the home, which the service is legally obliged to submit. We found sufficient improvements had been made. The registered manager sent appropriate notifications to the Care Quality Commission.

Records showed that a range of checks had been carried out on staff to determine their suitability for work. Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in services from being inappropriately deprived of their liberty.

People had their health needs monitored. People had access to healthcare professionals according to their

specific needs.

Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated and in-depth understanding of the needs and preferences of the people they cared for. People were treated with respect and dignity.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

Staff described the registered manager as supportive and approachable. The registered manager encouraged an open line of communication with their team.

There were systems in place to assess, monitor and improve the quality and safety of the service.

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 was safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Is the service caring?

Good

The service was caring.

People told us that the staff were caring and we received a number of positive comments.

Staff were caring towards people and there was a good relationship between people and staff.

People were treated with respect and dignity.

Is the service responsive?

Good

The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

The provider had systems in place to receive and monitor any complaints that were made.

Is the service well-led?

Good

The service was well-led.

Staff felt well supported by the registered manager.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. Plans were implemented which demonstrated how the service responded to the issues raised.

To ensure continuous improvement the manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

Upton Cottage

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.

The inspection took place on 30 August 2017 and was unannounced. When the service was last inspected in June 2016 we found one breach of the regulations of the Health and Social Care Act 2008 and one breach of the CQC (Registration) Regulations 2009. The breaches related to good governance and statutory notifications of incidents. These breaches were followed up as part of our inspection. This inspection was carried out by one inspector.

On the day of the inspection we spoke with six people, five members of staff and the deputy manager. We also spoke with the provider. The provider worked at the service providing support to people. On the day of our inspection the registered manager was on annual leave. The running of the service was delegated to the deputy manager.

Some people who used the service were unable to tell us of their experience of living in the house. We observed interactions between people and staff in communal areas.

We reviewed the care plans and associated records of five people and a sample of the Medicines Administration Records (MAR). We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision relating to three members of staff.

Good

Is the service safe?

Our findings

At our previous inspection we found the provider did not consistently provide a safe and clean environment. At this inspection we found sufficient improvements had been made. People were cared for in a safe, clean and hygienic environment. The premises were cleaned daily. The rooms throughout the service were well-maintained. Regular environmental checks were undertaken and actions were taken where required. We did note that some toiletries were stored in the bathroom. To ensure they would not be shared increasing the risk of cross-infection the deputy manager removed them immediately.

People told us they felt safe living at the service. Comments included; "I like living here very much. The staff look after me well" and "I love everything about it."

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. One member of staff told us; "People are supported by enough staff and we're getting new people. We have got a good team here." We observed that staff were visible throughout the day in the communal areas and when people required assistance, such as meal times and when medicines were required.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults and the provider's policy was displayed on the communal notice board. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Records showed that a range of checks had been carried out on staff to determine their suitability for work. This included obtaining references and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal background and whether they were barred from working with vulnerable adults.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately .

To ensure staff followed correct procedures the management of medicines was audited on a monthly basis. The audits reviewed the current stock and medication administration sheets. They also reviewed all

medication administration and handling procedures. The audits identified any potential concerns which required action, such as addressing missing signatures on medicine administration records with staff.

PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines . One person's profile included the requirement of taking their medicines with a full glass of water.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as going out into the community, falls, behaviour, nutrition and the use of bed wedges to prevent the person rolling out of bed. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to keep people safe included when one person had been known to enter people's rooms without their permission. Contributory factors were identified and risk reduction instructions were provided.

Incidents and accident forms were completed when necessary and reviewed. This was recorded by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager, to identify any emerging themes and lessons learnt. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again. Where one person had experienced a number of falls a referral was made to a physiotherapist and dietician. This resulted in the person being provided with new mobility equipment and a new diet plan being implemented.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

Good

Is the service effective?

Our findings

The provider ensured that new staff completed an induction training programme which prepared them for their role. The service's induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in moving and lifting people, fire safety, emergency first aid and medication had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as dementia and learning disability awareness. Staff told us they felt they had sufficient training to undertake their role. One member of staff told us they were training, "All the time."

Staff were supported through a supervision programme. The registered manager met with staff regularly to discuss their performance and work. Supervisions topics covered the individual's work performance, agreed future work targets, personal development, training and support needs. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's rights were being upheld in line with the Mental Capacity Act 2005 (MCA). This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely . People's DoLS conditions were met by the service.

Staff completed MCA training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices.

We made observations of people being offered choices, such as food choices and activity plans. Where a person was unable to communicate and to enhance their understanding of the person's requirements staff utilised a number of techniques such as interpreting their body language and the pitch and tone of the sounds made by the person.

Consent to care was sought in line with legislation. People's capacity to consent to care had been assessed and when people did lack capacity to make decisions, best interest decisions had been made in line with legislation. Examples of this included the use of bed wedges and a video monitor being installed in a person's room. Decision making agreements involved the appropriate health professionals, staff and family members. Where appropriate we were told that family members were invited to attend such meetings but did not necessarily attend all the meetings.

People's nutrition and hydration needs were met. The food was nutritious and served at the correct consistency, according to the person's needs. Appropriate professional advice had been sought regarding the consistency of food the person should consume. Following advice from the Speech and Language Therapist [SALT] each person had their own eating and drinking guideline plan. It included details such as the equipment needed, supervision instructions, food consistency, positioning and drinks required. We observed that staff provided the appropriate support in accordance with these guidelines. Staff demonstrated a detailed knowledge of each person's nutrition and hydration needs. One person told us they were a diabetic and they had access to sugar free snacks in the kitchen.

People had access to on-going health care services. For example, records showed that people were reviewed by the GP, occupational therapist, physiotherapist, challenging behaviour team and epilepsy nurse.

Good

Is the service caring?

Our findings

People told us that the staff were caring and we received a number of positive comments. They included; "It's lovely. Staff ask me how I like things done. I'm happy here"; "I've lived here all my life. I love everything about it. The staff are very good here"; "I like [staff member's name]. I have a laugh with him. I like all the staff"; and "I like living here very much. The staff look after me." A relative stated in recent correspondence; "[Relative's name] has always been happy at Upton Cottage and can't think of anything that needs improving. The residents are always very happy due to the care received from staff who are always on hand to sort out any problems they may have so therefore their life is improved on all counts."

The service had also received written compliments from health professionals about their level of service. Comments included; "The staff seem to know each resident very well, they treat everyone as individuals and with dignity. Whenever I have visited I have been impressed with the care which you deliver"; and "I would like to say that I support the manager and all the staff in the excellent care they provide for their residents. The care staff are always a strong advocate for their residents and have always tried to ensure that the person gets the best care and health."

We observed a number of positive interactions between staff and people using the service. There was a continual staff presence in the communal areas. Staff knew people well and there was a friendly and relaxed atmosphere throughout the service. We observed staff laughing and joking with people. Staff were attentive and offered support to people with their daily plans . They ensured people engaged in things they enjoyed, such as arts and crafts. The service was decorated with people's artwork and they were making items for a fundraising event. People were being praised for their efforts.

Care plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's communication needs in a caring way. One person's plan advised, 'Always keep conversations light as I enjoy having fun and laughing alongside staff. Please do not discuss anything negative around me, as I can pick up on the negative discussion and this can cause me anxiety.' We observed staff adhering to the person's plan and they were engaged in light hearted conversation with the person. The person responded positively to the staff and they had developed a friendly relationship with them.

Staff demonstrated they had a good understanding of people's individual needs and people's preferences. When they spoke about the people they cared for they expressed warmth and dedication towards them. One member of staff told us; "We try to help people to be as independent as possible. We encourage people to be active and protect their health. We make sure people are happy." Another member of staff told us about a person they cared for; "Every evening [Person's name] will indicate when he wants his bath. He rubs his tummy when he wants a bath. He has sensitive skin and uses special cream and shampoo and likes to soak in the bath." People were provided with activities, food and a lifestyle that respected their choices and preferences. One person told us; "I like cleaning and help clean in the house. I do voluntary work and help out in the kitchen. I do my own sandwiches in the morning and I have my own flat. I get a taxi to work. I have my money on a Friday and I go to the market."

We observed people being treated with respect and dignity. This included knocking at people's doors before entering their rooms. People kept their own personal belongings where they wished to and had their rooms furnished to their own individual taste. Staff respected and supported people with their personal relationships.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. A formal care review was held once a year and if people's care needs changed. Reviews included comments on the support plan, the person's health, activities, personal care needs and risks. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. An example of this included a sensory assessment being referred to an occupational therapist. They made recommendations regarding the person's environment to enhance the person's quality of life at the service. The recommendations were actioned by the service.

Positive support plans were in place for people with behaviours that might upset or distress others. They contained details of triggers and detailed how staff should support people when distressed or anxious. For one person this included non-negotiable factors such as providing consistent support by a stable, trained competent staff team. The plan identified the person's likes and dislikes. Staff were aware of the person's dislike of busy and noisy environments and their preference to sit on their own during mealtimes. If an incident occurred staff documented the location, activities and behaviour. The staff intervention was recorded. The service reviewed each incident and the positive behaviour support plan was amended, if required to more effectively deal with the person's needs.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives (where requested) had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included profiles which included what was important to the person and how best to support them. For one person this included assisting a person to join a gym and encouraging a person to interact with staff using sensory items.

The social activities recorded varied for people demonstrating the service gave personalised care. On the day of our inspection people were engaging in different activities such as attending the day service, voluntary work, going out with their support worker, arts and crafts, knitting, watching the television and going out for a walk on the beach. We spoke to people about their activities and they told us they enjoyed them. One person told us about their love of a particular pop group and how they had been supported to see them. Another person told us they had their own tablet and had access to the internet. They told us their plans for the day which included going out shopping to buy clothes with a staff member.

A key worker system was in place. Keyworkers ensured that people's day to day needs were met such as ensuring that people attended their appointments, had sufficient toiletries and clothing. They helped with their room management and were the first point of contact with family members.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. With staff support one person was re-establishing contact with their family. Another person told us they saw their family quite a lot. They were having a birthday party at the service and their family would be attending.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

The provider had systems in place to receive and monitor any complaints that were made. The service has not received any formal complaints in 2017.

Good

Is the service well-led?

Our findings

At our previous inspection there was not an effective system in place to monitor and identify issues with the building and infection control procedures. The provider had sent us an action plan detailing how they were going to address this breach. At this inspection we found sufficient improvements had been made.

An annual health and safety building audit was conducted by an external contractor. Since our previous inspection the registered manager refined their monthly living environment risk assessment to include infection control checks. Any concerns raised during the audit were referred to the maintenance person or domestic staff to undertake. On the day of our inspection a plumber was fitting a shower screen in one of the bathrooms.

To ensure continuous improvement the registered manager continued to conducted regular compliance audits. These included medicine, care plan, food and service user audits. The observations identified compliant practice and areas where improvements were required. An example of this included the need to improve the completion of bowel and food charts.

At our previous inspection the provider had not submitted statutory notifications of incidents as required by the CQC (Registration) Regulations 2009. We found sufficient improvements had been made. All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been managed. The registered manager had sent appropriate notifications to the Care Quality Commission.

Staff described the registered manager as supportive and approachable. One member of staff told us; "I like her. She's approachable and I can talk to her. The provider and the registered manager are caring and the residents are held with the utmost importance." The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the manager if they had any concerns. Regular staff meetings were held and agenda items included people they support, staff rotas and breaks. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as approaching health professionals when new equipment was needed. These actions were actively supported by the registered manager.

Through regular care plan and best interest meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

People were encouraged to provide feedback on their experience of the service to monitor the quality of

service provided. The service held a regular programme of resident meetings. At each meeting different people are allocated roles within the meeting and this is noted on the minutes. People were asked for their views on issues relating to holidays; day trips and activities; the upcoming fete and bullying.

Annual customer surveys were conducted with people. Plans were implemented which demonstrated how the service responded to the issues raised. This included improving the décor and access to social media.